



**FIRST JUDICIAL DISTRICT
ADULT TREATMENT COURT**

Policies and Procedures



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Mission Statement

First Judicial District Adult Treatment Court – Lewis and Clark County

The mission of the First Judicial District Treatment Court is to improve the overall quality of life in our community by providing a court supervised program for substance dependent offenders that will enhance public safety, reduce crime, foster healthy families, hold offenders accountable, reduce costs to our community and ultimately transform these offenders into positive, contributing members of our community.

Our goals are to assure participants they will have more success in maintaining law abiding behavior, reducing the number and duration of relapses while increasing the duration of their sobriety, and increasing their life skills. In addition, it is this Court's goal to act as an operational model for Adult Treatment Courts that can be replicated in other jurisdictions.

The Treatment Team utilizes a cooperative, comprehensive, structured, and centralized system of multi-disciplinary community providers. To meet the needs of the participating defendants where chemical dependency issues have precipitated legal involvement, we provide each participant with a comprehensive program of drug/alcohol treatment and related ancillary services.

The Policies and Procedures Manual for the operation of the First Judicial District Adult Treatment Court is under the sole discretion of the Adult Treatment Court Team and the presiding Adult Treatment Court Judge. The document contained herein is the current adopted Policies and Procedure Manual.

Mission and Goals

Introduction

The First Judicial District Adult Treatment Court (FJDATC) was developed to restructure judicial participation in cases involving chemically dependent offenders. All agencies involved concur that a more efficient, structured, balanced, and centralized system must be developed to meet the needs of offenders where chemical dependency issues have precipitated legal intervention. The purpose of the program is to direct chemically dependent offenders into a comprehensive program of drug treatment and related ancillary services.

Statement of Empowerment

It is the underlying treatment philosophy of FJDATC that participants are best served when treatment team members and service providers work *with* them in accessing services and responding to social and treatment requirements, but do not complete these tasks *for* participants (when the participant is capable of performing these tasks themselves). Long-term success is dependent on the participant's ability to be self-sufficient and empowered, not to be enabled and sheltered from decisions both in their services and the services their children and/or families require.

Goals and Objectives

It is the goal of the FJDATC that participants will:

- Maintain law abiding behavior while participating in the Adult Treatment Court
- Reduce the number of relapses and the duration of those relapses while increasing the duration of their sobriety
- Increase each participant's life skills

Program Organization

Treatment Court Team

It is expected each team member embraces and promotes the FJDATC Mission and Goals. It is also expected each team member embraces and promotes the drug court diversionary philosophy and is fully committed to the 10 key components of drug courts.

The Treatment Court Team generally meets on a weekly basis to staff the progress of individual participants. The Treatment Court Team is responsible for providing direct support to participants, which demands collaboration from each Team member and integration into the justice system. Various individual team members are responsible for mapping the progress of the participants and reporting back to the Team as a whole.

Team meetings are led by the Judge; however, input from all Team members is encouraged and required. Any member of the Team can raise issues or share concerns regarding any participant. It is expected the team will develop and implement protocols as necessary to address issues as they arise over time. Generally, final decisions on participant matters will be made through Team consensus; however, the Judge can and will make final determinations, when necessary. Team members should make every effort to attend all team meetings and Court. **This includes participation in any “special” events.**

Specific issues and discussion held in Team meetings are confidential. Team members are NOT to discuss these specifics with participants at any time. In addition, Team members should avoid being “ambushed” by participants between the team meeting and Court appearances.

If a participant has new information so significant it would change a team decision, the participant is responsible for notifying the Judge at the time of his/her appearance, and the Judge will make a determination as to whether or not to move forward. Advocacy for participants (including that usually done by defense counsel) is to be done IN Team meetings, not before or after Team meetings. It is essential to the effectiveness of the team approach that participants see a united front/singular voice when Team members meet with them or discuss issues with them. This alleviates participant’s ability to team split or manipulate various Team members.

In addition to the weekly participant progress meetings, the Treatment Team also meets quarterly to discuss policy and procedures, conduct training, and address pertinent issues of the drug court.

The Treatment Team consists of the Judge, coordinator, representatives of the Chemical Dependency treatment provider(s), deputy county attorney, defense counsel, probation and parole, program evaluator, law enforcement, drug testing entity representative, and community partners/agency providers, as needed to meet participant needs. Other professionals who provide direct treatment and/or ancillary services to the participants may also be invited to join the weekly team meetings as adjunct members. The addition of a new Team member is allowed only by consensus of the current Team. Again, the final decision is made by the Judge.

Treatment Court Team Member Responsibilities

FJDATC Judge:

The Judge is available on a part-time basis to lead the FJATC. The Judge provides necessary staff and equipment to manage the Court's operations, and also assists in developing operational standards and policies, in conjunction with other participating departments and Team members. The Judge shall serve as Team leader.

FJDATC Coordinator:

The coordinator is a court staff member who is responsible for overall program administration including, but not limited to, preparation of program materials, program development, coordinating with other team members to conduct criminal background checks and initial screening of applicants, and public speaking engagements. The coordinator prepares and submits operating reports, organizes weekly Team meetings, maintains FJDATC files, contributes, as needed, to weekly participant status reports, assists with roadmaps/treatment planning, manages and maintains funding for the program, liaisons with various community providers and coalitions, and works to implement policies and procedures. The coordinator also works in conjunction with the evaluator and the Treatment Team to review evaluations and make recommended program changes.

Chemical Dependency Treatment Provider/Licensed Addiction Counselor (LAC):

The drug court treatment provider/LAC is employed either part-time or full-time by existing agencies providing these services already in the community. This position provides rehabilitative therapy sessions and case management services to chemically dependent adults. The LAC also assists participants in accessing community services and tracks participant progress, maintaining accurate and timely records. The LAC is responsible for intake/orientation for the Chemical Dependency programs and for performing various prevention and education services. This position also involves coordinating community services for participants, advocacy, attending weekly Team meetings, and working with other professionals in the community to assist participants.

Deputy County Attorney:

This part-time position represents the State at all FJDATC proceedings, participates in treatment team meetings, provides input in the creation and implementation of FJDATC forms and legal procedures, prepares proposed orders for the Court, and is responsible for adhering to all statutory and FJDATC designed time frames in accordance with state law and FJDATC requirements. The attorney also assists the coordinator in ensuring incoming participants have no exclusionary criminal issues and in resolving existing criminal concerns for participants.

Defense Counsel:

This part-time position participates in treatment team meetings to assess program and participant progress and to relay any participant concerns. In addition, this person meets, as needed, with participants personally or by telephone and drafts reports to the Team regarding any participant concerns or pending legal issues. Defense counsel is also responsible for presenting and explaining the Participation Contract and assists participants in questions related to alcohol and other drug testing and other services. In the course of reviewing the program contract, defense counsel discusses consequences of participant violations or non-compliance while in FJDATC and helps negotiate with city/county officials to address legal problems outside FJDATC. Defense counsel further assists the Team through creation and implementation of FJDATC documents and forms.

Probation and Parole:

This part-time position attends and participates in treatment team meetings, providing information related to participants currently on probation/parole. This individual monitors drug court participants outside the drug court setting, including conducting home visits and job visits. All client contact is documented and visits are logged to help encourage positive participant behavior. In addition, this person helps team members assist participants in complying with sentencing conditions to the satisfaction of the Department of Corrections.

Program Evaluator:

This is a part-time team member who oversees both program and outcome evaluation, develops the evaluation plan, submits quarterly reports, administers the program evaluation budget, produces all statistical reports for funding sources and at various agency requests, trains all research staff in assessments and interviews used in the evaluation, and also trains all treatment team members in the program evaluation so they have an understanding of what needs to be done, why it needs to be done, when it needs to be done, and who needs to do it. This individual assists the team in developing, capturing, and communicating useful and useable information for key stakeholders and other audiences.

The evaluator also develops a program final logic model with input from the FJDATC Team. The program evaluator further monitors and assures fidelity of the evaluation procedures and establishes formal contacts with different social service agencies for the purposes of research follow-up and tracking. The evaluator directly supervises any research assistants that may eventually be assigned to FJDATC.

Community Policing Officer - Law Enforcement:

This is a part-time team member who assists to monitors drug court participants outside of the drug court setting including conducting home and job visits as requested. The law enforcement member also assists the team with criminal background checks, monitoring participants, and serving as a liaison with law enforcement. All client contact is documented and visits are logged to help encourage positive participant behavior.

Drug Testing Representative:

This representative participates in team meetings and staffing to provide information and input regarding drug testing, testing procedures, urinalysis and other testing results, and to provide information as to interaction with participants in relation to drug testing.

Team members are also required to adhere to the policies and protocols set forth herein as periodically amended and adopted in the future.

New Treatment Court Team Members

It is required that new treatment team members review this Policy and Procedures manual and Participant Handbook thoroughly, as well as any protocols developed by the FJDATC, and be committed to those policies and protocols. Should questions arise, these can be discussed with the Coordinator.

In addition, each team member is encouraged to participate in the “screening” process incoming participants undertake during admission, including meeting with the Coordinator to review initial screening and observe Court prior to formally beginning team committee. When appropriate, the Judge will take the responsibility for introducing new team members to the Team and the participants, and to briefly explain their role in the Court/Program. New team positions or representatives shall be approved by the team prior to being added to the team.

Policies and Protocols

Case Management and Participant Status Reports

Case Management:

Chemical Dependency providers and probation and parole provide the majority of the case management for participants. The Court Coordinator provides the majority of the administrative case management, including case management during screening and post-graduation.

Treatment Court Team members may also assist with case management if he/she volunteers or is assigned to follow-up on designated tasks. Although case management may be provided by a variety of sources, all participants are considered part of the FJDATC program, allowing the Team as a whole, to offer professional insight and discussion on each particular case.

Participant Status Reports:

Participant Status Reports are documents submitted to either the FJDATC Coordinator or to research staff, by members of the treatment team and/or ancillary service providers. The team shall review the reports as to participant's status in the program since his/her last Court appearance. Each Thursday, the FJDATC Coordinator submits a list of those participants scheduled to appear the following Tuesday. Drug Court Team members are responsible for submitting pertinent participant information into the Drug Information Management System (DIMS) by Wednesday at 10:00am. The representative of the Team's Chemical Dependency treatment provider shall assure all treatment staffing reports are entered into the DIMS by Wednesday at 10:00 a.m. In the event any team member or treatment provider becomes aware of conduct which could be considered non-compliant on the part of a participant after entry of his/her weekly report entered into DIMS but prior to that week's court, the team member or treatment provider shall provide e-mail notification to the Coordinator or to the team so it may be addresses at team staffing.

