

**Veritas Adult Drug Treatment Court  
Policies & Procedures  
Manual**

**A Division of the Judicial Alternative Sentencing Program  
City of Bristol, Virginia Circuit Court**

## TABLE OF CONTENTS

PROGRAM HISTORY .....	3
ADVISORY BOARD MEMBERS .....	4
DRUG COURT TEAM .....	5
MISSION STATEMENT .....	6
GOALS AND OBJECTIVES .....	6
TARGET POPULATION AND ELIGIBILITY .....	7
REFERRAL, SCREENING, AND ENTRY PROCESS .....	8
CASE MANAGEMENT AND SUPERVISION .....	10
STAFFING AND COURT REVIEWS .....	10
PROGRAM PHASES AND COMPLETION .....	11
INCENTIVES AND SANCTIONS .....	14
DRUG AND ALCOHOL TESTING .....	15
PROGRAM FEES .....	16
TREATMENT PROTOCOL .....	16
PARTICIPANT HOUSING REQUIREMENT .....	17
CURFEW MONITORING .....	17
HEALTH SCREENING AND INFECTION CONTROL .....	17
TRANSPORTATION .....	18
WAIVER OF PARTICIPANT RIGHTS .....	18
RELATIONSHIPS .....	19
CONFIDENTIALITY .....	19
APPENDIX I – ENTRY PROCESS FLOW CHART	
APPENDIX II – HIGHLANDS COMMUNITY SERVICES BOARD	
APPENDIX III – PROGRAM DOCUMENTS	
APPENDIX IV – SANCTIONS AND INCENTIVES INFORMATION	
APPENDIX V – CURRENT DRUG COURT TEAM MEMBERS	
APPENDIX VI – AVERHEALTH LABORATORY TESTING INFORMATION	

## PROGRAM HISTORY

The City of Bristol, Virginia is a small city of approximately 17,000 that shares a state border with sister city Bristol, Tennessee. Including Bristol, Tennessee, the total urban area population is approximately 44,000. This shared border presents unique challenges to service providers, law enforcement and the court systems – often offenders are transient or effectively homeless, moving back and forth across the state line with past or pending charges in several jurisdictions.

Despite having a relatively small population, Bristol, Virginia has substance abuse and drug-driven crime rates that rival the largest cities in the Commonwealth.

In early 2008, a series of exploratory meetings were held between Circuit Court Judge Larry B. Kirksey, Commonwealth's Attorney Jerry Allen Wolfe, and Senior Probation and Parole Officer Ken Moss with the express intention of determining the feasibility of an adult drug treatment court in the City of Bristol, Virginia. These meetings led to work sessions with representatives from the local community services board, Virginia Drug Treatment Court Coordinator Anna Powers, and judges from drug courts already in operation across the Commonwealth.

In 2009, due to funding provided by the Commonwealth's Attorney, a coordinator was hired to oversee the development and future implementation of the program. Also at this time, the first drug court team was assembled and began attending state and national education conferences, as well as networking with other drug court professionals to develop the program's policies, procedures and guidelines. The team chose to name the drug court "Veritas" – Latin for truth – because truth is valued foremost in the program and is the first step toward recovery for each participant.

On April 29, 2009 the first participant was ordered into the City of Bristol, Virginia's Veritas Adult Drug Treatment Court. In the years since, the program and its dedicated team have continued to advance the goal of returning sober, law-abiding, productive individuals to the Bristol community.

## ADVISORY BOARD MEMBERS

Hon. Sage B. Johnson  
*Presiding Judge*  
City of Bristol, VA Circuit Court

Hon. Jerry Allen Wolfe  
*Commonwealth's Attorney*  
City of Bristol, VA

Ms. Allison F. Arnold  
*Drug Court Program Director*  
City of Bristol, VA

Hon. Kelly F. Duffy  
*Circuit Court Clerk*  
City of Bristol, VA Circuit Court

Mr. Anthony Farnum  
*City Council Member*  
City of Bristol, VA

Mr. Randall Eads  
*City Manager*  
City of Bristol, VA

Hon. David Maples  
*Sheriff*  
City of Bristol, VA

Mr. John Austin  
*Police Chief*  
City of Bristol, VA

Mr. Christopher Shortt  
*Chief Probation & Parole Officer*  
District 17 Probation & Parole

Ms. Crystal Rife  
*Senior Probation & Parole Officer*  
District 17 Probation & Parole

Mr. Scott Turner  
*Case Manager*  
Southwest VA Community Corrections

Mr. Bill Price  
*Police Chief, Retired*  
City of Bristol, VA

Ms. Rebecca Holmes  
*Clinical Director*  
Highlands Community Services Board

Dr. Chad Couch  
*Chief Medical Officer*  
Bristol Regional Medical Center

Ms. Lynn Pannell  
*Sufficiency Coordinator*  
Bristol Redevelopment & Housing Auth.

