

Adopted December 14, 2018

# Nevada Specialty Courts

## Best Practices and Standards



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## **STANDARDS AND BEST PRACTICES INTRODUCTION**

The purpose of this document is to set forth both required standards and recommended guidelines to provide a sound and consistent foundation for the operation and for the evaluation of Nevada's Specialty Courts. These standards and practices articulate evidence-based practices, as well as broadly accepted consensus practices that are correlated with positive and cost-effective outcomes.

These standards and practices are not rules of procedure and have no effect of law. They are not the basis of appeal by a drug court participant and lack of adherence to any standard or guideline is not the basis for withholding any sanction or readmitting a participant who is terminated.

The standards and practices provide a basis for each drug court to establish its own written policies and procedures that reflect the standards and practices, the needs of participants, the resources available in the community, and the unique characteristics of each individual court.

The standards and practices are based on principles gleaned from current research and credible published resources in the areas of criminal justice and addiction treatment, with specific focus on specialty courts. The standards and practices were developed and refined through input from Nevada specialty court professionals and stakeholders, as well as acknowledged national experts, and represent a consensus about current best practices.

## **MISSION STATEMENT**

The mission of the Nevada Drug Courts is to enhance public safety, to reduce prison and jail populations, and to reduce recidivism with a cost effective, integrated continuum of care by partnering with government agencies and community resources to focus on recovery from substance abuse disorders.

Drug Courts will hold defendants accountable and assist offenders with a substance abuse disorder to achieve long-term recovery to become law-abiding citizens, and successful family/community members.

## DEFINITIONS

"Specialty Court"	means a program established by a court to facilitate testing, treatment and oversight of certain persons over whom the court has jurisdiction and who the court has determined suffers from mental illness or abuses alcohol or drugs. Such a program includes, without limitation, a program established pursuant to NRS 176A.250 or 453.580.
"Existing Funded Program"	means a specialty court program funded by the AOC and that currently meets operational and adopted standards and practices, and has contracts with providers.
"New Program"	means a specialty court program that is not an existing program.
"Existing Unfunded Program"	means an established court program that is not funded by the AOC.
"Recidivism"	Recidivism is defined as any new convicted crime reported to NCIC (National Crime Information Center):  <ol style="list-style-type: none"><li>1) Recidivism after successfully completed program means any conviction for a new crime after one year.</li><li>2) Recidivism upon involuntary termination from a Specialty Court Program after having been in the program a minimum of 90 days.</li><li>3) Recidivism upon voluntary withdrawal after having been in the program a minimum of 90 days.</li></ol>
"Team"	
"Best Practices"	means the specialty court team, consisting of the judge, prosecutor, defense counsel, supervision (parole & probation or alternate sentencing), treatment, and as applicable coordinator, caseworker and court staff.
"NADCP"	
"Participant"	means the most current version of Specialty Court Best Practices as published by NADCP.  means the National Association of Drug Court Professionals.  means a person who is eligible for and has been accepted into a specialty court program.
Fee Funded Programs	Fee funded programs are programs funded by the administrative assessments (NRS176.0611, NRS 176.0613, NRS176.0623). These programs were formerly known as AB29 funding.

## THE TEN KEY COMPONENTS

The Key Components were developed by the Bureau of Justice Assistance in collaboration with the National Association of Drug Court Professionals.

**Key Component 1 = Drug courts integrate alcohol and other drug treatment services with justice system case processing.** The mission of drug courts is to stop the abuse of alcohol and other drugs and related criminal activity. Drug courts promote recovery through a coordinated response to offenders depending on alcohol and other drugs. Realization of these goals require a team approach, including cooperation and collaboration of the judges, prosecutors, defense counsel, probation authorities, other corrections personnel, law enforcement, pretrial services agencies, TASC programs, evaluators, an array of local providers, and the greater community.

**Key Component 2 = Non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.** Since the purpose is to facilitate an individual's progress in treatment, the prosecutor and defense counsel must shed their traditional adversarial courtroom relationship and work together as a team. Once a defendant is accepted into the drug court program, the team's focus is on the participant's recovery and law-abiding behavior-not on the merits of the pending case.

**Key Component 3 = Eligible participants are identified early and promptly placed within the drug court program.** Judicial action, taken promptly after arrest, capitalizes on the crisis nature of the arrest and booking process. Rapid and effective action also increases public confidence in the criminal justice system.

**Key Component 4 = Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.** The origins and patterns of AOD (Alcohol and Other Drugs) problems are complex and unique to each individual. They are influenced by a variety of accumulated social and cultural experiences. If treatment for AOD is to be effective, it must also call on the resources of primary health and mental health care and make use of social and other support services.

**Key Component 5 = Abstinence is monitored by frequent alcohol and other drug testing.** Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant's progress. AOD testing is central to the drug court's monitoring of participant compliance. AOD testing results are objective measures of treatment effectiveness, as well as a source of important for periodic review of treatment progress.

**Key Component 6 = A coordinated strategy governs drug court responses to participants' compliance.** An established principal of AOD treatment is that addiction is a chronic, relapsing condition. A pattern of decreasing frequency of use before sustained abstinence from alcohol and other drugs is common. Becoming sober or drug free is a learning experience, and each relapse to AOD use may teach something in the recovery process. A participant's progress through the drug court experience is measured by his or her compliance with the treatment regimen.

Cessation of drug use is the ultimate goal of drug court treatment. There is a value in recognizing incremental progress toward the goal, such as showing up at all required court appearances, regularly arriving at the treatment program on time, attending and fully participating in the treatment session, cooperating with treatment staff, and submitting to regular AOD testing. Drug courts must reward cooperation as well as respond to noncompliance. Small rewards for incremental successes have an important effect on a participant's sense of purpose and accomplishment. Praise from the drug court judge for regular attendance or for a period of clean drug tests, encouragement from the treatment staff or the judge at particularly difficult times, and ceremonies in which tokens of accomplishment are awarded in open court for completing a particular phase of treatment are all small but very important rewards that bolster confidence and give inspiration to continue.

**Key Component 7 = Ongoing judicial interaction with each drug court participant is essential.**

The judge is the leader of the drug court team, linking participants to AOD treatment and to the criminal justice system. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a participant will remain in treatment and improves the changes for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to participants that someone in authority cares about them and is closely watching what they do. Drug courts require judges to step beyond their traditionally independent and objective arbiter roles and develop new expertise. The structure of the drug court allows for early and frequent judicial intervention. A drug court judge must be prepared to encourage appropriate behavior and to discourage and penalize inappropriate behavior.

**Key Component 8 = Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.** Fundamental to the effective operation of drug courts are coordinated management, monitoring, and evaluation systems. The design and operation of an effective drug court program result from thorough initial planning, clearly defined program goals, and inherent flexibility to make modifications as necessary. The goals of the program should be described concretely and in measurable terms to provide accountability to funding agencies and policymakers.

Program management provides the information needed for day-to-day operations and for planning, monitoring, and evaluation. Program monitoring provides oversight and periodic measurements of the program's performances against its stated goals and objectives.

**Key Component 9 = Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.** Periodic education and training ensures that the drug court's goals and objectives, as well as policies and procedures, are understood not only by the drug court leaders and senior managers, but also by those indirectly involved in the program. Education and training programs also help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice and AOD treatment personnel, and promote a spirit of commitment and collaboration.

**Key Component 10 = Forging partnerships among drug courts, public agencies, and community-based organizations generate local support and enhance drug court program effectiveness.**

Because of its unique position in the criminal justice system a drug court is especially well suited to develop coalitions among private community-based organizations, public criminal justice agencies, and AOD treatment delivery systems. Forming such coalitions expands the continuum of services available to drug court participants and informs the community about drug court concepts.

## **NADCP BEST PRACTICES**

All Specialty Courts shall to the extent of available funding, services and local practice, to follow the most current Best Practice Standards published by the National Association of Drug Court Professionals. Within that goal, it is recognized and understood that although many specialty court participants have similar needs, each court is unique.



## **TEAM MEMBER ROLES AND RESPONSIBILITIES**

One of the key components of the problem solving court model is the establishment of a multi-disciplinary, non-adversarial and collaborative team. This approach helps to ensure coordination in both supervision and treatment while preserving a defendant's right to due process. As important as this team-based approach is, it also represents one of the greatest challenges in implementing and sustaining a successful problem solving court. Stepping outside of traditional roles is not an easy task and can lead to some confusion regarding what role each team member plays on the team. The following section provides a framework for understanding the roles and responsibilities of each team members on a problem solving court team. This section begin by outlining the common functions that all members of the team are tasked with. The section then outlines recommended responsibilities of each specific team member beyond the common functions. It should be noted that this is not an exhaustive list of responsibilities, but rather recommended functions for team members consistent with best practices and the needs of individual courts.

### **I. All Problem Solving Court Team Members**

#### **Role In the Administration of Problem Solving Court:**

- a. Participants in development of the problem solving court policies and procedures including eligibility and disqualifying criteria and entry process.
- b. Promotes and maintains eligibility standards that ensure community safety and demonstrate an understanding of current research addictions, effective treatment methods, and the defendant population for whom the problem solving courts are most effective.
- c. Assist in drafting participant handbooks, waivers and contracts.
- d. Assist in developing policies, processes, system improvements and program modification.
- e. Understands and protects the confidentiality of any treatment data or other confidential information obtained while serving as a team member.
- f. Consults with Specialty Court Judge on any and all matters concerning Specialty Courts.

#### **Role on the Problem Solving Court Team**

Maintains effective communication with other team members regarding client interactions outside of court including violations or challenges encountered.

### **II. Judge**

"The judge is the leader of the drug court team, linking participants to AOD treatment and to the criminal justice system. Ongoing judicial supervision also communicates to participants - often for the first time - that someone in authority cares about them and is closely watching what they do. A drug court judge must be prepared to encourage appropriate behavior and to discourage and sanction inappropriate behavior." The Judge must exercise judicial discretion at all times.

### **Role in the Administration of the Problem Solving Court**

- a. Oversees the development and articulation of the problem solving court's mission, goals, objectives and structure.
- b. Presides over steering committee or other decision-making process that addresses change in the program's mission, goals, objectives and structure.
- c. Oversees quality control, including:
  - i. Education and training of team members, including the judge, on relevant issues such as addiction issues, alcoholism, pharmacology, drug and alcohol testing, and the continuum of rewards and sanctions.
  - ii. Data integrity plan that records and preserves information about individual participants and program general in a manner that allows program to be monitored, evaluated and measured against program's mission, goals and objectives.
  - iii. Periodic review of program based on ten key components, new developments in treatment and problem solving court techniques, and the program's mission, goals and objectives.
  - iv. Ensure proper action taken to address problems as they arise.
- d. Oversees outreach program to develop and maintain community understanding and support for the problem solving court.
- e. Oversees proactive development and management of budget to achieve fiscal responsibility and long-term sustainability.