After various team member and provider reports are received, the coordinator compiles the information and resubmits an accumulated report for each participant to the treatment team by e-mail.

Participant Status reports are for Team member use only. Reports are not to be provided directly to participants and/or to providers outside the team without the team's prior consent/knowledge. Reports are for use ONLY as guidelines for discussion within weekly team meetings and to assist in decisions regarding compliance and related sanctions/incentives.

Treatment Team and Court Observation Policy

The FJDATC requires information of a highly sensitive and confidential nature and is often shared both in Team meetings and in Court sessions. As a result, members, participants, adjunct members, and Court observers are required to maintain the confidentiality of participant information and shall not share participant information with non-team members. Also, visitors shall be required to execute a confidentiality agreement (see **Appendix A**).

It is imperative the Team dynamic and related confidentiality be maintained as much as possible, at all times. Sporadic appearances and visitors could compromise the Team's ability to address issues in an open but confidential environment. In addition, defense attorneys and service providers outside the Team will be allowed to sit-in for their case but will be excluded from both Team and Court for any additional cases.

Confidentiality Protocol

Team Members shall maintain participant's confidentiality and shall not disclose any non-public information regarding participants to any individual or entity outside the FJDATC. Team members shall be required to execute a confidentiality agreement and confidentiality statement (see **Appendices B and B1**).

Training

The FJDATC team is committed to operating based on evidence-based practices. It is important for team members to receive training in drug court philosophy, operation, and best practices on an initial and continuing periodic basis. The FJDATC shall arrange for team member training as reasonably practical under the program budget.

It is anticipated individual team members will be selected by the Judge for participation at the State and National Drug Court Conferences or other educational/training programs and conferences at the expense of the FJDATC.

Members of the Treatment Team will actively seek and participate in training opportunities that offer the chance to enhance their knowledge of drug court, treatment and addiction, cultural diversity and other topics which of importance in participating on a drug court team.

Training Expense Reimbursement/Payment Protocol

In order for selected team members to have travel and/or per diem expenses paid by the FJDATC operating budget, team members must adhere to the following:

1. Individual team members may be invited or selected by the Judge to attend educational/training programs or conferences.
2. If a team member accepts the invitation or selection to attend a particular educational/training program or conference, travel and hotel arrangements shall be made by the team coordinator.
3. If a team member attends a particular educational/training program or conference, it is expected that team member will attend the entire program or conference and interact and confer with other team members attending the program or conference.
4. All requests for travel and/or per diem reimbursement or payment shall be submitted to the FJDATC Coordinator for review and approval. Failure to do so shall result in denial of the requested reimbursement or payment.
5. If a team member's program or conference related expenses are being shared or split with another drug court or entity, any reimbursement or payment sought from the operating budget of the FJDATC shall be submitted to the FJDATC Coordinator for review and approval. Failure to do so shall result in denial of the requested reimbursement or payment.
6. If a team member attends a particular educational/training program or conference at the expense of the FJDATC, the team member must be willing to share information gained at the program or conference with other team members.

Cultural Awareness and Inclusion Policy

The FJDATC recognizes it serves a population with diverse ethnic, cultural, and spiritual backgrounds. The program seeks to provide equal services for all participants and will not discriminate in admitting or in treatment services based on race, color, national origin, age, physical or mental disability, marital status, religion, creed, sex, sexual orientation, or political beliefs.

In addition, the FJDATC works to empower the participants and honor their individual cultural background by utilizing treatment programs and/or community providers that support and encourage their participation in cultural, ethnic or spiritual celebrations or ceremonies available to them throughout their treatment process. Participation in these events and programs will be allowed/approved by consensus of the Treatment Team.

Team members will keep an open mind, recognizing cultural competency is not a point arrived at, but rather is always evolving as participants continue to present varied cultural needs.

Admission Criteria

Participation Criteria:

The Court targets non-violent offenders with an alcohol and/or drug abuse addiction (substance use disorder).

The Prospective Participant must meet the following criteria to be considered for participation in the First Judicial District Adult Treatment Court.

- Prospective Participant is 18 years of age or older
- The Prospective Participant is charged with a felony offense related to drug or alcohol use or is about to be revoked for non-compliance with their probationary order and has a history of alcohol and other drug use. Participant may be subject to a parole disposition hearing on conditional release.
- The Prospective Participant has a substance use disorder.
- There is no evidence of substantial drug dealing.
- The Prospective Participant understands the rigors of the program and agrees to participate and pay the \$300.00 (one-time) drug court fee and \$50.00 (monthly) UA fee.
- The Prospective Participant does not have a violent and/or sexual related charge or history.

If Prospective Participant meets **one or more** of the following criteria, the Prospective Participant will be **ineligible** for participation in the First Judicial District Adult Treatment Court.

- Prospective Participant is not a resident of Lewis and Clark, Montana and/or does not reside within a 30 mile radius from UA testing center.
- Prospective Participant has been convicted of deliberate homicide or murder, kidnapping, and/or sexual offenses. *Individuals with prior violent felony convictions will be reviewed on a case by case basis.*

Admission Criteria (continued)

- Prospective Participant has a medical or psychiatric condition causing a degree of impairment or instability such that it would interfere with program participation and functionality.

Participant Referral and Screening

Participation in the FJDATC is not a right, but a privilege. It is important to carefully screen prospective participants to provide services to participants most suited for participation in the FJDATC.

Referral:

Potential Drug Court participants will be referred to the First Judicial District Adult Treatment Court by attorneys, judges, probation and parole officers, and other community agents. The referring individual/entity shall complete the a referral application (see **Appendix C**) and submit it to the Court Coordinator, preferably via email.

Background Check:

Once the coordinator receives a new referral, the coordinator will then notify the Team's law enforcement liaison and the County Attorney team member. These team members will perform a background check on the applicant to determine his/her legal history, including the presence of any violent offense(s) or other problem that could preclude the potential participant from participating in the FJDATC. The legal history information shall be provided to the Coordinator with a brief opinion on whether there is any problem with the applicant's legal history which could preclude participation. The Coordinator shall relate results of this preliminary screening to the Team.

Team Input on Screening:

If the applicant's background/legal check does not preclude participation in the FJDATC, the applicant will be placed on the screening list for Team staffing. The Team will have a brief discussion regarding the applicant and determine whether to refer the applicant for treatment screening. If referred for treatment screening, the FJDATC treatment provider shall screen the applicant and advise the Coordinator (who will disseminate the information to the team) of acceptance/rejection in the treatment program. If accepted, the applicant shall be accepted into drug court upon induction and execution of the participant contract (see **Appendix D**) and other required releases/documents.

Screening Protocol:

1. Upon referral, the applicant is notified by the Coordinator and an initial screening appointment is set. At that appointment, the coordinator will give a brief overview about the FJDATC and solicit the potential participant's reasons for wanting to enter the FJDATC. If the applicant appears motivated, the coordinator will continue with the screening.
2. Once the applicant has completed his/her assessment at Boyd Andrew Community Services, the Boyd Andrew team member will convey the recommendation to the Treatment Court Team.
3. The applicant shall execute a series of releases/documents including, but not necessarily limited to an authorization for release of confidential information (see **Appendix E**), and an authorization for electronic communication (see **Appendix F**).

Screening Protocol: (continued)

4. Upon an applicant's execution of releases/documents, the Coordinator will complete a pre-screening form (see **Appendix G**) based on the applicant's responses (questions regarding drug of choice, usage in regard to quantity and frequency, timelines, etc.). The Coordinator may also administer the Risk and Needs Triage (RANT) or other screening analysis tools.
5. The coordinator will provide the applicant the with an appointment screening form (see Appendix I) containing the appointment schedule and contact information for Boyd Andrew Community Services, Community Solutions, Inc., and the Office of the State Public Defender. The coordinator will go over the form with the applicant and request the applicant agree to each provision on the document. The coordinator and applicant will sign and date the form and the coordinator will provide the applicant a copy.

Next Step:

In conjunction with meeting with the applicant the Coordinator completes the program application (see **Appendix H**). The client will provide contact information, significant family information, legal status, education, employment, treatment and substance abuse background. This will complete the "screening packet."

Next Step:

The coordinator will then refer the applicant to the Office of the State Public Defender. The applicant and coordinator will then meet with the Team's defense attorney.

The coordinator will also explain to the applicant where to find the Community Solutions, Inc. offices and inform the applicant that if accepted into Drug Court, he/she will provide UA/BAs to that agency.

The coordinator shall input the screening data into the data management system in a timely manner so the treatment provider can view the information prior to the client's drug and alcohol assessment.

Defense Attorney's Portion of Screening:

The defense attorney will thoroughly review the program contract (see **Appendix D**) and the FJDATC Participant Handbook with the applicant, answering or addressing all questions or concerns raised by the applicant in regard to the Treatment Court's policies and procedures.

Next Step:

Once the applicant has completed his/her assessment at Boyd Andrew Community Services, the Boyd Andrew treatment team member will convey the recommendation to the Treatment Court Team.

If accepted into the FJDATC, the Team will schedule the client's induction into the Court. The applicant will meet with the defense attorney (see **Appendix D**) before seeing the Judge for induction. During the scheduled induction hearing, the Judge formally welcomes the participant to Court and reviews the signed contract in open court. After induction, the signed contract is filed with the Clerk of District Court and the original is returned and kept by the FJDATC Coordinator.

If the applicant is denied entrance into the FJDATC, the coordinator will notify the referral source.

Medications Policy

Overview:

All participants seeking medical treatment are to promptly notify their medical provider of their participation in Adult Treatment Court as well as their addiction.

Individuals enrolled in the FJDATC who have a diagnosed substance use disorder are generally prohibited from accepting and/or filling a prescription for a medication with abuse potential. This material is to clarify the use of both prescription and non-prescription medications for those individuals enrolled in the FJDATC.

The areas of greatest concern are those medications classified as controlled which indicate they have a degree of potential abuse liability. These would include such medications as opioid type pain medications, MAT medications, and certain non-opioid type pain medications (example: Tramadol), benzodiazepines (example: Valium, Ativan, Xanax) and certain prescription sleep medications such as Ambian, Lunesta, or Sonata. Additionally, certain non-controlled prescription medications (example: Soma, a muscle relaxant) can have significant abuse potential. When these medications are not being used in emergent or urgent medical conditions, such as a surgical procedure, the use of these medications should first be discussed with the Dr. Reiter Foundation. The First Judicial Adult Treatment Court should then be notified of the details of their use.