### **Role on the Problem Solving Court Team**

- a. Applies leadership skills that respect and engage the knowledge and talents of all team members, that promote the commitment and diligence of all team members, and inspire and motivate team members, and that recognize the judge is one team member among many.
- b. Presides over team review of cases.
- c. Provides opportunity for team members to speak, as appropriate.
- d. Provides opportunity for participants to speak.
- e. Reviews and act upon requests for modifications of treatment regimen- residential treatment and travel requests (as examples).
- f. Orders rewards and sanctions as appropriate.
- g. Understands objectives particular to the nature of the appearance, including the first appearance, ongoing reviews, graduation and termination.
- h. Conducts each case in manner that recognizes the interaction with the immediate participant is also a piece of the motivation and treatment framework for other observing participants.
- i. Manages the docket to complete all reviews within the time available
- j. Confirms next court date.
- k. Delegates any other responsibilities as necessary and appropriate for the success of the problem solving court and the efficient management of the available resources.

### III. Prosecutor

#### **Role in the Administration of Problem Solving Court**

- a. Promotes the problem solving court within the local legal and law enforcement community.
- b. Assists in developing funding sources.
- c. Participates as a member of the Problem Solving Court Steering Board or Committee.

#### **Role on the Problem Solving Court Team**

- a. Facilitates participants' entry into the program
  - i. Develops an efficient method of conducting legal screens for potential participants, which requires being able to quickly obtain the necessary information to accurately determine if any mandatory or discretionary qualifiers/disqualifiers apply.
  - ii. Makes referrals or extend plea offers permitting participation where it appears to be in the best interests of both the community and the defendant and to be consistent with the eligibility and disqualifying criteria set forth in the policies and procedures.
- b. Attends and actively participate in regularly scheduled pre-court staffings, court hearings and graduations.
- c. Participates in training sessions related to the problem solving court.
- d. Maintains up-to-date record of participant performance for compliance and continued eligibility.
- e. Advocates for timely and effective incentives and sanctions with an understanding of effective evidence-based behavior modification techniques.
- f. Participates in the decision to dismiss participants who no longer meet eligibility criteria or who are failing to make adequate progress after a significant period of time in the program.
- g. Actively facilitates and participates in all research and evaluations of all problem solving courts.

### IV. Defense Attorney

#### **Role in the Administration of Problem Solving Court**

- a. Participates as a member of the Problem Solving Court Steering Board or Committee

#### **Role on the Problem Solving Court Team**

- a. Facilitates the entry of participants into the program.
  - i. Confers with defendants eligible for the problem solving court regarding their rights and the requirements of problem solving courts including waivers of confidentiality to make sure that if they decide to enter problem solving court their waiver of rights is knowing and voluntary.
  - ii. Confers with defendants eligible for problem solving court regarding their specific charges or allegations of violation or probation/deferred sentences and defenses they may raise.
  - iii. Confers with defendants eligible for problem solving court regarding the consequences of declining the problem solving court option and pursuing the traditional processing of the case and the advantage and disadvantages of problem solving court.
  - iv. Assists the defendant in signing required documents including contracts and waivers.
- b. Attends and actively participate in regularly scheduled case staffings, court hearings and graduations.
- c. Advocates for timely and effective incentives and sanctions with an understanding of effective, evidence-based behavior modification techniques

- d. Participates in the decision to dismiss participants who no longer meet eligibility criteria or who are failing to make adequate progress after a significant period of time in the program.
- b. Participates in training sessions and planning meetings related to the problem solving court.
- c. Actively facilitates and participates in all research and evaluations of all problem solving courts.

## V. Problem Solving Court Coordinator

### **Role in the Administration of Problem Solving Court**

- a. Responsible for the overall operations of the problem solving court program.
- b. Oversees the problem solving court program under the direction of the Judge or designee and provides programmatic information to all those involved in the facilitation of the program to ensure its monitoring and evaluation.
- c. Maintains the policies and procedures and updates them, as necessary.
- d. Assumes a lead role in education for staff and stakeholders. This includes developing a training schedule for new team members and ongoing, multidisciplinary team training.
- e. Obtains outside funding and serves as liaison to the AOC to coordinate State level funding, data collection, data integrity, and program evaluation.
- f. Attends or chairs meetings of the problem solving court team and any advisory boards established to support the program.
- g. Plans and leads team building and team planning meetings.
- h. Prepares an annual report on the operation of the program.
- i. Ensures long-term sustainability of the program and maintains programmatic integrity. This includes having a presence at the State level and, where possible, at the National level. The coordinator is to interact with national organizations such as the National Problem solving court Institute (NDCI) and National Association of Problem solving court Professional (NADCP). Program materials are to be made available to any and all programs that request them and are to be shared with NDCI personnel for inclusion in those materials made available nationally should NDCI choose to do so.
- j. Serves as the key contact for all grants management functions including providing required program data and statistics.
- k. Collects, maintains and organizes program records, participant data, and program statistics with the assistance of case managers and other team members.
- l. Responsible for ongoing program evaluation and assessment for quality improvement. This includes identifying any trends, program and participant needs, barriers to program implementation and participant success. This information will be used to make necessary policy changes.
- m. Engage in community outreach to include education of the public regarding the impact that the Problem Solving Court is having on recidivism, community safety, increased employment, and family restoration.
- n. Monitors program adherence to 10 Key components.

### **Role on the Problem Solving Court Team**

- a. Maintains effective communication with all stakeholders including external agencies and customers.
- b. Prepared or delegates preparation of pre-court staffing information and sends it to the team.
- c. Coordinates or delegates graduation ceremonies.
- d. Participates in or leads the pre-court staffing.
- e. Administers the incentive program for the Court to collaboration with other team members.

## V. Probation Officer

### **Role in the Administration of Problem Solving Court**

- a. Coordinates and/or provides case management case planning, contingency management referral information as well as monitoring of substance use/sobriety through testing, home and other field visits, and provides all relevant information to the team.
- b. Facilitates data collection and entry for program statistics and measurement of program effectiveness.
- c. Attends training and strives to improve personal and team performance.
- d. Represents problem solving court in efforts to educate and in obtaining resources.

### **Role on the Problem Solving Court Team**

- a. Participates in problem solving court team activities, such as planning meetings, pre-court staffings, hearings and graduation exercises.
- b. Makes recommendations regarding sanctions and incentives and treatment planning.
- c. Uses validated instruments to assess risk, level of treatment needs, strengths, and other areas of possible intervention or support and provides written reports and assessments of participants.
- d. Maintains a comprehensive knowledge base of local and statewide treatment, monitoring, and supervision resources for all aspects of client lives.
- e. Demonstrates respectful, motivation enhancing communication skills (MI) with clients and other professionals. Models sober problem solving and optimism and sets positive expectations by working with offender to set goals.
- f. Adheres to risk/need/responsivity (RNA) principles, targets high risk clientele and behaviors, and understands stages of change, gender, age, and cultural differences. Understands learning styles and matches clientele to the most appropriate responsive services.

## VII. Treatment Provider

### **Role in the Administration of Problem Solving Court**

- a. Become involved from the earliest stages of the development of the problem solving court.
- b. Devises appropriate levels and types of care, phase expectations, and pre-determine appropriate response to critical events with the clients (such as interventions after a relapse).
- c. Appreciates that some communities must overcome resource barriers to ensure the problem solving court has access to a full continuum of treatment services and works to develop substance abuse services, dual diagnosis services, access to psychiatric consultation and or medication consultation, and a robust referral system to deal with ancillary issues such as brain injury, domestic violence, trauma history, and other associated issues which might interfere with successful participation in the court.
- d. Works towards providing treatment services that include social model detoxification, short-term residential treatment, possible referrals to long-term residential treatment, medication, and enhanced-intensive outpatient treatment.

### **Role on the Problem Solving Court Team**

- a. Participate fully as problem solving court team members, committing themselves to the program mission and goals and working as a full partner to ensure their success.
- b. Participates in pre-court staffings, makes treatment recommendations to the Court, and as appropriate, identifies and/or provides a continuum of care for participants while advocating on behalf of the client and for the integrity of the Court.
- c. Fosters a balanced approach in the pre-court staffings by offering a recovery- focused and strengths-based perspective regarding the court participants.
- d. Refers participants to specific programs based on the programs clinical suitability, the willingness of the providers to participate in the court process, and the program's capacity to meet any special needs that may exist (e.g. mental or physical health, or language barriers).
- e. Ensures that offenders are evaluated in a timely and competent process and that placement and transportation are effectuated in an expedited manner.
- f. Ensures that the participant receives the most appropriate level of care available, at a reasonable cost, by all contracted and ancillary service providers. They develop post program services, client outreach, mentor programs and alumni associations.
- g. Develops a full understanding of the role and information provided by drug testing.
- h. Assists in providing advanced training in substance abuse, addiction, mental health, recovery and treatment methodologies in order to provide the team with a meaningful basis to implement incentives and sanctions systems and design program protocols and procedures.
- i. Advocates for effective incentives and sanctions for program compliance.
- j. Develops an understanding of gender, age, sexual orientation, religious, and cultural issues that may impact the offender's success.
- k. Develops a full understanding of addiction, mental illness, dual diagnosis, recovery and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.
- l. Contributes to the team's efforts to educate the community and acquire additional resources.
- m. Contributes to the education of peers, colleagues and the judiciary in their area of expertise.
- n. Provides documentation and clear explanation of evidenced based screening tools used, substance abuse curriculum and weekly group session agendas, and other programmatic information on client numbers, group sizes, billing, etc.
- o. Possesses necessary expertise in diagnosing substance abuse.

## VIII. Court Personnel

### **Role in the Administration of Problem Solving Court**

- a. Participates in problem solving court planning, training, staffing models, strategic planning session, and associated committees.
- b. Provides necessary courtroom staffing to assist the problem solving courts.
- c. Provides necessary training to courtroom staff to meet the specific requirements of problem solving courts.
- d. Supervises and monitors the courtroom staff for correct entry of problem solving courts coding.
- e. Ensures the necessary courtroom space, equipment and materials are available for use by the problem solving court as needed.
- f. Assists in facilitating the extraneous clerical needs associated with problem solving courts.
- g. Ensures compliance with data integrity standards and record retention standards developed by the Judicial Branch.