This should include such things as medical provider's name and contact information, what medicines are used, length of time they are to be used, and dosage. This plan must be approved prior to their use and subsequently monitored through the Dr. Reiter Foundation.

Surgical Procedures:

Exceptions to this policy include episodes of acute medical conditions such as those requiring surgery for which pain medication is essential. Prior to any surgical procedure the FJDATC participant should contact the FJDATC Coordinator. Such medications under these conditions should be prescribed for the shortest period of time possible.

Over-the-Counter Medications:

Non-prescription medications, also referred to as over-the-counter medications (OTC), in general have less potential for abuse. Participants are required to disclose all OTC medications to the FJDATC. The following represents some approved OTC's:

- **Colds and viral types of infections** are frequently encountered. Taking medications such as Tylenol, Motrin (Ibuprofen) or Aleve (Naproxen) according to label directions are acceptable for pain and discomfort.
- **Cough and congestion** medications, such as plain Robitussin without dextromethorphan (DM), is acceptable.
- **Other acceptable remedies/treatments** are nasal saline spray, Zicam, and Airborne.
- **Nasal congestion medications** such as Afrin (oxymetcoline generic) should be limited to two to three days.

Refer to the approved OTC medications (**Appendix J**) for a comprehensive list of authorized medications for FJDATC participants.

Some individuals choose to use so-called natural or herbal type remedies for their medical issues. Apart from standard vitamin preparations, non-prescription herbal type preparations should be reviewed by the FJDATC Treatment Team.

Acute Illness Requiring Medical Intervention:

Occasionally, flu or upper respiratory conditions, etc., may necessitate a trip to the doctor or a walk-in clinic. Under such conditions, the participant is expected to inform the medical attendant he/she has an addiction and is not allowed to take any medications with abuse potential if medication is to be prescribed. Many medical caregivers do not understand addiction and it is up to the participant to firmly request an alternative medication to those with abuse potential. FJDATC participants will be held accountable for maintaining abstinence regardless of minor illness.

If the participant sees a medical professional for any condition in which medication is prescribed, the participants will be required to submit a verification (see [Appendix K](#)), signed by the treating provider, as evidence the participant informed the provider of his/her addiction and participation in drug court. Failure to do so will be considered a violation of drug court rules and subject to sanction.

Medications Protocol:

Participants shall be provided a medical verification form (see **Appendix K**) and be required to submit a completed form, completed by the medical provider, each time the participant seeks medical care other than from the Dr. Reiter Foundation.

Alcohol and Drug Testing

Key Components of Testing:

A key component of monitoring participants in the FJDATC is their participation in random urinalysis and EtG testing to assist in ascertaining abstinence from chemicals. Results of this testing are directly linked to the Court's determination to provide sanctions or incentives and to the team's decision to modify treatment or provide ancillary services necessary to assist the participant in meeting the goal of long-term sobriety and self-sufficiency in a law abiding life style. In regard to EtG testing, the Team agrees that positive EtG tests indicate contact with alcohol. Each test will be examined individually to determine any necessary clinical or environmental responses. The objectives and criteria of this service, regardless of the agency providing the service are:

- To provide FJDATC participants with consistent sample providing and "call-in" times and clear guidelines for compliance/non-compliance (this includes creating/maintaining a protocol for weekend/holiday testing and testing for participants unable to provide during pre-scheduled provide times);
- To provide the Court/Team testing results in a timely, consistent, reliable, and uniform manner, allowing for appropriate and consistent response in treatment guidelines (including sanctions/incentives);
- To establish protocol for immediate response should testing samples be positive for alcohol/drugs or adulteration;
- To outline current billing/invoicing procedures and expected compensation for services, and to expedite and produce greatest efficiency the FJDATC and the UA/EtG testing provider;

Key Components of Testing: (continued)

- To establish protocol and a forum for addressing concerns specifically related to participants and/or concerns in protocol/standards for testing.

Duties & Expectations of Participating Agencies/Departments:

Following formal induction into FJDATC, the Court Coordinator provides the participant with a written referral to the agency providing UA/EtG testing for the program. The referral will include the UA call-in number, the participant's letter or number assignment, the hours during each day designated to provide, and a list of those instances regarding testing that will be considered non-compliance by the Team.

Participants are instructed by the Coordinator to call into the UA number EVERY day (including weekends and holidays) and to provide during designated provide times on any day their assigned letter/number is called. Participants are to provide during designated hours. The number of tests required monthly/weekly, or specifics as they relate to random letters/numbers assigned will not be disclosed to participants.

A primary contact person at the providing agency will be designated and will be responsible for reporting of results, compliance/non-compliance, and responding to questions or requests regarding testing. The Court Coordinator is the primary contact for the FJDATC Team. The FJDATC will be solely responsible for determining the criteria for compliance and non-compliance (no-show, late, dilute) in urinalysis testing as it pertains to participants. Participants are to report all medications and any changes, promptly.

Sample Collection/Chain of Custody:

Although the specific protocol for testing/sample collection will be established by the providing agency, it is the policy of the FJDATC to utilize agencies/providers and who utilize SAMHSA/NIDA certified labs for confirmation. In accordance with those guidelines, the following minimum testing protocols must be utilized:

- Random testing schedule;
- Verification of participant identity;
- Verification/documentation of time/date of testing;
- Request for information and documentation by testing staff of any/all current medications/prescriptions/substances being taken by the participant;
- Request for information and documentation by testing staff of any/all current medical conditions/illnesses that might affect testing results;
- Participant instructed to leave all purses, extra outer clothing (including hats) and/or other items outside the provide area (restroom);
- Observed testing (with same-sex observation staff);
- Utilization/completion of SAMHSA-certified required verification forms/reports and transport materials if necessary;
- Clear reports to the Court including name of participant, date/time of testing, substances tested for, results (negative/positive/dilute/adulterated), and when appropriate confirmation reports.

Protocol for Confirmation of Contested Drug Screening

If participant executes an Authorization to Execute Chain of Custody for Urinalysis Testing (see **Appendix L**) on behalf of the Treatment Court coordinator in the event of a positive UA test, the participant's test shall be referred for confirmation testing at Community Solutions.

a. Community Solutions will forward the results of the test to the FJDATC Coordinator who will e-mail/text the findings to the drug court team.

The FJDATC agrees to pay the cost of the re-testing done at Community Solutions. In the event the confirmation test is positive, the participant will be required to reimburse the FJDATC the cost of the confirmation test.

Confidentiality in Testing

It is understood that all information disclosed to the testing staff by any FJDATC participant is protected by Federal Confidentiality rules [42CFR, Part 2]. Federal rules prohibit further disclosure of information unless expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42CFR, Part 2. Any testing agency utilized by the FJDATC will agree to abide by the federal regulations in communications with and regarding participants.

Sanctions and Incentives/Rewards

It is essential to monitor participants conduct and impose certain and immediate sanctions for infractions and rewards for achievements to improve adaptive functioning and reduce antisocial behavior. It is important to have accurate information about whether a participant is being compliant or noncompliant in a program or there is no way to apply sanctions or incentives correctly or adjust treatment and supervision services accordingly.

Participants will be most likely to accept an adverse judgment if they feel they (1) had a fair opportunity to voice their side of the situation, (2) were treated in an equivalent manner to similar people in similar circumstances and (3) were accorded respect and dignity throughout the process.

Sanctions and Incentive Protocol

To assist the team in determining fair and consistent sanctions and rewards for their action, the following lists shall be used as a guide for decision making (see **Appendix M**)

Sanctions:

1. On a weekly basis a participant's primary treatment counselor shall provide a treatment compliance update, by entering such data in where appropriate in DIMS, with a recommendation for treatment recommendations and/or sanction or reward. The report should specifically detail any asserted violation and the basis for the treatment and/or sanction recommendation.

2. On a weekly basis a participant's probation officer or case manager shall provide a probation/case management compliance update, by entering such in DIMS, with any recommendation for sanction or reward. The report should specifically detail any asserted violation and the sanction or reward recommendation.

Sanctions: (continued)

3. The Coordinator shall enter all drug test results in DIMS.
4. On a weekly basis the law enforcement team member shall enter any law enforcement contacts made with any participant with any recommendation for sanction or reward. The report should specifically detail the contact and the basis for the sanction or reward recommendation.
5. Reports entered into DIMS regarding participants should be factually based with sufficient information for the team to understand the participant's circumstances prior to team staffing.
6. During weekly staffing each participant appearing in Court that week will be discussed. Each team member is encouraged to express recommendations regarding sanctions and rewards to attempt to reach consensus.
7. Based on team input and consensus, if any, the Judge may order a therapeutic intervention and/or sanction for a participant's failure to comply with the requirements of drug court. Alternatively, based on team input and consensus, if any, the Judge may order a reward for a participant's successful compliance with the requirements of drug court.
8. To assist the team in determining fair and consistent sanctions for non-compliance the following list of sanctions shall be used as a guide for decision making. The below list is not intended to be an exclusive or exhaustive list of sanctions which may be imposed by the Court.

Rewards:

The list below is not intended to be an exclusive or exhaustive list of rewards which may be imposed by the Court.

- Receive recognition from the Judge during Court
- Receive fishbowl drawing
- Receive chance(s) at weekly or monthly gift through fishbowl
- Receive certificates of achievement
- Receive other incentive determined to be appropriate by the Court
- Deduct \$5.00 or more from your \$300 Drug Court Fee
- Reward progress or outstanding accomplishments

Protocol for Termination from the FJDATC

1. Team decides during team meeting that there are sufficient allegations to warrant termination and/or participation in the FJDATC is no longer beneficial to the participant.
2. The team defense attorney should inform participant of the team's recommendation to terminate the participant from the FJDATC.
3. The defense attorney meets with participant to see if participant wishes to have a hearing on the termination to contest the allegations of violation or termination from the FJDATC. The participant will have the opportunity to: a) admit to the allegations and be terminated without a hearing; b) Request an alternate Judge hear the termination matter; c) informally plead "no contest" to the allegations and admit there is sufficient merit to the allegations to warrant termination without a hearing; d) admit to the allegations and voluntarily withdraw from the court without a hearing; or e) deny the allegations and request a hearing on the matter.

Protocol for Termination from the FJDATC (continued)

4. If the participant requests a formal hearing on the matter with evidentiary presentation, the court shall conduct a hearing as soon as the court's schedule allows and issue a determination immediately following the hearing or as soon thereafter as practicable.

5. After a participant is terminated from the FJDATC, dependent on determination of the probation officer and prosecutor participant may, and likely will be, subject to a probation revocation action. Dependent on the determination of the original prosecutor, the original plea offer may, and likely will be, revoked.