### **Role on the Problem Solving Court Team**

- a. Prepared and maintains the court file in accordance with data integrity standards.
- b. Updates the court record with all hearing dates and order of the court.
- c. Process orders and notices of the court and provides the same to all parties of record.
- d. Ensures all court hearings are on the record.
- e. Participants in training sessions and planning meetings related to the problem solving court.

## TARGET POPULATIONS

Eligibility and exclusion criteria for the Drug Court are predicated on empirical evidence indicating which types of offenders can be treated safely and effectively in Drug Courts. Candidates are evaluated for admission to the Drug Court using evidence-based assessment tools and procedures.

### **Objective Eligibility and Exclusion Criteria**

Eligibility and exclusion criteria are defined objectively, specified in writing, and communicated to potential referral sources including judges, law enforcement, defense attorneys, prosecutors, treatment professionals, and community supervision officers. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. No one who is otherwise eligible should be denied participation solely because of inability to pay. The final decision as to who is in a Specialty Court program is made solely by the presiding judge.

## **High-Risk and High-Need Participants**

The Drug Court targets offenders for admission who are addicted to illicit drugs or alcohol and are at substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation or pretrial supervision. These individuals are commonly referred to as high-risk and high-need offenders. If a Drug Court is unable to target only high-risk and high-need offenders, the program develops alternative tracks with services that are modified to meet the risk and need levels of its participants.

## **Validated Eligibility Assessments**

Candidates for the Drug Court are assessed for eligibility using validated risk- assessment and clinical-assessment tools. The risk-assessment tool has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women and racial or ethnic minority groups that are represented in the local arrestee population. The clinical- assessment tool evaluates the formal diagnostic symptoms of substance dependence or addictions. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results.

## **Criminal History Disqualifications**

Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court. Barring legal prohibitions, offenders charged with drug dealing or those with violence histories are not excluded automatically from participation in the Drug Court.

## **Clinical Disqualifications**

If adequate treatment is available, candidates are not disqualified from participation in the Drug Court because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction treatment medication.

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## HISTORICALLY DISADVANTAGED GROUPS

Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the Drug Court.

### **Equivalent Access**

Eligibility criteria for the Drug Court are nondiscriminatory in intent and impact. If an eligibility requirement has the unintended effect of differentially restricting access for members of a historically disadvantaged group, the requirement is adjusted to increase the representation of such persons unless doing so would jeopardize public safety or the effectiveness of the Drug Court. The assessment tools that are used to determine candidates' eligibility for the Drug Court are valid for use with members of historically disadvantaged groups represented in the respective arrestee population.

### **Equivalent Retention**

The Drug Court regularly monitors whether members of historically disadvantaged groups complete the program at equivalent rates to other participants. If completion rates are significantly lower for members of a historically disadvantaged group, the Drug Court team investigates the reasons for the disparity, develops a remedial action plan, and evaluates the success of the remedial actions.

### **Equivalent Treatment**

Members of historically disadvantaged groups receive the same levels of care and quality of treatment as other participants with comparable clinical needs. The Drug Court administers evidence-based treatments that are effective for use with members of historically disadvantaged groups represented in the Drug Court population.

### **Equivalent Incentives and Sanctions**

Except where necessary to protect a participant from harm, members of historically disadvantaged groups receive the same incentives and sanctions as other participants for comparable achievements or infractions. The Drug Court regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalent to all participants.

### **Equivalent Dispositions**

Members of historically disadvantaged groups receive the same legal dispositions as other participants for completing or failing to complete the Drug Court program.

## **Team Training**

Each member of the Drug Court team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.

## **TRANSFER OF SPECIALTY COURT CASES BETWEEN COURTS**

Transfer of specialty court cases between justice and municipal courts, and from said courts to District Courts is governed by SB 29, May 2, 2017. Transfer of specialty court cases between district courts is governed by NRS 453.580(5) provided that the transferee court accepts the transfer.

## **STATE FUNDING**

All Specialty Courts in substantial compliance or progressing toward substantial compliance with these standards and practices are eligible to apply for state funding (Fee Funded Programs or General Fund). Funding requests must comply with the Nevada Specialty Court Funding Best Practices and Standards approved ...

## **PROGRAM EVALUATION**

It is beyond dispute that the best outcomes are achieved when a specialty court is aware of, and follow applicable best practices. As noted above, however, not all best practices are applicable to every court, and in many cases, the available services, resources and unique characteristics of an individual court may require deviation from and/or adjustment of a best practice.

Regular programs evaluation is an important part of ensuring that best outcomes are being achieved. The creation of Statewide Best Practices and Standards for the evaluation of specialty court programs is a complex project that has been undertaken by a subcommittee of the Specialty Court Funding Committee. Currently, the consensus approach is to create an efficient and cost-effective program of peer review, utilizing proven methods used by sister states. In the interim all specialty courts shall perform regular self-evaluations using the form provided in the Appendix.

## APPENDIX

All Specialty Courts shall utilize some form of the following documents:

(1) *Policy & Procedure Manual* (individually created by and for each court)

- Description of the Specialty Court
- Entry procedure
- Eligibility criteria
- Program model
- Program requirements
  - phase structure
  - incentives/sanctions
  - fees
  - graduation/termination criteria
- Program evaluation

(2) *Drug Court Handbook* (detail for participants)

- Application/Petition for admission
- participant acknowledgements and consents
- waivers to obtain info from treatment providers
- DCCM user agreement
- HIIPA waivers/agreement for team
- Treatment provider agreements
- Drug tester agreements
- Fee waiver request and budget worksheet
- Exit/Termination evaluations

## PROGRAM SELF-EVALUATION- CHECKLIST FORM

YES	NO
	1. Eligibility and exclusion criteria are defined objectively.
	2. Eligibility and exclusion criteria are specified in writing.
	3. The team does not apply subjective criteria or personal impressions to determine participant's suitability for the program.
	4. The program targets participants who are high risk/high need as measured by the RANT, but non high risk/high need are not automatically excluded.
	5. Candidates for the program are assessed for eligibility using a validated risk-assessment tool that has been demonstrated empirically to predict criminal recidivism or failure on community supervision and is equivalently predictive for women, and racial or ethnic minority groups that are represented in the local arrestee population.
	6. Candidates for the program are assessed for eligibility using validated clinical-assessment tool that evaluates the formal diagnostic symptoms of substance dependence or addiction.
	7. Evaluators are trained and proficient in the administration of the assessment tools and interpretation of the results.
	8. Current or prior offenses may disqualify candidates from participation in the Drug Court if empirical evidence demonstrates offenders with such records cannot be managed safely or effectively in a Drug Court.
	9. Offenders charged with non-drug charges, drug dealing, or those with violence histories are not excluded automatically from participation in the Drug Court.
	10. If adequate treatment is available, candidates are not disqualified from participation in the program because of co-occurring mental health or medical conditions or because they have been legally prescribed psychotropic or addiction medication.
	11. The program has a written policy addressing medically assisted treatment.
	12. The program regularly monitors whether members of historically disadvantaged groups complete the program at rates equivalent to other participants.
	13. The program regularly monitors the delivery of incentives and sanctions to ensure they are administered equivalently to all participants, considering the uniqueness of each participant
	14. Each member of the program team attends up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups.
	15. The judge attends current training events on legal and constitutional issues in Specialty Courts, judicial ethics, evidence-based substance abuse and mental health treatment, behavior modification, and community supervision.
	16. The judge presiding over the specialty court is engaged and enthusiastic about the program.

YES	NO
	17. Participants ordinarily appear before the same judge or judges throughout their enrollment in the Drug Court
	18. The judges regularly attends pre-court staff meetings during which each participant's progress is reviewed and potential consequences for performance are discussed by the team.
	19. Participants appear before the judge for status hearings no less frequently than every two weeks during the first phase of the program.
	20. Status hearings are scheduled no less frequently than every six weeks until participants graduate.
	21. When appropriate, the judge spends an average of at least three minutes with each participant.
	22. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives, and therapeutic adjustments.
	23. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney or legal representative to assist in providing such explanations.
	24. The judge is the ultimate arbiter of factual controversies and makes the final decision concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty
	25. The judge makes decisions after taking into consideration the input of other team members and discussing the matter in court with the participant or the participant's legal representative.
	26. The judge relies on the input of duly trained treatment professionals when imposing treatment-related conditions.
	27. Policies and procedures concerning the administration of incentives, sanctions, and therapeutic adjustments are specified in writing and communicated in advance to participants and team members.
	28. The policies and procedures provide a clear indication of which behaviors may elicit an incentive, sanction, or therapeutic adjustment; the range of consequences that may be imposed for those behaviors; the criteria for phase advancement, graduation, and termination from the program; and the legal and collateral consequences that may ensue from graduation and termination.
	29. The program has a range of sanctions of varying magnitudes that may be administered in response to infractions in the program.

YES	NO
	30. For goals that are difficult for participants to accomplish, such as abstaining from substance use or obtaining employment, the sanctions increase progressively in magnitude <i>over</i> successive infractions. For goals that are relatively easy for participants to accomplish, such as being truthful or attending counseling sessions, higher magnitude sanctions may be administered at the first infraction.
	31. Consequences are imposed for the non-medically indicated use of intoxicating or addictive substances, including alcohol, cannabis (marijuana) and prescription medications, regardless of the licit or illicit status of the substance.
	32. The team relies on expert medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available.
	33. Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen or remaining drug-abstinent for a specified period of time.
	34. Treatment is reduced only if it is determined clinically that a reduction in treatment is unlikely to precipitate a relapse to substance use.
	35 Drug testing is performed at least twice per week.
	36. Drug testing is random and is available on weekends and holidays.
	37. Testing regimens are not scheduled in seven-day or weekly blocks. The chances of being tested should be at least every two in seven every day.
	38. Drug test results are available within 48 hours.
	39. Participants are required to deliver a test specimen within 8 hours of being notified that a drug or alcohol test has been scheduled.
	40. Randomly selected specimens are tested periodically for a broader range of substances to detect any new drugs of abuse that might be emerging in the population.
	41. Collection of test specimens is witnessed and specimens are examined routinely for evidence of dilution, tampering and adulteration.
	42. The program utilizes scientifically valid and reliable testing procedures and establishes a chain of custody for each specimen.
	43 If a participant denies substance use in response to a positive screening test, a portion of the same specimen is subjected to confirmatory analysis using an instrumented test, such as gas chromatography/mass spectrometry.

YES	NO
	44. Metabolite levels falling below industry-or manufacturer- recommended cutoff scores are not interpreted as evidence of new substance use or changes in substance use patterns, unless such conclusions are reached by an expert trained in toxicology, pharmacology or a related field.
	45. Upon entering the program, participants receive a clear and comprehensive explanation of their rights and responsibilities relating to drug and alcohol testing.
	46. The program requires at least 90 days clean to graduate.
	47. The minimum length of the program is twelve months.
	48. Unless a participant poses an immediate risk to public safety, or the court finds a jail sanction is necessary, appropriate and consistent with the goals and integrity of the program, jail sanctions are administered after less severe consequences have been ineffective at deterring infractions.
	49. Jail sanctions are definite in duration and typically last no more than three to five days.
	50. Participants are given access to counsel and a fair hearing if a jail sanction might be imposed.
	51. Participants are not terminated from the program for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are non-amenable to the treatments that are reasonably available in their community.
	52. If a participant is terminated from the program because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program.
	53. The program offers a continuum of care for substance abuse treatment including detoxification, residential, sober living, day treatment, intensive outpatient and outpatient services.
	54. Standardized patient placement criteria govern the level of care that is provided.
	55. Adjustments to the level of care are predicated on each participant's response to treatment and are not tied to the program programmatic phase structure.
	56. Participants receive a sufficient dosage and duration of substance abuse treatment to achieve long-term sobriety and recovery from addiction.
	57. Participants meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program.
	58. Participants are screened for their suitability for group interventions, and group membership is guided by evidence- based selection criteria including participants' gender, trauma histories and co-occurring psychiatric symptoms.

YES	NO
	59. Treatment groups ordinarily have no more than twelve participants.
	60. Treatment providers administer behavioral or cognitive- behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes for addicted persons involved in the criminal justice system.
	61. Treatment providers are proficient at delivering the interventions and are supervised regularly to ensure continuous fidelity to the treatment models.
	62. Treatment providers are licensed or certified to deliver substance abuse treatment.
	63. Treatment providers are supervised regularly to ensure continuous fidelity to evidence-based practices.
	64. Participants regularly attend self-help or peer support groups in addition to professional counseling.
	65. The peer support groups follow a structured model or curriculum such as the 12-step or Smart Recovery models.
	66. There is a secular alternative to 12-step peer support groups.
	67. Participants complete a final phase of the program focusing on relapse prevention and continuing care
	68. Participants prepare a continuing-care plan together with their counselor to ensure they continue to engage in pro-social activities and remain connected with a peer support group after their discharge from the Drug Court.
	69. For at least the first ninety days after discharge from the program, treatment providers or clinical case managers attempt to contact previous participants periodically by telephone, mail, e-mail, or similar means to check on their progress, offer brief advice and encouragement, and provide referrals for additional treatment when indicated.
	70. Where indicated, participants receive assistance finding safe, stable, and drug-free housing beginning in the first phase of the program and continuing as necessary throughout their enrollment in the program.
	71. Participants are not excluded from participation in the program because they lack a stable place of residence.
	72. Participants are assessed using a validated instrument for major mental health disorders that co-occur frequently in Drug Courts, including major depression, bipolar disorder (manic depression), posttraumatic stress disorder (PTSD), and other major anxiety disorders.
	73. Participants suffering from mental illness receive mental health services beginning in the first phase of the program and continuing as needed throughout their enrollment in the program.



YES	NO
	74. Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, and posttraumatic stress disorder (PTSD).
	75. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety.
	76. All Drug Court team members, including court personnel and other criminal justice professionals, receive formal training on delivering trauma-informed services.
	77. Participant are required to have a stable job, be enrolled in a vocational or educational program, or be engaged in comparable pro- social activity as a condition of graduating from the program.
	78. Participants receive immediate medical or dental treatment for conditions that are life-threatening, cause serious pain or discomfort, or may lead to long-term disability or impairment.
	79. Participants complete a brief evidence-based educational curriculum describing concrete measures they can take to prevent or reverse drug overdose.
	80. Clients are placed in the program within 50 days of arrest.
	81. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each staff meeting.
	82. At a minimum, the prosecutor, defense counsel, treatment representative, law enforcement and the judge attend each Court session.
	83. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case.
	84. All team members use electronic communication to contemporaneously communicate about program issues.
	85. Participants provide voluntary and informed consent permitting team members to share specified data elements relating to participants' progress in treatment and compliance with program requirements.
	86. Before starting a program, team members attend a formal pre- implementation training to learn from expert faculty about best practices in Drug Courts and develop fair and effective policies and procedures for the program.

NO	YES
	87. Subsequently, team members attend continuing education workshops on at least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts.
	88. New staff hires receive a formal orientation training on the Drug Court model and best practices in specialty courts as soon as practicable after assuming their position and attend annual continuing education workshops thereafter.
	89. Court fees are reasonable.
	90. Treatment fees are based on a sliding fee schedule.
	91. Supervision caseloads to not exceed fifty active participants per supervision officer.
	92. Caseloads for clinicians must permit sufficient opportunities to assess participant needs and deliver adequate effective dosages of substance abuse treatment and indicated complementary services.
	93. The program monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions.
	94. The program continually monitors participants' outcomes during enrollment in the program, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in-program technical violations and new arrests or referrals.
	95. New arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the program.
	96. Information relating to the services provided and participants in program performance is entered into an electronic database. Statistical summaries from the database provide staff with real-time information concerning the program's adherence to best practices in program outcomes.
	97. Staff members are required to record information concerning the provision of services and in-program outcomes within forty-eight hours of the respective event
	98. Outcomes are examined for all eligible participants who entered the program regardless of whether they graduated, withdrew, or were terminated from the program.
	99. The program conducts an exit interview for self-improvement.

# **Appendix A**

**The forms included in this document are meant to be examples and may be edited to best serve your Program.**

APPENDIX – A

*Sample Forms Drug Court Agreement and Waiver*

[Court name/Jurisdiction [County]  
STATE OF NEVADA

STATE OF NEVADA  
Plaintiff

VS

CAUSE NO.

Defendant DRUG

COURT AGREEMENT AND WAIVER

CRIMINAL SENTENCE PROCEEDINGS AND WAIVER

1. Sentence to Drug court, I understand that the conditions of the Drug Court Program are Conditions of Probation and violations of Drug Court requirements may result in remand to jail as a violation of my conditions of release, possible revocation of my probation.
2. I understand and agree that the Court has the discretion to terminate me from the Drug Court Program if I am arrested and formally charged with a new crime while I am participating in the Drug Court Program.
3. I further understand that if I fail to complete the treatment program, my case will be remanded back to [Court Name] Court for further proceedings, including but not limited to imposition of sentence or revocation of probation.

## **CRIMINAL CHARGES SUCESSFUL TERMINATION PROBATION**

4. I understand that if I successfully complete the Drug Court Treatment Program that the Court may (a) successfully terminate my probation, or (b) reinstate me to regular probation supervision for the remainder of my probation period.

## **TREATMENT PROGRAM**

5. I agree to satisfactorily complete a Drug Treatment Screening Assessment form my drug treatment program as ordered by the Court, including any urinalysis test results, with the understanding that such information shall not be utilized by the District Attorney for any prosecution of criminal charges against me. I further understand and agree, however, that such information may be considered by the Court in determining whether I should remain in the Drug Court Program.

6. I agree to complete the treatment program to the satisfaction of the Court.

7. I understand and agree that the treatment program is projected to be completed in phases. [Edit as necessary to add more information about time frame to complete program] Court may extend the treatment program to allow me to successfully complete my requirements.

8. I understand and agree that if I fail any part of the treatment program, as ordered by the court, such as testing positive for drug or alcohol use, missing treatment appointments, or any failure to abide by the terms of this agreement or orders of the Court, I will be subjected to sanctions, including program setbacks, jail time, and ultimately dismissal from the Program.

9. I agree to keep the treatment provider, the Court and the Drug Court Probation Officer advised of my current address and telephone number at all times during the treatment program.

## **PAYMENT FOR THE DRUG COURT PROGRAM**

10. I understand and agree that the court will order me to pay \$[AMOUNT] per month for participation in the Drug Court Program.

11. I understand and agree that if I am terminated from the Drug court Program that the fee set by the Courts is still due and owing up to the date of termination and any funds previously paid by me are not refundable.

## **SANCTIONS** [to be determined by the court]

### **Pre-Treatment Phase** [If applicable]

12. I will not progress to phase 1 until I have submitted five (5) consecutive negative urine samples for the purpose of detoxification. If I do not achieve this goal within a two (2) week period I will be brought before the Drug court Judge at the next regularly scheduled Drug Court for review of my status and participation in the Drug Court Program, with sanctions set accordingly.

**Phase I, Phase II Sanctions**

13. The first positive urine test will result in an appearance in front of the Drug court Judge and [program sanction].

14. The second positive urine (consecutive or non-consecutive), will result in two(2) days in jail and move me back five (5) weeks; but still allow me to remain in the Drug Court Program.

15. After the third positive urine test may result in being sentenced to another five days in jail or in my being removed from the Drug Court Program

16. The next positive urine may result in being sentenced to another five days in jail or in my being removed from the Drug court Program and returned to assigned judge for sentencing or if on Conditional Discharge, Deferred Sentence or Suspended Sentence for probation revocation.

---

I have read the above statement of the rights that I will waive and the conditions by which I will abide and to which I am entitled if I am accepted into the Drug Court Program. I understand what I have read and do hereby knowingly give up these rights and enter into said agreement with the Court.

---

Participant's Signature      Date

---

Attorney for Participant      Date

---

[Name]  
Drug Court Coordinator

Cc: Drug Court  
Defense Attorney

**ADDITIONAL REQUIREMENTS FOR ALL DRUG COURT PARTICIPANTS**

**1) Drug Court Fees:** You start owing fees the day that you enter the program, and failure to pay them will have an effect on your progress as soon as you become delinquent. Fees are due by the 10th of each month, and you will not be able to advance in the program if at any time you become delinquent, and any weeks lost due to delinquency cannot be recovered. For every month that you are in the program, including pre-treatment, your fees are \$[amount] per month.