Program Components

Phases

Phase 1 - Approximately 4 Weeks:

In Phase 1, the participant will be assigned to a probation officer or court coordinator and a treatment counselor. They will comprise the treatment team and will provide an orientation/overview of the Drug Court Program. The participant's problems and needs will be assessed, and a treatment plan will be developed.

Phase 1 Requirements include:

1. Attend weekly Status Hearings in Court with the Judge.
2. Contact case manager once per week and/or as directed.
3. Attend a 12-step program (N/A, M/A, A/A, etc.) a minimum of two times per week and provide written verification of attendance.
4. Obtain a self-help sponsor.
5. Submit to urinalysis testing and hair follicle testing.
6. Attend treatment groups and individual counseling sessions as directed by the treatment team.
7. Pay \$5.00 per court appearance as part of the fee of a total of \$300.00. Payment may be deferred at the discretion of the team without precluding the participant from moving into the next Phase.
8. Curfew is a 9:00 p.m., unless otherwise ordered by the Court.
9. Complete all paperwork for insurance and/or Medicaid.
10. Get a physical.

Phase 1 - Requirements for Completion:

1. Participate in Phase 1 for a minimum of 4 weeks.
2. Establish a minimum of 30 days with no violations.
3. Remain clean for a minimum of 2 weeks.
4. Drug testing as directed.
5. Participate in 12-step program at least two times each week.
6. Treatment Court Judge and Treatment Team agree that client has begun acceptance of personal responsibility for recovery and the need for help in that process.
7. Complete all treatment requirements as directed by the treatment provider which includes family/support/sponsor involvement and attendance.
8. Attend individual and group treatment sessions.

Phase 2:

In Phase 2, the participant's treatment plan will be updated to identify treatment goals and objectives. Counseling and meetings will focus on the participant's problem areas and help to identify ways of coping with stressful situations.

Phase 2 Requirements include, but are not necessarily limited to:

1. Attend bi-weekly Status Hearings in Court with the Judge and make payments toward \$300 Treatment Court fee. Payment may be deferred at the discretion of the team without precluding the participant from moving into the next Phase.
2. Contact case manager bi-weekly and/or as directed.
3. Attend a self-help program a minimum of two times per week and provide written verification of attendance.
4. Obtain and maintain a self-help sponsor and verify weekly contact.
5. Drug testing as directed.
6. Attend treatment groups and individual counseling sessions as directed by the Treatment Team.
7. Complete all treatment requirements as directed by the treatment provider.
8. Participate in a 12-step program at least three times each week.
9. Curfew is a 10:00 p.m., unless otherwise ordered by the Court.
10. Obtain or maintain employment, training, or enter a formal academic program.
11. Obtain GED and/or Driver's License
12. Pay treatment providers and remain current.
13. Must complete Changing Patterns and MRT.

Phase 2 - Requirements for Completion:

1. Attend and complete all treatment requirements as directed by the treatment provider.
2. Obtained or maintained employment, training, or academic program.
3. Attended a minimum of 3 self-help meetings each week with verifications. (Participate in weekly 12-step meetings with verification.)
4. Obtained and maintained an approved sponsor.
5. Obtained sobriety and established a stable, drug-free lifestyle.
6. Submitted to the Judge, a written relapse prevention plan, prepared by participant and treatment counselor.
7. Pay at least 50% of required Treatment Court fees. Payment may be deferred at the discretion of the team without precluding the participant from moving into the next Phase.
8. Established a minimum of 90 days with no violence, major sanction, and no drug use.
9. Treatment Court Judge and Treatment Team agree that participant has sufficient information and proper attitude to support recovery.

Phase 3:

Phase 3 will address ongoing recovery needs including maintaining total abstinence from all drugs through relapse prevention. The focus will be on daily living skills. This Phase is designed to support the participant in return to the community as a productive and responsible person.

Phase 3 Requirements:

1. Attend monthly Status Hearings in Court with the Judge and make payments toward Treatment Court fees.
2. Monthly contact with case manager, and/or as directed.
3. Attend weekly therapeutic/aftercare group sessions or individual session as directed by the treatment team.
4. Attend at least two self-help groups per week and verify attendance.
5. Drug testing, as directed, and at your own expense.
6. Curfew is a 11:00 p.m., unless otherwise ordered by the Court.
7. Completion of all treatment requirements as directed, by the treatment provider.
8. Complete a volunteer project.
9. Become employed or maintain employment or begin/continue a training or formal academic program, unless otherwise waived by the team.

Graduation Requirements:

1. Complete Phases 1 through 4 inclusive.
2. Attendance at treatment services (group, urine analysis testing, individual sessions).
3. Obtained or maintained employment or formal training or academic program, unless waived by the team.
4. Participated in at least three weekly 12-step meetings with verifications.
5. Submit to the Treatment Court Judge, a written relapse prevention plan, prepared by the participant and his/her treatment counselor.
6. Treatment Court Judge and Treatment Court team agree that the participant has sufficiently integrated the necessary information to support recovery for the long term.
7. Pay all Treatment Court fees, and restitution/fine payments are current.
8. A minimum of 120 days with no violence, major sanction, and no drug use.
9. Judge and team agree that the client has sufficiently integrated the necessary information to support recovery for the long term.

Graduation Requirements: (continued)

The period following Graduation is strictly for the benefit of the participant to help him/her maintain sobriety. The First Judicial District Treatment Court Coordinator will call the participant, monthly at first, to see how he/she is doing and if there is anything that can be done to assist the participant. Discussion between the participant and the Coordinator will not be provided to the Judge or members of the Drug Court team without the participant's permission.

This phase is to help the participant to solve any problems he/she may have after formally leaving the Treatment Court. The Coordinator may also ask questions to assist in improving the Treatment Court.

Participant may attend Recovery Management group if he/she desires.

Program Termination and/or “Opting out” of the Program

This decision to terminate a participant from the FJDATC is made by the treatment team on a case-by-case basis, and is considered the last resort when all previous attempted interventions, sanctions, and incentives have failed to create a lasting behavior change. Participants are advised that continued/repeated non-compliance with drug court requirements and/or Court guidelines/orders can lead to termination from participation in the program.

Although participants are asked to commit to the FJDATC for an amount of time sufficient to complete and graduate the Treatment Court, it is a voluntary program. As a result, participants are able to resign from or “opt-out” of the program at any time.

In the event of either involuntary termination or voluntary resignation of a participant, in general, the case will be returned to the Court of original jurisdiction, placed on a regular criminal docket, and handled commensurate with other criminal causes.

Except in the rarest of cases, if a participant is involuntarily terminated or if he/she chooses to opt-out/resign from FJDATC, they are not eligible to re-apply to the program in the future. These cases are reviewed on a case by case basis to determine eligibility.

Administration and Evaluation

File Management

The FJDATC Coordinator is responsible for maintaining participant files for the program. Original FJDATC documents and paperwork are secured in a locked filing cabinet in the Coordinator's office. FJDATC hard-copy files include (but are not limited to) information related to screening, CD evaluations, treatment progress, neuropsychological evaluation reports, CFS court reports/affidavits of custody, roadmaps, adult group conferencing reports, weekly status reports, and weekly court outcome copies. FJDATC computer files are password protected. Participant files are kept for five years after the date of program graduation or termination. After five years, official participant files and all FJDATC information will be destroyed. Those files kept by individual treatment team members will follow individual agency or professional protocols.

Drug Information Management System (DIMS)

The FJDFTC currently utilizes the DIMS data management program to manage data regarding participants.

In addition to the DIMS data management software utilized, the FJDFTC is also required to enter data into the Montana statewide data system. These forms were developed by the statewide coordinator in conjunction with the University of Montana and are used primarily to provide data to the Montana legislature. The current system allows for compilation of some basic statewide statistics by information technology staff and research assistants at the state level, but cannot be accessed universally by the various Montana Courts.

Policy Review

Full policy manual and form review will be conducted every-other year (at the beginning of the applicable fiscal year). A subcommittee of the Team and the coordinator will review the manual and related program forms/materials comprehensively for legal issues, editing concerns, and inclusion of new policy/programmatic changes that have been made between full manual reviews. This committee will make recommendations as necessary to the team for approval.

APPENDIX A



Confidentiality Agreement for Court Observers

First Judicial District Adult Treatment Court – Lewis and Clark County

I, _____, understand that I am an invited guest of the First Judicial District Adult Treatment Court for the purpose of observing the Court's processes and procedures. I understand that these proceedings are confidential and that information and treatment provider records will be discussed, and understand that these records are used for the purpose of assessing the needs of the Treatment Court participants, creating treatment plans, and monitoring participant participation. Audio and/or video recording of any kind, shall not be permitted during any Court session, staffing event, or other confidential meeting.

I further understand that during the one-time session/term of my invitation to the First Judicial District Adult Treatment Court, I may hear information that is highly sensitive and legally confidential information, pursuant to Federal Rule 42 CFR, Part 2.

I understand that release of this information is punishable as a criminal offense and swear that I will keep all information about the cases, case workers, and any/all discussion of the clients/participants strictly confidential.

Observer Name (Print)

Observer Signature

Date

Witness Name (Print)

Witness Signature

Date

Date of Observation: _____

A new release must be signed prior to each invited appearance at Treatment Team or Court Session

APPENDIX B



Confidentiality Agreement for Team Members

First Judicial District Adult Treatment Court – Lewis and Clark County

I, _____, understand that I am First Judicial District Adult Treatment Court Team Member for the purpose of serving on the Court's Adult Treatment Court Team. I understand that these proceedings are confidential and that information and treatment provider records will be discussed, and understand that these records are used for the purpose of assessing the needs of the Treatment Court participants, creating treatment plans, and monitoring participant participation. Audio and/or video recording of any kind, shall not be permitted during any Court session, staffing event, or other confidential meeting.

I further understand that during the term of my membership to the First Judicial District Adult Treatment Court, I may hear information that is highly sensitive and legally confidential information, pursuant to Federal Rule 42 CFR, Part 2.

I understand that release of this information is punishable as a criminal offense and swear that I will keep all information about the cases, case workers, and any/all discussion of the clients/participants strictly confidential.

Team Member Name (Print)

Member Signature

Date

Witness Name (Print)

Witness Signature

Date

Date of Membership: _____

APPENDIX B1



Confidentiality Statement

First Judicial District Adult Treatment Court – Lewis and Clark County

I _____, as a team member or participant of the First Judicial District Adult Treatment Court (ATC), duly recognize my responsibility to the confidentiality of the Adult Treatment Court program and its participants and hereby agree to the following:

1. Any information discussed at a ATC team meeting and/or a ATC Court session, shall remain confidential and will not be revealed to anyone not involved in the ATC program.
2. ATC participant names will be disseminated to team members only.
3. ATC files will remain confidential and are to be used by ATC team members only, unless otherwise authorized by the ATC Judge, in writing.
4. ATC warrants are not confidential.
5. Audio and/or video recording of any kind, shall not be permitted during any Court session, staffing event, or other confidential meeting.