**2) Community Service work:** There are THREE types of Community Service work to work off your (1) Drug Court Fees, (2) if you are not full time employed in Phase I, Phase II or Phase III and (3) If you missed an AA/NA meeting or a check-in. All Community Service Work must be coordinated through [name].

a) **Type 1 - you are credited with \$[amount] per hour toward your Drug Court fee.**

b) **Type 2 -You must perform 15 hours of community service per week in Phase I, and you must perform 20 hours of community service per week in Phase II, unless you have full time employment. The requirement for Phase III is 40 hours per week. You must submit proof of employment every payday if you are currently employed. Proof of employment is usually a current pay stub. If you are paid cash, you must obtain a letter from your employer each payday, which verifies your employment, acceptance of this is at our discretion. If you are paid with a personal check or money order, you must make a copy and submit it, acceptance of this is also at our discretion. Full time employment in Phase I and II is 30 hours per week, in Phase III it is 40 hours per week.**

c) **Type 3-You may perform 4 hours of community service if you miss one AA/NA meeting or one check-in during a week.**

**3) Verification of AA/NA, Sponsor meetings and employment:** You must submit verification of your AA/NA, sponsor meetings and proof of employment each week by close of business on Tuesday. Meetings and any other items that are not submitted within this time frame will not count toward completion of weekly requirements. AA/NA meetings cannot be on the same day but must be on separate days in order to be considered. **ITEMS WITH NO NAME OR ANY OTHER MISSING INFORMATION ALSO WILL NOT BE CONSIDERED. IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR NAME IS ON ALL ITEMS SUBMITTED AND ALL NECESSARY INFORMATION IS CONTAINED THEREIN.** A Drug Court week is Monday through Sunday.

**4) Missing treatment:** If you miss group or individual treatment due to illness, or any other reason, you must call your treatment provider **BEFORE** you miss and reschedule during the same week in order to receive credit for the treatment.

**5) The use of alcohol while in the program is strictly prohibited.**

**6) The use of narcotic prescription drugs and any other over the counter drugs containing pseudoephedrine, ephedrine or ranitidine (Zantac) is DISCOURAGED. Also, the use of benzodiazepines (i.e.: Xanax, Valium) are DISCOURAGED. Discuss alternatives with your physician or pharmacist, and notify the Probation Officer immediately if no alternative can be found.**





# Participant Data Sheet

Case Number

Full Name

Maiden/Alias

SS#

DOB

Marital Status:

Gender:

Race

Address:

Phone:

Cell:

Who resides in your household?			List current monetary court obligations	
Name	Age	Relation	Restitution, child support, fines, court costs, etc.	
			What/Who do you owe	Amount \$

Please use back of sheet for more residents and/or court obligations

Do you have children who are not currently in your custody?    **Yes**                      **No**

(If yes please provide the following information)                      Reason not in custody:

Child's Name	Sex	DOB	Age	Custody Date	Who has Custody?

Have parental rights been terminated?                      **Yes**                      **No**

If yes for which children?

Child's name	Sex	DOB	Age	Date rights were terminated

Please use the back of sheet for more children not in custody.

Are you currently employed?    **Yes**                      **No**    (If YES please provide employer information)

Company Name

Address

Position/Title

Supervisor's Name

Phone Number

Number of hours you work per week

**Education Level:**                      **Years completed**                      **GED**                      **HS Diploma**                      **College Degree**

Do you have health insurance?    **Provider's name/Policy #**                      **No**

Are you currently in educational pursuit?    **YES**                      **NO**    (If yes please provide the following information)

Name of School

Phone

Address

Counselor/Teacher

Grade/Level

**Emergency Contact Person** (Not someone who resides in your home)

Name Relation

Address Phone

**Valid driver's license:** Yes No State NLN Expiration

**Insurance:**

**Make, Model, and license plate number for all vehicles owned or used by household members:**

<b>Make</b>	<b>Model</b>	<b>License Plate</b>	<b>Owned by</b>

I understand that in the circumstance that any of the above information changes, it is my obligation to notify Drug Court staff. I also agree that all of the above information is current and true to the best of my knowledge.

**Participant Signature** **Date**

**Drug court Staff** **Date**

## PHASE REQUIREMENTS

[Court Name/Jurisdiction]

[NAME] DRUG COURT

CLIENT NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

### GENERAL REQUIREMENTS FOR ALL PHASES: [Edit as necessary]

#### Client Initial

\_\_\_\_\_ I will not violate any of the laws or ordinances of the State of NV, or any other jurisdiction.

I shall not endanger any person or property.

\_\_\_\_\_ I will get permission from my Probation Office before: a) Leaving the county where I am being supervised and/or residing; b) changing jobs; c) changing residences; d) engaging in any major financial contract or debt.

I will not associate with any persons identified by my Probation Officer as being detrimental to my Drug court supervision, which may include persons having a criminal record, other probationers and parolees, and victims or witnesses of my crime(s).

I will permit any Probation Officer to visit me at my home or place of employment at any time. I will permit a warrant-less search by the Officer of my person, automobile, residence property and/or living quarters if he/she has reasonable cause to believe the search will produce evidence of a violation of my conditions of Drug Court supervision.

I will not buy, sell, own or have in my possession at any time firearms, ammunition or other deadly weapons.

I will report any arrest, charge or questioning by a Peach Officer to my Probation Officer within 24 hours of the incident.

I will not enter into any agreement, or act as an "informer" or special agent for any law enforcement agency without the permission of the sentencing Judge.

I will pay a Drug Court Fee of [\$AMOUNT] per month to the clerk of the Court, due by the ~~10th~~ of each month.

I shall not possess, use or consume any alcoholic beverages and will not at any time enter what is known commonly as a bar, lounge or casino where alcoholic beverages are served as their primary business of the establishment.

I will not buy, sell, consume, possess or distribute any illegal or controlled substances except those legally prescribed for my use by a State Certified Medical Doctor. I will also provide urine specimens as described in the specific phase requirements, or as requested by a Probation Officer, and will also provide a breath sample as requested by my Probation Officer or Treatment Provider

**REQUIREMENTS FOR PRE-PHASE: [Edit as necessary]**

I will report to my Probation Office **DAILY** (between 8 AM and 10 AM Monday-Friday)

I will submit 5 (five consecutive clean urine samples).

I will attend orientation at the Drug Court Office

I will attend **TWO** (2) group counseling sessions each week.

I will meet with the Judge **ONCE** every week (Day of week and time).

**REQUIREMENTS FOR PHASE I: [Edit as necessary]**

I will report to my Probation Officer **DAILY** (between 8AM and 10AM Monday, Wednesday and Friday).

I will submit **THREE** urine samples per week for analysis

I will meet with the Judge **ONCE** every week (Day of week and time)

I will attend **TWO** (2) group counseling sessions each week.

I will attend **1-2** individual therapy sessions as needed.

I will attend a minimum of **THREE** (3) NA or AA meetings a week.

I will have a minimum of **ONE** meeting with my sponsor each week.

I will perform **15 hours** Community Service per week if not employed.

**REQUIREMENTS FOR PHASE II: [Edit as necessary]**

I will report to my Probation Officer **TWO** (2) times each week (between 8AM and 10AM Tuesday and Thursday).

I will submit **TWO** urine samples per week for analysis

I will meet with the Judge **ONCE** every two weeks (Day of week and time).

I will attend **TWO** (2) group counseling sessions each week.

I may attend 1-2 individual therapy sessions as needed.

I will attend a minimum of **TWO** NA or AA meetings each week.

I will have minimum of **ONE** meeting with my sponsor each week.

I will perform **20 HOURS** Community Service per week if not employed.

I will attend Lifeskills training as ordered by my Probation Officer.

**REQUIREMENTS FOR PHASE III: [Edit as necessary]**

\_\_\_ I will report to my Probation Officer **ONE** time per week (between 8 AM and 10 AM Tuesday).

\_\_\_ I will submit **ONE** urine sample per week for analysis.

\_\_\_ I will meet with the Judge **ONCE** every three weeks, per Judge instructions (Day of week and time).

\_\_\_ I will attend **ONE** (1) group counseling session each week.

\_\_\_ I will attend 1-2 individual therapy sessions as needed.

\_\_\_ I will attend a minimum of **TWO** (2) NA or AA meetings each week.

\_\_\_ I will have a minimum of **ONE** meeting with my sponsor each week.

I will perform **40 HOURS** Community Service per week if not employed, OR verifiable 40 hours per week employment/full time school or combination.

**[Court/Jurisdiction] Drug Courts**

**ORIENTATION CHECKLIST FOR NEW DRUG COURT PARTICIPANTS**

**ORIENTATION OF DRUG COURT PARTICIPANTS**

By initialing each item below I am acknowledging that I had the item explained to me in detail. I had all of my questions answered, and I understand the contents of each item.

Counselor Initials	Participant Initials	
		Drug Court Handbook (I received a copy)
		Drug Court Goals
		Court Appearances
		Drug Testing Procedures
		Disease Education Group
		Lifeskills Groups
		AA/NA Meetings
		Weekly Individual with Drug Court Counselor
		Court approved housing
		Employment
		Education
		Individualized Program Plan ( <b>IPP</b> )
		Homework Assignments and Journal Entries (Maintaining 3- Ring Binder)
		Curfew
		Calling to check-in
		Paying Court Obligations/Child Support
		Drug Court Rules
		Medications - you are authorized to take
		Incentives
		Graduation
		Sanctions
		Sanctions Recommendations
		Discharge
		Alter-Care
		Drug Court Requirements
		Sponsor Verification
		Warren County Drug Court Verifications
		Self-Attendance Verification
		NNA Meeting Schedule

**[Court/Jurisdiction] Drug Courts**  
**ORIENTATION CHECKLIST FOR NEW DRUG COURT PARTICIPANTS**

Your **initials** below indicate that you have read, understand, and agree to all information contained in this document.

**Participant Name (Please Print):**

**Drug Court Staff (Please Print:**

**1. What is a Drug Court?**

Drug court is a nonviolent offenders program meant to help people compiling crimes to support their habits learn how to become productive citizens while adjusting to life without drugs and alcohol. The \_\_\_\_\_ (court/Jurisdiction) is an abstinence based program. This means we do not allow any drug or alcohol use of any kind. All street drugs (marijuana, heron, crack, cocaine, etc.) are strictly prohibited. Any and all Designer Drugs (Bath salts, K2/Salvia/Serenity/Spice, etc.) are strictly prohibited. Any all products sold under the false presences...”NOT FOR HUMAN CONSUMPTION “or plant derivative are strictly prohibited.

**2. Three Values of Drug court**

- a. **Honesty** is expected. Dishonesty WILL NOT be tolerated. Dishonesty will be grounds for termination.
- b. **Personal Responsibility**: You will be expected to learn this before you graduate this program. Always take responsibility for your own actions!
- c. **Communication**: Make sure you communicate with Drug Court Staff. Changes and problems are inevitable. If one of these should arise, talk to your Drug Court staff first.

**3. Agreement of Participation**

**4. Drug Court Handbook**

- a. This is the universal guide to Drug Courts in Nevada. This is not a rule book.

**5. Drug Court Phone Numbers and Office Hours**

<b>Location</b>	<b>Phone</b>	<b>Fax</b>
<b>Office Hours:</b> 8:30 a.m. – 4:30 p.m. * Monday – Friday		

If you need to reach Drug court staff after hours, on the weekends, or during office closures please call [Contact and voice numbers].

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Please leave a detailed message with your needs and the Drug court staff will return your call as soon as possible. **Calling after hours, on weekends, or during office closures should be reserved for reporting incidents/medical needs, or emergency situations only.**

## [Court/Jurisdiction] Drug Courts

### ORIENTATION CHECKLIST FOR NEW DRUG COURT PARTICIPANTS

**6. Four Phases of Drug Court: this program is designed to be completed in 24 months. To achieve that you must complete four separate phases.**

- a. **Phase 1:** You start here. This phase is designed to be completed in a MINIMUM of three (3) months.
- b. **Phase 2:** Minimum of ten (10) months.
- c. **Phase 3:** Minimum of five (5) months.
- d. **Phase 4:** Minimum of three (3) months
- e. **Phase 5:** If applicable – aftercare

Anytime you think you meet the requirements to gain a promotion to the next Phase you must complete the following procedure.

1. Ask your case worker for a Phase Petition. You also need to write a phase-up request.
2. Fill out the Phase petition and request, turn it back to your case worker at your next individual meeting.
3. If your case worker approves the petition request you will present your phase-up request during your next court session.
4. The team will discuss your phase-up request the following week of drug court staffing and will let you know on that day if you have been promoted to the next phase.

**7. Requirements of Drug court**

**a. Drug Testing**

- i. You must call the drug line seven (7) days per week, even HOLIDAYS.
- ii. A missed drug screen is counted as positive. (this is discussed further in section 8)
- iii. A diluted or altered drug screen will mean a sanction for you.
- iv. [Location] testing times: [times]
- v. [Location] testing times: [times]
- vi. On holidays and weekends please go to [test location] [testing times].

**b. Attend AA/NA Meetings**

- i. Phase 1: Attend four (4) AA/NA meetings per week.
- ii. Phase 2: Attend three (3) AA/NA meetings per week.
- iii. Phase 3: Attend two (2) AA/NA meetings per week.
- iv. Phase 4: Attend one (1) AA/NA meeting per week.

**8. How to fill out the Self-Help meeting sheets;**

- a. The meeting sheet must be signed by the meeting chairperson (Not the person sitting next to you, not you, not your sponsor.)
- b. Must have meeting time and meeting title/location
- c. Write what the meeting was about
- d. Type of meeting
- e. **Was this meeting a make-up? If so what.**

If there is any conflicting information on the meeting sheet, then the meeting will not count. Double check dates, times, and title of meeting, staff will not spend time figuring out any of this information. If you do not have all of this information filled out, the meeting will NOT count and you will receive a sanction.

**9. Attend Group Sessions**

- a. **Phase 1:** Attend two (2) Group Sessions per week [Days(s) of week, times and locations]
- b. **Phase 2:** Attend two (2) Group Sessions per week [Days(s) of week, times and locations]
- c. **Phase 3:** Attend one (1) Group Session per week [Days(s) of week, times and locations]
- d. **Phase 4:** Attend one Group Session per month [Days(s) of week, times and locations]



## [Court/Jurisdiction] Drug Courts

### ORIENTATION CHECKLIST FOR NEW DRUG COURT PARTICIPANTS

Attendance of weekly Group Sessions is **Mandatory, No Exceptions**. If something arises and you need to miss a group you **MUST** gain prior approval from your Case worker or the miss will be counted as an unexcused absence and **you** will receive a sanction. If you gain approval to miss you Case work will instruct you how to make up the session.

#### 10. Journal

- a. While in Phases 1, 2 & 3 you will be required to keep a journal. Your journal is what happened to you and how you feel about it. These should be at least one-half page in length and should contain more than just a written account of your daily actions.

**i. Example of an acceptable Journal entry:**

1. Date:

Got up this morning. I went to group. It felt good to be out of jail and get to drive myself to my drug court requirement! I am so glad I am not sitting in jail being told what to do today. I went to work after Comp. Care. It has been ten (10) years since I have been able to work while staying sober. It feels good to earn my own money and be able to provide for my family with a legitimate job. Life is Good!

**ii. Example of an UNACCEPTABLE journal entry**

1. Date:

Got up. Went to Group. Went to work. Went home. Took shower. Ate dinner. Went to bed.

#### b. Homework

- i. While in Phase 1, 2 & 3 you will be required to complete weekly homework assignments. These assignments are designed to get you motivated and to keep you thinking about your recovery. Failure to complete weekly homework assignments will result in receiving a sanction.

#### c. Paying fines, fees, restitution, child support

- i. You are required to make weekly payments on your fines, fees, restitution and child support while in the Drug court program. (At least \$5.00 per week while you are employed.)
- ii. You must bring proof of these payments to your Case worker each week by providing receipts from the clerk's office to staff and/or a printout from the child support office showing proof of payment on your obligations. No other form of "proof" will be accepted.
- iii. You cannot complete Drug Court until all fines, fees, court costs and restitution is paid off.
- iv. If your child support arrearage is not paid in full by the time you graduate Drug Court you will return to probation. You cannot be removed from probation until all child support arrearage is paid in full.
- v. If you tax refund is seized as a result of non-payment on your child support, this does NOT count as an acceptable form of payment for Drug court. You will still need to be making your weekly payments.

#### 11. Attend Individual Sessions with your Case Worker

- a. **Phase 1:** Attend weekly sessions with your Case worker
- b. **Phase 2:** Attend one session with your Case worker every two (2) weeks (unless otherwise specified by your Case worker)
- c. **Phase 3:** Attend one session with your Case worker every three (3) weeks (unless otherwise specified by your Case worker)
- d. **Phase 4:** Attend one session with your Case worker per month (unless otherwise specified by your Case worker)

## [Court/Jurisdiction] Drug Courts

### ORIENTATION CHECKLIST FOR NEW DRUG COURT PARTICIPANTS

You must arrive on time, and prepared for your weekly meeting with your Case worker with all necessary documentation in hand. Failure to do so may result in a sanction and possible cancellation of your regularly scheduled appointment time. You will then be given a new appointment time and required to return to the Drug Court Office with all necessary documentation. Failure to present proper documentation to staff a second time will result in a sanction.

#### 12. Employment, Community Service, Education

While in Drug Court you must occupy your time with Community Service, Employment, Education or some combination of the three. NO EXCEPTIONS. You will need to fall under one of the following tracks at all times while in the Drug Court program.

- a. Employment:
  - i. Must obtain a full time job. (20-30hours per week)
  - ii. You must talk to Drug court staff prior to quitting or changing jobs.
  - iii. Staff will be contacting your place of employment so don't hide from them that you are in Drug Court.
  - iv. If you quit/change jobs and you are without employment for longer than two (2) weeks you will be demoted one phase until providing staff with proof of obtaining approved employment. (ONLY if you have recently phased-up).
- b. College Track:
  - i. Must be taking at least 12 credit hours to count as a full-time student.
  - ii. If you owe fines, fees, court costs, restitution and/or child support you must obtain a part-time job (10-20 hours per week). You will not be allowed to use financial aid refund checks to pay these obligations.
- c. Job Seeking Track:
  - i. Must be working with Vocational rehabilitation if you qualify for services.
  - ii. Must complete 20 hours of Community Service each week.
  - iii. Must provide staff with proof of applying for at least four (4) jobs per week.
  - iv. Must provide proof of 20 hours of Community Service/Employment, Education/Job searching each week.

If you do not have one, you will be required to obtain a G.E.D. before you graduate from Drug Court. The hours you spend working on your G.E.D. will count towards your 20 hour requirement for the week if you are in the Job Seeking Track. If you are employed you must complete three (3) hours of work in the Adult Ed Office daily.

**You are under no circumstances permitted to work for a “cash” paying job without pre-approval from staff.**

- d. How to get pre-approved for cash paying jobs.
  - i. We will have your potential employer schedule a mandatory meeting with staff and present the following information:
    1. Job duties
    2. Why are you the only person who can do THAT job
    3. Whether or not they will be taking taxes out weekly or providing you with a 1099 at the end of the year.
  - ii. The participant must agree to provide staff with weekly employment verification and receipts (if paid in cash)

At this time staff will take this information to the team and get back to you on whether or not the job is improved. If the job is approved, the staff reserves the right to revoke the approval at any time. Some reasons that the approval may be revoked are; if you are not providing WEEKLY employment verification or staff is suspicious that the job is no longer legitimate. At this time you will have to find alternate employment

## [Court/Jurisdiction] Drug Courts

### ORIENTATION CHECKLIST FOR NEW DRUG COURT PARTICIPANTS

13. **Curfew**
  - a. Curfew is at 10:00 p.m. every night for participants in all phases. You must be at your residence at that time unless prior approval is given.
  
14. **Curfew Checks**
  - a. Home visits are done with Drug Court Staff as well as law enforcement officers. If a home visit is conducted be prepared for a possible drug test and/or breathalyzer. Also be prepared for a possible search of your home, body and/or automobile.
  - b. Phone curfew checks are conducted regularly by Drug Court staff. **Failure to answer the phone during a phone curfew check will result in a sanction. You WILL NO be allowed to callus back to avoid a sanction.**
  - c. **Failure to be at your residence during any type curfew check will result in a sanction.**
  - d. A home phone line is required of this program. [Edit if necessary], please check your orientation binder for information about phone providers. This is a requirement for ALL participants. If you do not currently have a landline to your home you will have two (2) weeks to acquire service. If there is an issue with this please speak with your case worker.
  - e. You must accept blocked phone numbers. Staff will make call from their personal cell/home phones and must be able to accept blocked phone numbers. It is important that you pick-up all blocked call after curfew.
  - f. You must have an **Answering Machine** or **Voice Mail** set up on your home and/or cell phone.
  - g. If Drug Court staff calls you and you do not answer we will leave you a detailed message letting you know what we need or asking you to return our call. This is for your convenience and ours.
  