Note: This form is necessary in order to comply with Title 42 of the Code of Federal Regulations Governing Confidentiality of Alcohol and Drug Abuse Patient Records.

Name (Print)

Signature

Date

Affiliation

APPENDIX C



Submission Date: _____

Participant Referral
First Judicial District Adult Treatment Court – Lewis and Clark County

Applicant Name: _____ **Date of Birth:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Phone Number: _____ **Email:** _____

Referral Information **Name:** _____ **Phone Number:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____

History:
Marital Status: Single / Partnered/Engaged / Married / Common Law / Separated / Divorced / Widowed
Applicant's Current living arrangement: _____

Employment: Is Applicant currently employed? YES / NO If yes, where? _____

Substance Use/Abuse History:
Primary Drug of Choice: _____ **Secondary Drug of Choice:** _____
Is Applicant currently in treatment? YES / NO **If yes, who is Applicant's provider?** _____

Criminal History:
Is Applicant currently incarcerated? YES / NO **If yes, where?** _____
Prosecutor: _____ **Defense Attorney:** _____
Sentencing Judge: _____ **Probation Officer:** _____
List Current Charge(s) and Case Number(s), and indicate if the charges are Initial, on PTR, or Probation Diversions:

Is there a Plea Agreement in any cases listed above? YES / NO **If yes, do any include Treatment Court?** YES / NO
If any cases listed above are on PTR, list the maximum possible penalty, if revoked: _____

Does Applicant have any previous felony convictions or deferred impositions of sentencing? YES / NO
If yes, please list charges, sentence, and county: _____

Is/has Applicant ever been required to register as a Violent or Sexual Offender? YES / NO

Has Applicant ever been convicted of a sexual or violent offense pursuant to section Mont. Code Ann. § 46-23-502 (9) and/or Mont. Code Ann. § 46-23-502 (13)? YES / NO

Other Pertinent Information/History of Applicant:

APPENDIX D



Treatment Program Contract and Informed Consent

First Judicial District Adult Treatment Court – Lewis and Clark County

Treatment Court Cause No. _____

Participant Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

I UNDERSTAND THAT:

As a condition for participation in the Adult Treatment Court Program, I must give up certain statutory and/or constitutional rights. I hereby voluntarily agree and consent to give up the following statutory and/or constitutional rights upon my acceptance into the Adult Treatment Court Program enumerated below:

_____ 1. **RELEASE OF INFORMATION:** I agree to complete a diagnostic evaluation for the development of my Treatment Court Program as ordered by the Court. I hereby authorize release of all treatment information by the provider to the Court, Court Services, and the Adult Treatment Court Program Team. The Team and Court may consider any such information in deciding whether I remain in the Adult Treatment Court Program.

_____ 2. **STATUS OF PROGRAM:** I have no legal right to participate in the Adult Treatment Court Program and my acceptance and participation is a privilege. I may be excluded or terminated from the Program at any time. I agree that I am not officially accepted into the program until formally admitted in Court.

_____ 3. **PROGRAM LENGTH:** The length of the Program varies, with the minimum time to complete all levels of programming being eighteen (18) months. The program length depends on my needs, abilities, and motivation to meet Program objectives. Upon successful completion of the Adult Treatment Court Program, I may be ordered to complete the remainder of my probation period on standard probation.

_____ 4. **GENERAL REQUIREMENTS:** I must attend all Court sessions, attend treatment sessions, pass repeated drug screens, and address problems such as corrective thinking that contribute to my addiction. I must reduce risk factors which may include improving my family situation, bettering my employment status, increasing my educational level, moving from known drug distribution areas, etc. I may be required to pay restitution, fees for participation in the Program, fines, and any other related costs. I must make suitable progress towards controlling my addiction, and the Program will set individual requirements that I must meet.

_____ 5. **INDIVIDUALIZED TREATMENT PLANS:** I agree to attend Boyd Andrew Community Services who will set my individual treatment plan requirements, which will then be reviewed by the Adult Treatment Court Team. Other treatment providers may be considered with approval of the Adult Treatment Court Team. The final decisions regarding my progress, compliance with Program requirements, and continued participation are in the Judge's sole discretion.

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Treatment Program Contract and Informed Consent

First Judicial District Adult Treatment Court – Lewis and Clark County

_____ 6. COMMUNITY SUPPORT GROUP MEETINGS: You will be required to attend community support group meetings as part of your treatment plan. Your choice of community support group is voluntary, although you must choose one of the possible alternatives given by the Adult Treatment Court Team and your treatment provider. If you decide to change groups, your treatment provider and the Adult Treatment Court Team must first approve the change. Your attendance at group meetings will be recorded, and you will be subject to sanctions for not attending.

_____ 7. TERMINATION: I can quit the Program at any time but I must meet with the Adult Treatment Court Judge and Team to discuss my reasons for this decision and they may delay my withdrawal from the Program for a reasonable amount of time to make sure my decision is firm. If I voluntarily terminate myself from the Program, abscond from the Program, or am involuntarily terminated, I understand that I will be subject to revocation of my suspended sentence.

_____ 8. FEES: I will have to pay for some components of the Program, such as:

A. Drug Testing:

1. After 30 days in the program I will pay \$50 a month to Community Solutions Inc. for my own drug testing. Failure to pay will be considered a missed test.
2. I further agree to pay for the whole cost of any drug testing required when I am out of town.

B. Treatment Court fee:

1. \$300 to be paid before graduation.

Money I pay into the Program is non-refundable. If I quit, am terminated from the Program, or if the Program ends for any reason, I will not get my money back.

_____ 9. POSITIVE TESTS: If a test is returned as positive, I will be informed by the Adult Treatment Court Team and have the opportunity to have the sample sent off for further testing. If the test returns as a confirmed positive I will be responsible for the testing costs.

_____ 10. SANCTIONS: If I do not fully comply with the Program, the Judge may impose sanctions at his sole discretion. As a condition of my participation in the Adult Treatment Court Program, I do not have a right to an Evidentiary Hearing to contest the imposition of most sanctions. I do have the right to a Hearing to contest sanctions that may result in a loss of liberty, including jail sanctions. The Judge may also terminate me from the program.

_____ 11. COMMISSION OF A CRIMINAL OFFENSE: If I commit an additional criminal offense, excluding minor traffic offenses, I may be terminated from the Program.

_____ 12. COURT PROCEEDINGS: The Adult Treatment Court proceedings will be informal and performed in open Court. Clothing bearing drug or alcohol related themes or promoting alcohol or drug use is not allowed.

_____ 13. ATTORNEY: Adult Treatment Court is a non-adversarial forum and, therefore, treatment and accountability is the primary concern. I understand that the attorney who represented me in the criminal case does not represent me in Adult Treatment Court. The defense attorney who participates in the Adult Treatment Court is acting as my attorney and will represent me at my termination hearing. If the attorney who represents me in the criminal case is the same attorney who participates in the Drug Court, I waive any claim of conflict that might otherwise arise if that attorney is required to later represent me in court proceedings (for example, if I am terminated from the Adult Treatment Court Program).

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Treatment Program Contract and Informed Consent

First Judicial District Adult Treatment Court – Lewis and Clark County

_____ 14. PROBATION: I agree to follow all of the terms of my supervised probation, imposed by the Court in Cause No. _____.

_____ 15. SEARCHES: I agree to comply with the rules of Probation and Parole including:

A. I will submit to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia at the request of the Court Service Officer(s) (CSO). I am aware that law enforcement, under the direction of the CSO, will be included in the above random searches as part of my participation in the Program.

B. I will be subject to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol or any paraphernalia by treatment provider staff or their designee while participating in the treatment program or while on treatment provider property. Failure to comply with these requirements may result in sanctions.

_____ 16. DISCUSSIONS IN MY ABSENCE. I understand and acknowledge that the members of the Adult Treatment Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Adult Treatment Court Judge about me, my progress in the Program, and any problems that I might be having. The Team may also discuss with the Judge, at various times, sanctions or rewards, which I may receive because of my participation in the Program. I also understand and acknowledge that I will not be present for these discussions with the Judge. It has been explained to me these discussions with the Judge without me being present are necessary in order for me to receive the maximum benefit from the Program. I understand this and waive my presence at these meetings and discussions with the Adult Treatment Court Judge.

_____ 17. WAIVER OF PRIVACY: Program officials may require me to provide very personal information. This may include, but will not be limited to: my criminal record, financial and tax information, child support records, education and work history, family history, and medical and psychiatric information. I understand and agree that these things may be discussed in open Adult Treatment Court session, in treatment sessions, or in other settings related to participation in the Program. I agree to sign specific releases promptly to allow the gathering of this information.

_____ 18. DUTY TO NOTIFY: I must obtain permission from my Court Service Officer(s) (CSO) prior to making any change in my residence or mailing address, any change, or disconnection of my phone number, or any change in my employment. I must also notify my Court Service Officer(s) (CSO) immediately after any law enforcement contact.

_____ 19. CONTACT WITH LAW ENFORCEMENT: I must obey all laws and notify my Court Service Officer(s) (CSO) of any criminal charges that are made against me, including any driving violations or minor offenses. My arrest or conviction on other charges, or my failure to report other charges, may result in termination from the Program.

_____ 20. NO ALCOHOL OR CONTROLLED SUBSTANCES: I understand that I cannot drink, possess, or otherwise ingest alcohol, nor may I associate with those who do, while I am a participant in the Adult Treatment Court Program. I also understand that I cannot use or possess marijuana, K2 or like substances, synthetic marijuana, scheduled controlled substances, over-the-counter drugs except as authorized herein, or any mind-altering substances, nor associate with those who do, while I am a participant in the Adult Treatment Court Program.

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Treatment Program Contract and Informed Consent

First Judicial District Adult Treatment Court – Lewis and Clark County

_____ 21. MEDICATIONS: I understand that I will be required to provide frequent and random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia as a condition of my participation in the Adult Treatment Court Program. I agree that I will not take any medications, including cough, cold, and any other over-the-counter medications without prior approval from my treatment provider and the Treatment Court Team. I also agree to provide a complete list of my medications to my treatment provider and the Treatment Court Team. I also will not use or consume any food or beverage that contains poppy seeds while I am in the Adult Treatment Court Program.

_____ 22. DRUG TESTING: I understand that results of my tests shall be admissible as evidence in the Drug Court.

_____ 23. MEDICATION ASSISTED TREATMENT (MAT): I agree to utilize The Reiter Foundation for all my MAT needs. Other MAT providers may be considered with approval of the Adult Treatment Court Team. The final decisions regarding my progress, compliance with Program requirements, and continued participation are in the Judge's sole discretion.

_____ 24. MEDICAL NEEDS: I agree to sign a release allowing the Adult Treatment Court Team to communicate with my medical provider.

_____ 25. ALCOHOL/DRUG TREATMENT AND COUNSELING: I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling.

_____ 26. HOUSING: I understand that stable housing is necessary for my recovery and must be approved by the Adult Treatment Court Team. I agree to comply with their recommendations and restrictions.

_____ 27. EMPLOYMENT/EDUCATION/JOB TRAINING: I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. I agree to inform my employer of my participation in Treatment Court and allow the team to communicate with my Employer about my performance.

_____ 28. GAMBLING: I will not gamble nor enter any gambling establishments where the primary source of revenue is gaming funds without the written permission of my supervising officer.

_____ 29. CURFEW: I agree to abide by a curfew as determined by the Adult Treatment Court Team. The curfew will have a beginning time when I am to be home and an ending time when I may leave. During my curfew, I may be on my property, as long as I am able to hear and get to the telephone.

_____ 30. FREE, VOLUNTARY, KNOWING AGREEMENT: My participation in the Program requires that I waive very important rights. I have fully discussed my rights with the Defense Attorney on the Adult Treatment Court before agreeing to enter into the Program. I am satisfied that I understand how the Program will affect my rights. At the time of executing this document, my thinking is clear, and I am not under the influence of any substance. The decision to waive my rights and enter the Program is mine alone and made of my own free will. I expressly agree to accept and abide by all the terms and conditions of the Adult Treatment Court Program as established by the Court and the Treatment Provider.

_____ 31. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Adult Treatment Court Judge for all purposes, including sanctions.

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Treatment Program Contract and Informed Consent

First Judicial District Adult Treatment Court – Lewis and Clark County

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Adult Treatment Court such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Adult Treatment Court requirements, or upon sentencing for violating the terms of my Adult Treatment Court involvement.

This agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute a duplicate original, but all counterparts together shall constitute a single agreement.

STATEMENT AND ACKNOWLEDGEMENT OF PARTICIPANT

I, Participant's Name, have read this entire Contract, and I have read and initialed each paragraph of this Contract. I have had adequate time to fully discuss this Contract with my attorney. I understand all the terms of this Contract and what is expected of me. I freely and voluntarily agree to abide by all the Contract's terms and conditions, and I understand the consequences of my failure to do so. I represent that at the time of execution of this Contract, I am not under the influence of drugs and/or alcohol.

DATED this _____ day of _____ 20____.

Participant

STATEMENT AND ACKNOWLEDGEMENT OF TREATMENT COURT DEFENSE COUNSEL

I, Treatment Court Defense Counsel, defense counsel for the First Judicial District Adult Treatment Court, have fully advised him/her of all the terms and conditions of this contract. To the best of my knowledge, I believe the participant is entering into this Contract out of his/her own free will, and to the best of my knowledge that no improper promises, threats or other inducements have been made by the Team to cause him/her to enter into this contract.

DATED this _____ day of _____ 20____.

Defense Counsel

Treatment Program Contract and Informed Consent

First Judicial District Adult Treatment Court – Lewis and Clark County

STATEMENT OF APPROVAL

I, _____ Treatment Court Judge _____, First Judicial District Adult Treatment Court Judge, have advised the participant of all of the terms and conditions of this contract. I believe the participant fully understands his duties and responsibilities as set forth in the contract. I hereby approve this contract.

DATED this _____ day of _____ 20____.

Judge Christopher D. Abbott

APPENDIX E



Authorization for Release of Confidential Information

First Judicial District Adult Treatment Court – Lewis and Clark County

I, _____, whose Date of Birth is _____, authorize the First Judicial District Adult Treatment Court to disclose and/or obtain information from _____.

The following information:

- | | |
|--|------------------------------------|
| _____ Intake History / Admission Information | _____ Medical / Medication Records |
| _____ Psychological Testing | _____ Social Information |
| _____ Progress Notes / Reports | _____ Treatment Plans |
| _____ Chemical Dependency Assessment Summary | _____ Discharge Summary |
| _____ Mental Health Assessment | _____ Photographs |

for the purpose(s) of: _____.

Purpose Statement: Photographs for the purpose of outlining progress/successes in the Adult Treatment Court Program and providing material for public presentations and grant compliance.

I understand that I may revoke this authorization at any time with a written request, except to the extent that action has been taken in reliance on authorization (42 CFR Part 2). This consent shall expire as dated below; otherwise, one hundred eighty (180) days from the date signed if no expiration date is written. This consent shall also expire at any such time I decline continued screening/participation in screening for the Court and any of its related assessments.

The following statement is for clients involved in chemical dependency counseling services:

Prohibition of Redisclosure: This release accompanies records concerning a client in alcohol/drug abuse treatment. This information has been disclosed to you for records protected by federal confidentiality rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. a federal authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. I understand that there is a potential for the information disclosed pursuant to this authorization to be subject to redisclosure by the recipient, and the information may no longer be protected by the federal confidentiality rules.

This authorization expires on: _____
(If no date is written, this authorization shall expire 180 days from the date signed below)

Participant Signature

Date

Witness Signature

Date

APPENDIX F



Authorization for Electronic Communication

First Judicial District Adult Treatment Court – Lewis and Clark County

I _____, as a participant of the First Judicial District Adult Treatment Court (ATC), duly recognize my responsibility in and during communication with the Adult Treatment Court Coordinator and/or any program affiliates, and hereby give authorization to the following:

1. Communication through phone calls, text messaging, and/or electronic mail with exclusive regard to my participation, success, and journey throughout the ATC program.
2. All communication listed above will remain confidential in the ATC program and will be disseminated to ATC team members and ATC participants only, if necessary.
3. Participant is individually responsible for any and all charges and fees associated with the communication listed above.
4. Participant shall communicate with the ATC Coordinator, directly. In the event **group** communication occurs with participant, fellow ATC participants, and any ATC team members, the participant may not use team member or fellow participant's contact information to contact them individually or directly.
5. **Contact with fellow ATC participants is permitted ONLY in group settings, through electronic communication. Participants shall NOT contact fellow ATC participants individually, directly, or in any other form except as outlined above.**

The undersigned participant agrees and understands each of the above and authorizes approved **group** electronic communication with the ATC Coordinator, team members, fellow participants, and any program affiliates.

Participant Name (Print)

Signature

Date

Witness Signature

Date

APPENDIX G



Applicant Pre-Screen

First Judicial District Adult Treatment Court – Lewis and Clark County

Applicant Name: _____

Date: _____

Have you continued to use alcohol and/or drugs longer than you attended? YES NO

Have you neglected some of your usual responsibilities because of alcohol or drug use? YES NO

Have you ever wanted to stop using drugs, but couldn't? YES NO

Have you ever found yourself preoccupied with wanting to use drugs? YES NO

Have you ever used alcohol or drugs to relieve emotional pain, sadness, anger, or boredom? YES NO

What is your drug of choice? _____

How often do you use? _____ Quantity: _____

When did you begin using? _____

Have you expressed regret about your drug use without taking steps to change it? YES NO

If yes, explain: _____

Has anyone else in your life expressed concern about your drug use? YES NO

If yes, explain: _____

APPENDIX H



Adult Treatment Court Application
First Judicial District Adult Treatment Court – Lewis and Clark County

Date: _____

Applicant:

Name (Last, First, Middle): _____ DOB: _____ SSN# _____

Email Address: _____

Phone Number: _____ Email: _____

Gender: _____ Age: _____ Are you a US Citizen? YES / NO Ethnicity: _____

Housing: YOU MUST LIVE WITHIN 20 MILES OF HELENA, MONTANA CITY LIMITS

Have you ever been homeless? YES / NO If yes, when was the last year you were homeless? _____

Are you currently homeless? YES / NO Approximate number of days homeless in your lifetime? _____

Current living situation: (circle one) Own / Rent / Hotel/Motel / Transitional Housing /

With Friends/Relatives/Significant Other (not your own home) / Other: _____

Current Physical Address: _____ City: _____ State: _____ Zip: _____

Length of Time at this Address: ____ Years ____ Months How many times have you moved in the past 3 years? ____

Identification:

Driver's License Status: (circle one) Current / Suspended / Revoked / No Driver's License

If you circled anything other than "No Driver's License," above, list DL Number: _____

Do you have a current State ID? YES / NO If yes, list State ID Number: _____

Military History:

Are you currently serving in the United States Armed Forces or Military? YES / NO If yes, list branch: _____

Have you ever served in the United States Armed Forces or Military? YES / NO If yes, list branch(es): _____

If yes, are you enrolled in Veteran's Services? YES / NO / Not Applicable

Contact:

Name of Reference/Contact Person in the Community: _____

Phone Number: _____ Company/Business (if applicable): _____

Relationship Information:

Marital Status: Single Married Common Law Separated Divorced Widowed

In current status for how long? _____ Are you currently pregnant? YES / NO / Not Applicable

Spouse/Fiancé/Partner's Name: _____ Where do they live? _____

Do you have children? YES / NO If yes, have you lost custody of your children due to a legal problem? YES / NO

Adult Treatment Court Application
First Judicial District Adult Treatment Court – Lewis and Clark County

Children/Dependent Information:

- 1) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

- 2) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

- 3) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

- 4) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

- 5) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

- 6) _____
Child's Name Age Mother Father
Who has custody of this child? _____ Where does this child live? _____

Family Information:

Are either of your parents alive? YES / NO

_____	_____	_____
Name	Relationship to you	Where they live
_____	_____	_____
Name	Relationship to you	Where they live
_____	_____	_____
Name	Relationship to you	Where they live
_____	_____	_____
Name	Relationship to you	Where they live

Do you have any siblings? YES / NO

If yes, list their name(s) and where they live _____

With what family member(s) are you most in contact with? _____

Can they be contacted? List address and/or phone: _____

Would any of your family members be willing to participate with your treatment? YES / NO

Adult Treatment Court Application
First Judicial District Adult Treatment Court – Lewis and Clark County

Emergency Contact Information:

1)	_____	_____	_____	_____
	Name	Relationship to you	Address	Phone
2)	_____	_____	_____	_____
	Name	Relationship to you	Address	Phone
3)	_____	_____	_____	_____
	Name	Relationship to you	Address	Phone

Criminal Information:

List current Charge(s), Case Number(s), and Presiding Judge(s). If you have charged in more counties than Lewis and Clark, please indicate where: _____

How old were you when you were arrested for the very first time? _____

How many times have you been **arrested** for misdemeanor offenses? _____ Felony offenses? _____

How many times have you been **convicted** of a misdemeanor offense? _____ Felony offense? _____

What date were you arrested on your current case? _____ Are you currently incarcerated? YES / NO

Are you released on bond? YES / NO / Own Recognizance Bond Amount: \$ _____

Do you have any pending criminal cases? YES / NO If yes, for what charges and where? _____

Are you wanted or have active warrants in any other jurisdiction? YES / NO If yes, for what charges and where? _____

Are you on Probation or Parole in Helena/Lewis and Clark County? YES / NO

If yes, who is your Probation/Parole Officer? _____

Are you on Probation or Parole in any other jurisdiction? YES / NO If yes, where? _____

Who is your Probation/Parole Officer? _____

Education:

Did you receive a high school diploma or GED? YES / NO

What is Applicant's highest level of education? _____

Do you have a degree? YES / NO If yes, what and from where? _____

Are you currently a student? YES / NO If yes, where? _____

Do you have difficulty reading? YES / NO Do you have difficulty writing? YES / NO

Do you have difficulty concentrating? YES / NO Do you have difficulty with adding and/or subtracting? YES / NO

Do you have any other educational difficulties? YES / NO If yes, what? _____

Employment: *YOU MUST BE EMPLOYED IN HELENA, MONTANA*

Are you currently employed? YES NO Total Working Hours/Week: _____

Combined Annual Income: \$ _____

Adult Treatment Court Application

First Judicial District Adult Treatment Court – Lewis and Clark County

Employment: (continued)

1) Employer: _____ Address: _____
 Supervisor's Name and Title: _____ Phone Number: _____
 Wage: \$ _____ Hourly / Salary Hours/Week: _____ How long have you worked here? _____
 Is this job currently being held for you for any reason? YES / NO If so, why? _____

2) Employer: _____ Address: _____
 Supervisor's Name and Title: _____ Phone Number: _____
 Wage: \$ _____ Hourly / Salary Hours/Week: _____ How long have you worked here? _____
 Is this job currently being held for you for any reason? YES / NO If so, why? _____

3) Employer: _____ Address: _____
 Supervisor's Name and Title: _____ Phone Number: _____
 Wage: \$ _____ Hourly / Salary Hours/Week: _____ How long have you worked here? _____
 Is this job currently being held for you for any reason? YES / NO If so, why? _____

Are you looking for work? YES / NO If yes, what type of work are you looking for? _____

What kind of vocational skills do you have? _____

Financial Information:

ASSETS:

Cash on Hand \$ _____
 Checking Acct. Balance \$ _____
 Savings Acct. Balance \$ _____
 Value of Owned Vehicles \$ _____
 Life Insurance \$ _____
 Real Estate \$ _____
 Other \$ _____

LIABILITES:

Public Utility Debt \$ _____
 Personal Property \$ _____
 Mortgage(s) \$ _____
 Other Loans \$ _____
 Other Debt \$ _____

MONTHLY INCOME:

\$ _____

MONTHLY EXPENSES:

Rent \$ _____
 Utilities \$ _____
 Court Payments \$ _____

TOTAL ASSETS \$ _____

TOTAL LIABILITES \$ _____

TOTAL \$ _____

Are you currently receiving any Public Assistance? YES / NO If yes, when did you start receiving it? _____

Indicate the following benefits you are currently receiving:

_____ None _____ WIC _____ Child Support _____ SNAP
 _____ TANF _____ SSI/SSD _____ Medicaid _____ VA Assistance
 _____ Voc Rehab _____ Housing Assist. _____ LIEAP _____ Unemployment

Other Assistance: _____

Medical:

Do you have current Medical Insurance coverage? YES / NO

Medical Insurance Name: _____ ID Number: _____

Adult Treatment Court Application
First Judicial District Adult Treatment Court – Lewis and Clark County

Medical: (continued)

Do you have secondary Medical Insurance coverage? YES / NO

If yes, list Medical Insurance Name: _____ ID Number: _____

Do you have any medical conditions? YES / NO If so, explain: _____

Date of your last Physical (if unsure, list approximate date): _____

Do you have a Primary Care Provider/Physician? YES / NO

If yes, Physician's Name: _____ Business/Company: _____

Phone Number: _____

Are you currently taking any prescribed medications or any medications over the counter on a regular basis? YES / NO

If yes, list all names and reasons/for what conditions: _____

Mental Health:

Have you ever been involved in mental health counseling, had a mental health evaluation, or been committed to a mental health facility? YES / NO

If yes, when? _____ Where? _____

Were you hospitalized or given outpatient care? _____ For how long? _____

Are you currently under treatment for any mental health problem(s)? YES / NO

If yes, for what diagnosis/es? _____

Where? _____

Have you ever taken any medication for any behavior, mental, or emotional condition? YES / NO

If yes, list all names and reasons/for what conditions: _____

Do you have a history of any suicidal ideation(s)? YES / NO / DENY

Do you have any present thoughts of suicide? YES / NO

Have you ever been physically or sexually abused? Physically / Sexually / Both / No

Substance Use/Abuse History:

Are you currently receiving substance abuse treatment? YES / NO

If yes, what type? Inpatient / Intensive Outpatient / Outpatient / Continued Care

Where? _____

Have you ever received substance abuse treatment? YES / NO If yes, when? _____

Primary Drug of Choice: _____ Age of first use: _____ When did you last use? _____

Amount: _____ Frequency of Use: _____

Secondary Drug of Choice: _____ Age of first use: _____ When did you last use? _____

Amount: _____ Frequency of Use: _____

Tertiary Drug of Choice: _____ Age of first use: _____ When did you last use? _____

Amount: _____ Frequency of Use: _____

Adult Treatment Court Application
First Judicial District Adult Treatment Court – Lewis and Clark County

Substance Use/Abuse History: (continued)

Quaternary Drug of Choice: _____ Age of first use: _____ When did you last use? _____

Amount: _____ Frequency of Use: _____

Have you ever used drugs intravenously? YES / NO

What is your perspective of your drug problem? No Problem / Mild / Moderate / Severe

What are your main triggers to continue using drugs? _____

Other information related to alcohol and/or drug use: _____

Has anyone in your family and/or household had a history of substance abuse or been in treatment (inpatient or outpatient) for substance abuse? YES / NO

If yes, explain: _____

Does anyone in your household use or has used alcohol or other drugs? _____

Reason(s) for Application:

For FJDATC Coordinator Only

Interview Checklist:

Did Applicant cooperate during the interview? YES / NO

Was the Applicant charged with an alcohol and/or other drug offense? YES / NO

Is the Applicant charged with any violent offenses? YES / NO

Does Applicant have (a) prior violent conviction(s)? YES / NO

Does Applicant accept responsibility for his/her offense? YES / NO

Does Applicant appear to have a substance abuse problem? YES / NO

Interview Notes:

Layla Eichler
Adult Treatment Court Coordinator
First Judicial District Court

Date

APPENDIX I



Screening for Treatment Court Appointment

First Judicial District Adult Treatment Court – Lewis and Clark County

I understand that when I am screening for the First Judicial District Adult Treatment Court. I have 10 business days to complete the following:

_____ I will complete the initial screening and assessment with the Treatment Coordinator.

_____ I agree to meet with the **Defense Attorney** at **139 North Last Chance Gulch** on the below listed date to be informed of my rights and know what will be expected of me if I choose to enter into Treatment Court:

APPOINTMENT: _____

_____ I will schedule an appointment with Boyd Andrew Community Services for a Chemical Dependency Treatment assessment at **Boyd Andrew Community Services, 60 South Last Chance Gulch, (406) 443-2343** on the below listed date to assess my level of Dependence:

APPOINTMENT: _____

_____ I will go over my contract with the Public Defender and sign the contract before being sentenced into Treatment Court.

_____ I will attend at least one Treatment Court and observe the proceedings on:

_____ I will agree to submit to substance abuse testing before acceptance and sentencing into Treatment Court at **Community Solutions, Inc., 39 Neill Avenue, (406) 502-2150** and

I, _____, will complete the above requirements before

_____, _____ when I will be either sentenced into Treatment Court in the First Judicial District Adult Treatment Court. Failure to complete the above listed requirements in the allotted time without contacting the Treatment Coordinator could result in the issuance of a bench warrant or being deemed ineligible for the program.

Client Name (Print)

Client Signature

Date

Witness Name (Print)

Witness Signature

Date

APPENDIX J



Authorized OTC Medications

First Judicial District Adult Treatment Court – Lewis and Clark County

ANALGESICS/PAIN & FEVER RELIEF

<u>Name Brand</u>	<u>Generic</u>
Advil®	Ibuprofen
Aleve®	Naproxen
Alka-Seltzer®	Sodium Bicarbonate
Original	Antacid and Pain Relief
Alka-Seltzer®	Sodium Bicarbonate
Extra Strength	Antacid and Pain Relief
Aspercreme®	Lidocaine HCl
Bayer® Aspirin	Acetylsalicylic Acid
Ecotrin® Aspirin	Acetylsalicylic Acid
Motrin®	Ibuprofen
Nuprin®	Ibuprofen
Orudis®	Ketoprofen
Tylenol®	Acetaminophen

* All over-the-counter Ibuprofen, Naproxen, Acetaminophen, and Acetylsalicylic Acid products are authorized, **except those containing ephedrine or pseudoephedrine**

ALLERGY & SINUS PAIN RELIEF

NasalCrom®	Cromolyn Sodium
Zytrec® Allergy	Cetirizine
Zyzal® Allergy	Levocetirizine

*Sinus/Allergy products marked PE (Phenylephrine) and products that contain Loratadine as the primary ingredient (Claritin® and Allevert®) are authorized.

*Please note the “D” versions of Claritin® and Allevert® are NOT authorized as they contain Ephedrine or Pseudoephedrine. As a general rule, if you are required to sign any documents at the pharmacy to obtain a product, you should not be taking it.