15. **Court Review Days**
  - a. Attendance is MANDATORY! Failure to attend court will result in a bench warrant being issued for your arrest and placement on the revocation docket. NO EXCEPTIONS.
    - i. Drug court staff cannot excuse you from court, except for if you are in the hospital with proof, in custody, or dead.
  - b. Dress appropriately for the court session, not shorts, no short skirts, no tank tops, no drug/alcohol apparel, and no profanity related apparel.
  - c. If you are working on the court review day and need to wear shorts or tank tops in your line of work, bring a t-shirt or jacket to cover up your shoulders and pants to put on for the drug court session.
  - d. **AFTERCARE** attends court OBNCCE per month on the first court date of the month.
  
16. **Aftercare Requirements**
  - a. **Medications and Medical Visits**
    - i. **Over-the-Counter Medications**
      1. ALL medications must be approved by your case worker prior to taking anything not on the APPROVED Medications list (located in your Drug Court Orientation binder).
      2. You must inform us about any over-the-counter medications you ingest because they may interfere with the drug screens.
      3. You cannot taker cold/sinus remedy containing pseudoephedrine, phenycphrine, or alcohol. If you test positive for alcohol, pseudoephedrine, or phenylephrine after taking a medication you will still be considered positive, **no exceptions**.
      4. All medications/supplements that you take will need to be documented on the medication form that you will turn in each month.

## [Court/Jurisdiction] Drug Courts

### ORIENTATION CHECKLIST FOR NEW DRUG COURT PARTICIPANTS

#### b. Seeking Medical Attention

- i. You MUST have a primary care physician. We encourage you not to use the ER for non-life threatening issues. If you do not have insurance or medical assistance, then you can make an appointment with [Medicaid Provider]. They work with patients who do not have insurance or Medicaid. (This information is located in your Orientation Binder).
  1. You must inform all health care providers that you are participating in drug court (even if you are not getting a prescribed drug). You must have them sign a medical verification form and advise them that you cannot take narcotics or “scheduled drugs” whatsoever. (This form is located in your Drug Court Orientation binder.)
  2. You must turn in your medical verification form into staff within **24 hours** of visit. You have the doctor FAX it to office.
  3. **Failure to get this form filled out at the time of the appointment will result in a sanction.**
  4. Drug Court staff will be checking on this so do not try to hide from the medical professionals that you are a participant in Drug court

#### c. Prescription Medications

- i. You MUST have one pharmacy. Pick a pharmacy and stick with that pharmacy for all your medical needs. We will be checking on this.
  1. You must get advanced approval for all **PRESCRIBED MEDICATIONS**, except ANTIBIOTICS, EVEN ON WEEKENDS. Call and leave a message for your Case Worker on the answering machine and your Case Worker will ball you back. (See phone numbers on page 1). *You will need to inform Drug Court staff that you are taking antibiotics and follow all other rules listed, however, you are allowed to have them filled without prior approval from Drug court staff if we are readily available to talk with you about this.*
  2. You must have the original copy of the medical verification form, copies of all other medical documentation and all prescribed medication in the correct bottles to your drug court case worker on the NEXT business day after getting said medication filled. EVEN ANTIBIOTICS. Failure to do this will result in a sanction.
- ii. Do Not flush or get rid of any prescription medications, once you have completed the medication. You will bring the bottle into the office and the staff will help you decide how to dispose of said medication.
- iii. We encourage you not to hoard your remaining medication. You will not be allowed to take it as needed so there is no need to have the remaining medication in your home. You must get a new prescription every time you have a need for said medication.

#### d. Narcotics/Scheduled Drug

- i. If, at any time you decide that the need for a narcotic or a scheduled rug is too much and choose to accept pain killer (IV, liquid or pill form) from a hospital or to fill a prescription (even with approval) you will be placed on suspended status. You will still be required to attend most of your drug court requirements, however you will not be making any progress in the program.
- ii. To return to active status you will have to produce at least one clean drug screen. You may even need clearance from your physician to return to active status.
- iii. **Failure to comply with the proper medical procedures will result in a sanction.**

## [Court/Jurisdiction] Drug Courts

### ORIENTATION CHECKLIST FOR NEW DRUG COURT PARTICIPANTS

17. **Overnight and Out-of-State Travel-(Please speak with your Case worker about all travel request prior to requesting approval as they interfere with you phasing up or graduating.)**
- a. Must be approved by the staff and team.
  - b. This includes ALL types of trips that involving you leaving the state, even for one day.
  - c. You must turn in detailed information about your trip in **writing** via the **Travel Approval Form** (founding your Drug Court Orientation binder).
  - d. If you are NOT granted travel permission then you are expected to at your residence!
    - i. **Phase 1:** You do not get this privilege
    - ii. **Phase 2:** Must have the Travel Approval form turned in prior to the court session preceding the date or your travel plans.
    - iii. **Phase 3:** Must have the Travel Approval form turned in at least one week prior to your travel plans.
    - iv. **Phase 4:** Must turn in the Travel Approval form only if you are going to miss a drop or travel out-of-state.
18. **Sanctions & Therapeutic Interventions-** So what are sanctions?
- a. **Types of Sanctions:**
    - i. **Essay**
      1. Typically given for a minor offense.
        - a. You must turn essay to the staff at your individual meeting before the court session in which it is due.
    - ii. **Community Service**
      1. Must complete all hours in the allotted time specified by the Judge.
    - iii. **Earlier Curfew**
      1. This starts the day that the sanction is given and will continue until a slated time and date. ANY violation will be grounds for sanctions.
    - iv. **Jail-** Some different forms of jail time you may get as sanctions are as follows:
      1. **Straight**
        - a. You will either be remanded to custody or allowed to turn yourself in at the Judge's discretion. You will have 24 hours or LESS to turn yourself in to custody, if given this option. If you are not working then this will be your only option.
          - i. You must have the processing/booking fee paid when you turn yourself into custody.
      2. **Weekends**
        - a. The sanction starts the weekend following the court session that the sanction is handed down unless otherwise approved by your Case worker or Judge.
      3. **Work Release: No work release will be offered.**

**YOU MUST HAVE ALL SANCTIONS COMPLETED BY THE FOLLOWING COURT DATE IN WHICH THE SANCTION WAS HANDED DOWN** (If possible)

If at any time you fail to complete a sanction satisfactorily your time serving/completing that sanction **will** be vacated and you **will have to** serve the equivalent amount in jail time for that particular sanction.

This is not the complete list of ALL sanctions that may be given. This is to give you an idea. There is a proposed sanction list provided in the orientation notebook to give you a list of sanctions for non-compliance issues.

## [Court/Jurisdiction] Drug Courts

### ORIENTATION CHECKLIST FOR NEW DRUG COURT PARTICIPANTS

#### 19. Therapeutic Intervention;

Therapeutic Interventions are tasks or assignments that are given in addition to sanctions. The sanction is the punishment, the therapeutic intervention is meant to HELP you in your recovery. Some examples of therapeutic interventions are as follows:

- a. Increased Self-Help meetings.
- b. Increased individual sessions.
- c. Short-term residential treatment.
- d. Long-term residential treatment.
- e. Placement in Halfway Houses.

This is not a complete list of ALL Therapeutic Interventions that may be given. Again, this is just to give you an idea.

#### 20. New Charges/Tickets

- a. May be grounds for termination or more intensive supervision/help.
- b. Any new violation of the law must be reported to Drug Court staff within one hour.
- c. Any contact with law enforcement, even if it does not result in a new charge, must be reported to staff within an hour.

#### 21. Contact with the Judge & Court Staff outside of Drug Court

- a. Drug Court is a confidential program. We will honor this, as long as you do. If we run into you in public we may or may not acknowledge that we know you. It is not personal. It is meant to protect your identity.
- b. Do not contact the Judge outside of court times. This includes letters and phone calls to his office. His staff will just forward everything onto the Drug Court staff.

#### 22. Participant Data sheet (update policy)

- a. You are responsible to update staff in writing about change of address, work, telephone numbers, etc. Failure to turn in new "Participant Change of Data Sheet" each time you have changes may result in curfew misses, etc. furthermore, resulting in sanctions. (This form is found in the orientation binder as well as copies provided to you in the drug court office or ask your case worker for a copy.)

#### 23. New People, Places, and Things

- a. **OLD PEOPLE:** You are not allowed to associate with people who have felonies within the last three (3) year and are not active the **Recovery Community**. This mean you are **not** allowed to visit friends/family members in jail or prison. If there is a situation where you think that you need to visit someone in custody, you must get prior approval from Drug court staff.
- b. **OLD PLACES:** You are not allowed to be in known drug areas (homes, stores, parking lots, etc.)
- c. **OLD THINGS:** You are not allowed to do the things you once did such as 4:00 a.m. poker playing, hanging out on the front steps until 5:00 a.m., not working, etc.

#### 24. Confidential Informants

- a. You are not allowed to contact or harass suspected or know Confidential Informants.  
CONTACTING/HARASSING SUSPECTED OR KNOWN CONFIDENTIAL INFORMANTS MAY BE GROUNDS FOR TERMINATION.
- b. You are not allowed to be a Confidential Informant while in Drug Court. (This is covered in the Agreement of Participation.)

#### 25. Fraternalizing

- a. You are not allowed to engage into any romantic or sexual relationship with other drug court participants while actively involved in the Drug Court Program.
- b. Failure to engage in appropriate behavior while in the program may lead to sanctions and/or termination from the program.

**[Court/Jurisdiction] Drug Courts**

**ORIENTATION CHECKLIST FOR NEW DRUG COURT PARTICIPANTS**

**26. Energy Drinks and Supplements**

- a. NO Energy Drinks!** All supplements must be approved by drug court staff prior to taking them and must be documented on your medication form that you will turn in each month.

**As the Drug Court team sees fit, requirements for the program may change. Plenty of notice will be given about these changes. You will be subject to these changes.**

**FORGING THIS DOCUMENT IS GROUNDS FOR TERMINATION**

**Participant Signature**

**Date:**

**Drug Court Staff Signature**

**Date:**

## RANT

Client ID:	<input type="text"/>
Name:	<input type="text"/>
DOB:	<input type="text"/>
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	<input type="checkbox"/> Native American <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander
	<input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Unknown
Date Interview Began:	<input type="text"/>

### Risk and Needs Variables

1. Current Age

#### More Info

A younger age during rehabilitation or treatment generally predicts a poorer response to interventions. Prior to the age of 25, individuals tend to be more impulsive and less willing to heed the advice of professionals. Moreover, the frontal lobe of the brain, which tends to put the “brakes” on misbehavior, is less fully developed prior to the age of 25.

2. Homeless during the past 12 months

Yes

No

- Count as homeless if the individual tended not to have a steady address or moved around between friends, family members and/or shelters.

#### More Info

The purpose of this item is to determine whether there has been a pattern of instability in the individual’s living arrangements during the previous year. Unstable living arrangements are generally associated with a poorer response to treatment and a greater likelihood of failure to comply with probation or pre-trial supervision requirements.



**3. Number of address changes during the past 12 months**

- Do not include address changes resulting from incarceration, residential placement, hospitalization, job relocation, or military service.
- If the individual was homeless during all of the past 12 months, enter 12 as a default for this item.

**More Info**

The purpose of this item is to determine whether there has been a pattern of instability in the individual's living arrangements during the previous year. Unstable living arrangements are generally associated with a poorer response to treatment and a greater likelihood of failure to comply with probation or pre-trial supervision requirements.

**4. Number of months in past 12 months engaged in regular legal employment for 20 or more hours per week**

- Do not include under-the-table or illegal work which is not pro-social.
- Do not include temporary shift work that is not regular.
- Include as legitimate employment any time engaged as a full-time student, in vocational training, in a sheltered workshop, as a homemaker, or in military service.

**More Info**

The purpose of this item is to assess regular engagement in pro-social, productive activity. A failure to maintain productive employment is associated with a greater likelihood of failing to meet other obligations such as supervision requirements.

**5. Age of onset of criminal activity**

- This refers to the age at which the individual was first arrested, or first engaged in activity that would have resulted in an arrest or delinquency adjudication if it had been detected by authorities.
- Do not include minor summary offenses such as truancy or graffiti.

**More Info**

An earlier age of onset of criminal activity generally predicts a more persistent course and a poorer response to correctional interventions.

**6. Number of prior diversion or de novo referrals**

Prior diversions or de novos are programs for criminal dispositions in lieu of a criminal trial or prosecution (e.g. drug court, dui court, ARD). In these programs the disposition is often conditional on the defendants participating in treatment and performing certain tasks.

- Include prior drug diversions or de novos regardless of whether or not the individual satisfied the conditions.

**More Info**

Previously unsuccessful experiences in a criminal diversion program tend to predict poorer compliance and outcomes in subsequent episodes.

**7. Number of prior deferred prosecutions**

- Include prior deferred prosecutions regardless of whether or not the individual satisfied the conditions.

**More Info**

Previously unsuccessful experiences in a criminal diversion program tend to predict poorer compliance and outcomes in subsequent episodes.

**8. Number of bench warrants for failure to appear in past 3 years**

- Do not include warrants issued for lesser infractions such as a failure to pay fines.
- Do not include new arrest warrants or search/seizure warrants. Instances of new offenses are assessed in other items.
- Include only warrants issued for failure to appear in the past 3 years.

**More Info**

A failure to appear on previous warrants generally predicts a greater likelihood of failing to appear in the future or failing to comply with other supervisory requirements.

**9. Number of prior felony convictions**

**More Info**

Prior felony convictions predict a greater likelihood of criminal recidivism.

**10. Number of prior serious misdemeanor convictions**

Examples (which may vary by jurisdiction) include:

- Misdemeanor assault
- Domestic assault
- Interference with privacy
- Harassment
- Restraining order violation
- Order of protection violation
- DWI
- Indecent exposure

**More Info**

Prior serious misdemeanor convictions predict a greater likelihood of criminal recidivism.

**11. Number of other misdemeanor convictions**

This item refers to misdemeanor convictions not reported in the previous item.

- Do not include summary offenses or minor traffic citations for such things as speeding, illegal u- turns or illegal parking.
- Do include more serious misdemeanor traffic offenses, such as reckless driving and driving with a suspended license.

**More Info**

Prior misdemeanor convictions predict a greater likelihood of criminal recidivism.

**12. Age of onset of regular substance use**

**Not Applicable**

- This refers to the age at which the individual began using alcohol, illicit drugs, or prescription drugs on a repetitive basis (at least weekly or monthly).
- Include prescription drugs used in a non-prescribed manner.
- Do not include experimentation or infrequent usage less often than monthly.
- Check “Not Applicable” if individual has not used alcohol, illicit or prescription drugs on a repetitive basis.

**More Info**

An earlier age of onset of substance abuse generally predicts a more chronic course and a poorer response to standard clinical interventions.

**13. Number of prior substance abuse treatment episodes or attempts**

- Include previous substance abuse treatment episodes regardless of whether or not the individual completed treatment, dropped out prematurely, or was discharged for violations or noncompliance.
- Do not include participation in self-help or peer support interventions such as 12-step or AA groups.
- Do not count treatment referrals resulting from or occurring after the current arrest episode.
- If the individual was actively enrolled in substance abuse treatment at the time of the current arrest, do count that as a prior treatment episode.

**More Info**

Previously unsuccessful experiences in a substance abuse treatment tend to predict poorer compliance and outcomes in subsequent treatment episodes.

**14. Withdrawal syndrome in the past 12 months**

 Yes No

**CHARACTERISTIC WITHDRAWAL SYMPTOMS (APA, 2000):\***

Alcohol, Sedatives, Anxiolytics

**Two or more of the following:**

- Autonomic hyperactivity (e.g., sweating or pulse rate > 100 bpm)
- Increased hand tremor
- Insomnia
- Nausea or vomiting
- Transient visual, tactile or auditory hallucinations or illusions
- Severe and generalized anxiety (i.e., not related only to specific situations such as public speaking)
- Grand mal seizures

Stimulants: (e.g., cocaine, amphetamines)

**Dysphoric mood AND two or more of the following:**

- Severe fatigue
- Vivid, unpleasant dreams
- Insomnia or hypersomnia
- Substantially increased appetite
- Psychomotor retardation or agitation

Opioids: (e.g., heroin, morphine, codeine, oxycodone)

**Three or more of the following:**

- Dysphoric mood
- Nausea or vomiting
- Insomnia or hypersomnia
- Muscle aches
- Lacrimation or rhinorrhea (continuously runny eyes or nose)
- Dilated pupils, excessive goose bumps or sweating
- Diarrhea
- Yawning

- Fever
- Insomnia

NOTE: A serious withdrawal syndrome has not been identified for marijuana or hallucinogens

\*American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.).

**More Info**

Physical addiction or dependence frequently involves a withdrawal syndrome. This is a serious involuntary physical reaction that occurs upon cessation of or reduction in use of drugs or alcohol. The symptoms must impair the individual’s ability to engage in daily life activities such as work, school, or childcare.

**15. Binge use and loss of control in the past 12 months**

Yes       No

- A binge is not simply sporadic or intermittent use, and does not simply include situations in which the individual uses a large amount of the substance during a short period of time (e.g., on weekends or at parties).
- Any use of the substance must trigger an uncontrollable pattern of sustained usage with an inability to stop oneself.
- For example, drinking one beer may precipitate an uncontrollable “all-nighter” or several-day “bender.”

**More Info**

Addiction or dependence may involve a pattern of triggered binge responses when the individual ingests or comes into contact with drugs or alcohol.

**16. Cravings or compulsions in the past 12 months**

Yes       No

- Cravings refer to intense urges to use the substance that are extremely difficult to withstand. They do not include mere feelings of missing the substance, fond feelings or attitudes about it, or a continued desire to keep using it.
- Compulsion refers to a severe preoccupation or obsession with obtaining the substance. The more the individual attempts to abstain from it, the greater the pressure builds and the more narrow and focused the individual’s thoughts may become. Eventually, the individual may experience “tunnel vision” in which he or she can only focus on or think about the need for the substance.

**More Info**

Addiction or dependence often includes intense cravings or compulsions to use drugs or alcohol.

**17. Chronic substance abuse-related medical condition**

Yes  No

Because many correctional programs are developed around substance abuse issues and provide addiction services, the medical disorder should be caused or severely exacerbated by substance use. Include medical disorders caused or exacerbated by substance abuse. Do not include medical conditions not caused or exacerbated by substance abuse.

- Typical examples may include pancreatitis, cirrhosis of the liver, HIV, hepatitis, heart or kidney damage, or diabetes.
- The individual must be required to take medication or other treatment on a daily or weekly basis for at least several months or years, and may need to have bodily functioning monitored through regular and periodic testing.
- Traumatic injuries caused by intoxication (e.g., car accidents) may be included here, but only if they will require ongoing medical monitoring and intervention.

**More Info**

The purpose of this item is not to determine whether the individual could benefit from receiving a medical evaluation or treatment. That determination should be made during an in-depth clinical assessment. The purpose here is to determine whether the individual is likely to require substantial medical treatment and/or continuous monitoring while under the supervision of the criminal justice system. Medical conditions not caused or exacerbated by substance abuse can usually be dealt with adequately by a referral for medical treatment.

**18. Amount of time during the past 12 months spent interacting with other people who are engaged in criminal activity, including illicit drug use**

- None A
- Little
- Some
- Most
- Almost All

- If an individual recently changed his or her peer interactions in response to an arrest or after entering treatment, this would reflect a relatively small percentage of the past 12 months.

**More Info**

There is a direct correlation between the proportion of time individuals spend interacting with others who are themselves engaged in crime and drug use and the risk of recidivism and failure in treatment.

- This influence is particularly pronounced for immediate family members, significant others, and housemates who tend to interact frequently with the individual. Therefore, weight the influence of such frequent interactions accordingly.
- Research suggests that female offenders may spend relatively more time than males interacting with significant others, siblings, and parents. Therefore, weight the influence of such frequent interactions accordingly.

**19. Major Axis I mental health diagnosis**

Yes

No

- The individual must meet formal DSM-IV diagnostic criteria for a major “Axis I” psychiatric disorder, such as a major depressive disorder, bipolar disorder or manic-depression, psychosis, dementia, or organic brain syndrome.
- When untreated, the disorder must substantially interfere with the individual’s ability to engage in daily life activities such as work, school, or childcare.
- In many instances, individuals with a severe psychiatric disorder will have received a formal diagnosis from a mental health professional or have been prescribed psychiatric medication. It is often useful to ask the individual whether he or she received such a diagnosis or was prescribed medication in the past.
- Do not include mild or temporary emotional disturbances, such as nervousness, anxiety, worry, dysthymia or depression, sadness, mild problems with concentration or memory, or personality disorders.
- In most instances, minor anxiety disorders such as simple phobias or panic do not bring people into contact with the criminal justice system and do not interfere substantially with daily life activities.

**More Info**

The purpose of this item is not to determine whether the individual could benefit from receiving a mental health evaluation or to aid in developing a psychiatric treatment plan. Those goals should be served during an in-depth clinical evaluation by a trained treatment professional. The purpose here is to determine whether the individual is likely to require substantial mental health services while he or she is under the supervision of the criminal justice system.