VOMITING & MOTION SICKNESS

Bonine®	Meclizine
	Cola
	Ipecac
Actidose® w/ Sorbital	Activated Charcoal
Charcoaid™G (2000)	Activated Charcoal
Charcoal Plus DS®	Activated Charcoal
Charco Caps®	Activated Charcoal
Liqui-Char®	Activated Charcoal
Dramamine®	Dimenhydrinate

EYE, EAR, AND MOUTH CARE

Naphcon A®	Naphazoline
Ocuhist®	Pheniramine
Opcon A®	Tetrahydrozoline
Vasocon A®	Naphazoline
Refresh Tears	Carboxymethylcellulose Sodium

FEMININE PRODUCTS

Femstat® 3	Butoconazole
Gyne-Lotrimin® 3	Clotrimazole
Monistat® 7 cream	Miconazole
Monistat® 7 suppositories	Miconazole
Vagisil®	Pramoxine
Vagistat® 1	Tioconazole

COUGH, COLD, AND FLU MEDICINES

Coricidin®	Acetaminophen
Claritin®	Loratadine
Robitussin®	Guaifenesin
NO DM or CF	
Mucinex®	Guaifenesin
	Saline Nasal Spray

*You may **NOT** take any products containing Dextromethorphan, alcohol, ephedrine or pseudoephedrine. Read all cold medicine labels carefully. Ask a pharmacist if you are unsure about anything

STOMACH MEDICINES

Alka-Seltzer®	Sodium Bicarbonate
Original	Antacid and Pain Relief
Alka-Seltzer®	Sodium Bicarbonate
Extra Strength	Antacid and Pain Relief
Axid® AR	Nizatidine
Basaljel®	Aluminum Carbonate
Beano®	Alpha-Galactosidase
Dulcolax®	Bisacodyl
Ex•lax Regular Strength®	Sennoside
Fibercon®	Polycarbophil
Gaviscon®	Aluminum Hydroxide and Magnesium Carbonate
	Bismuth Subsalicylate
Kaopectate®	Aluminum Hydroxide and Magnesium Hydroxide
Maalox® Antacid	Magnesium Hydroxide
Milk of Magnesia	Magnesium Hydroxide
Mylanta®	Famotidine
Pepcid® AC	Famotidine
Rolaids®	Calcium Carbonate and Magnesium Hydroxide
	Bismuth Subsalicylate
Pepto-Bismol®	Docusate
Phillips'® Stool Softener	Cimetidine
Tagamet® HB	Calcium Carbonate and Magnesium Hydroxide
Tums®	Acetaminophen
	Ranitidine
Tylenol®	
Zantac® Z5	

SKIN CARE

Benadryl® cream	Diphenhydramine topical
Clearasil®	Benzoyl Peroxide
Cortaid®	Hydrocortisone topical
Cortizone•10®	Hydrocortisone
Dr. Scholl's Athlete's	Tolnaftate
Foot Treatment	
Ivy Block™	Bentoquatam
Lotrimin AF®	Clotrimazole
Oxy-10®	Benzoyl Peroxide

SMOKING CESSATION

Nicorette	Nicotine Polacrilex
Nicotrol	Nicotine Inhalation System
Nicoderm	Nicotine
Commit Lozenges	Nicotine Polacrilex

APPENDIX K



Medical Verification Form

First Judicial District Adult Treatment Court – Lewis and Clark County

This is to verify the below named patient has informed the undersigned medical provider that he/she has been diagnosed with a substance use disorder and is a participant of the First Judicial District Adult Treatment Court. The below named patient has fully advised the signing medical provider that he/she is generally prohibited from accepting and/or filling a prescription for a medication with abuse potential and has requested the medical provider no prescribe any such medications unless absolutely necessary and on an emergent basis.

To be Completed by Medical/Dental Provider:

Patient Name: _____ Date of Incident: _____ Time: _____

Sickness/Incident/Injury: _____

Medical Facility: _____ Provider Initiating Report: _____

Provider's specific instructions/recommendations/diagnosis: (Please attach all relevant documents such as discharge papers, after care instructions, notes, etc.)

Medication prescribed and dosage: (We respectfully request addictive medications not be prescribed unless there is no other alternative.)

Is the participant contagious? YES NO

Can the participant return to regular court activities? YES NO

If no, when are they authorized to do so, and under what provisions? _____

If you have any questions, please contact Adult Treatment Court Coordinator, Layla Eichler, at (406) 594-0399

Physician's Name (Print)

Physician's Signature

Date

APPENDIX L



Authorization to Execute Chain of Custody for Urinalysis Testing

First Judicial District Adult Treatment Court – Lewis and Clark County

I, _____, whose Date of Birth is _____, authorize the First Judicial District Adult Treatment Court Coordinator to execute a Community Solutions Inc. Chain of Custody form for the purposes of further urinalysis confirmation testing related to the following test(s):

Urinalysis Test Date(s): _____

I understand I may revoke this authorization at any time with a written request, except to the extent that action has been taken in reliance on authorization (42 CFR Part 2).

The following statement is for clients involved in chemical dependency counseling services:

Prohibition of Redislosure: This release accompanies records concerning a client in alcohol/drug abuse treatment. This information has been disclosed to you for records protected by federal confidentiality rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A federal authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. I understand that there is a potential for the information disclosed pursuant to this authorization to be subject to redislosure by the recipient, and the information may no longer be protected by the federal confidentiality rules.

This consent shall expire exactly forty-eight (48) hours from the date and time executed by the Adult Treatment Court Participant.

Participant Signature

Date

Time

Witness Signature

Date

Time

Adult Treatment Court Coordinator

Date

APPENDIX M



Sanctions and Incentives

First Judicial District Adult Treatment Court – Lewis and Clark County

Phase	Low	Moderate	High	Very High
Target Behaviors	<ul style="list-style-type: none"> Travel/curfew violations Miscellaneous probation compliance violations Missed self-help/no proof Behind on required fees Late appointments 	<ul style="list-style-type: none"> Missed UA Failure to complete assignments Poor performance treatment Missed probation appointment Association violations Driving violations Repeated low violations 	<ul style="list-style-type: none"> Dishonesty Forged Documentation Tampered UA 2+ Missed UAs in 30 days Unexcused absence – treatment Unexcused absence – court Association – no contact orders Frequent, repeated violations 	<ul style="list-style-type: none"> Violence/threats New criminal charges/arrest Public safety Firearms Drug distribution/production Absconding
Phase 1	Level 1	Level 2	Level 3	Level 3/4
Phase 2	Level 2	Level 2	Level 3	Level 4
Phase 3	Level 3	Level 3	Level 4	Level 4

	Level 1	Level 2	Level 3	Level 4
Therapeutic Responses	<ul style="list-style-type: none"> Watch Law and Motion Writing Assignment Presenting Assignment Struggle Bowl Nursing Home/Holiday cards Behavior chain Discuss behavior Treatment court feedback Job applications quota Study plan/tutoring 	<p>Level 1 and:</p> <ul style="list-style-type: none"> 90/90 Bring treats to court Plan court event Attend/start classes Vision Board Earlier CD Eval MH evaluation/counseling Show/tell assignment Roundtable Apology letter 	<p>Levels 1, 2 and:</p> <ul style="list-style-type: none"> Weekly essays Phone background Change treatment provider Change where you live Sober Living Designate CS location Peer Review Fill out apps in treatment court 	<p>Levels 1, 2, 3 and:</p> <ul style="list-style-type: none"> In-patient treatment

Supervision Responses	<ul style="list-style-type: none"> Selfie check-ins Agenda Restrict travel 	Level 1 and: <ul style="list-style-type: none"> Association Logs Earlier Curfew Extra/Random UAs 24/7 Restrict associations 	Levels 1, 2 and: <ul style="list-style-type: none"> GPS Fluid intake logs Weekly treatment court reporting Daily check-ins with probation Missed 1:1 payment Continuous Monitoring (SCRAM, etc.) 	Levels 1, 2, 3 and: <ul style="list-style-type: none"> Warrant “Last Chance” contract
Comm. Svc.	≤5 hours	≤ 10 hours	≤ 20 hours	≤ 40 hours
House arrest	N/A	≤ 4 days	≤ 7 days	≤ 14 days
Jail	N/A	N/A	≤ 3 days	≤6 days
Program			Phase Down/Restart Phase Termination/Suspended Termination	

Incentives

	Proximal	Medium	Distal
Phase 1	Attending Court Attending Treatment Attending UAs	Participation in Treatment Employment Completion	
Phase 2			
Phase 3			

Additional Incentives may include:

White board
 Leave early
 Fishbowl
 Candy
 A Team
 Kudos
 Gift certificate
 Praise
 Behavior Chain

Certificate
 Reduction in CS hours
 Reduction in program fees
 Vouchers – leave early free
 Wristbands with positive sayings
 Framed Certificate
 Group activity
 Travel Pass
 Mentor

Example
 Expungement
 Challenge/sobriety coins
 Extend curfew
 Out-of-state travel
 Super Bowl
 Drawing

APPENDIX N

STATE OF MONTANA
FIRST JUDICIAL DISTRICT ADULT TREATMENT COURT ORDER

STATE OF MONTANA v. _____ Tx Court #: _____

Participant is in Court Phase I II III Court Date: _____

Court Requirements due at this Court appearance: _____

Accomplishments since last Court appearance: _____

THIS IS A COURT ORDER – Before your next Court date, you are required to complete this task list:

NEXT APPEARANCE DATE: Tuesday, _____, at 2:00 p.m.

- 1. No contact with known drug/alcohol users (unless prior approval has been granted)
- 2. Curfew: 9:00 p.m. 10:00 p.m. 11:00 p.m. Other: _____
- 3. Report to Case Manager: _____
 Weekly Bi-Weekly Monthly As Required
- 4. Drug Screening:
 Call in for random testing: 1-888-200-0571 Report to: _____
 Other As Directed
- 5. Attend Treatment Program at Boyd Andrew Community Services:
 IOP OP Monthly Monitoring Mental Health Other: _____
- 6. Attend AA/NA or other approved Self-help Group: _____x/week
 90/90 Program began on _____ and ends on _____.
- 7. Pay outstanding fines: \$ _____ Treatment Court Fee \$ _____
- 8. Other: _____

Sanctions: _____

- Workbook/Essay on _____
- Community Service Hours _____
To be completed by: _____
- Electronic Monitoring _____
- Increase UA Tests _____
- House Arrest _____ Day (s)
- Jail Time _____ Day (s)
- Other _____

Rewards: _____

- Candy Basket Draw
- Fishbowl Draw
- Gift Card
- Certificate of Sobriety _____
- TC Fee Credit _____
- Other _____

VIOLATION OF THIS ORDER MAY RESULT IN THE PARTICIPANT'S ARREST

DATED this ____ day of _____ 20____.

District Court Judge

Acknowledged: _____
Treatment Court Participant