Mr. E. Lynn Dougherty  
*Attorney at Law*  
Bristol, TN

Rev. Roy Hull  
*Associate Pastor*  
State Street United Methodist Church

Ms. Catherine Brillhart  
*Former City Council Member*  
Bristol, VA

Ms. Lisa R. Porter  
*Executive Director/CEO*  
Bristol Redevelopment & Housing Auth.

## DRUG COURT TEAM

The drug court team consists of multiple individuals from various disciplines within the criminal justice system and is responsible for the day-to-day operations of the drug court program. This multidisciplinary approach offers a wide range of expertise, viewpoints and opinions on the progress of each participant and on the structure and effectiveness of the program and its components.

***Circuit Court Judge*** – The presiding judge of the City of Bristol, VA Circuit Court is the leader of the drug court team. The Judge attends all drug court staffings and presides over court proceedings. The Judge, after considering input from other team members, administers graduated incentives and sanctions, as well as makes the final determination on termination from the program. The Judge interacts with participants individually during each court review to build trust and increase accountability.

***Program Director*** – The Program Director is responsible for all day-to-day activities of the drug court program, including, but not limited to: managing case flow; insuring accurate and timely recordkeeping and data collection; overseeing financial and contractual obligations of the program; crafting and implementing policies and procedures; establishing and maintaining cooperative working relationships with program partners, including the courts, law enforcement, elected officials, community organizations and other agencies; serving as liaison with program partners, as well as the general public, media, local, state and federal agencies; and, assigning, scheduling, supervising and evaluating program staff.

***Commonwealth's Attorney*** – The Commonwealth's Attorney serves as the gatekeeper of the program through which applicants to the drug court program are initially evaluated and screened. The Commonwealth's Attorney reviews criminal histories for any disqualifying charges and convictions and determines applicants' eligibility for further consideration. The Commonwealth's Attorney reserves the right to veto any application.

***Defense Counsel*** – A representative from the local Defense Bar serves as a full member of the drug court team and ensures that the legal rights of the participants are protected and serves as an advocate for the legal interests of the participants. The presence of defense counsel also increases the perception of procedural fairness among participants, which increases positive participant outcomes.

***Case Manager*** – The Case Manager provides intensive supervision for individual participants including administering periodic drug screens, monitoring participants for compliance with drug treatment court policies, maintaining records of each participant's compliance, and providing referrals for ancillary services such as medical, vocational, or mental health. The Case Manager compiles a weekly progress report for each participant that is presented to the drug court team at staffing and court reviews.

***Treatment Representative*** – A representative from the contracted treatment provider is a full member of the drug court team and serves as the liaison between treatment services and the drug court team. The treatment representative provides weekly progress reviews to the

team regarding each participant, and contributes clinical knowledge and expertise during staffing and court reviews.

**Community Supervision Officer** – A probation officer from District 17 Probation and Parole is assigned as a full member of the drug court team. The probation officer provides information to the drug court team related to the participant’s progress and adherence to the terms of probation, including curfew compliance, travel restrictions, random drug screens, and home visits.

**Law Enforcement** – A member of the Bristol, Virginia Police Department is assigned as a full member of the drug court team. The officer assists with home visits as needed, serves warrants issued against drug court participants, provides background information on known associates of potential participants, and provides insight on participant behavior based on law enforcement experience and training.

## MISSION STATEMENT

The mission of the Veritas Adult Drug Treatment Court is to enhance public safety by providing intensive supervision and case management, effective drug treatment, and frequent judicial oversight to non-violent drug-addicted offenders with the goal of returning sober, law abiding, productive individuals to the community.

## GOALS AND OBJECTIVES

**Goal:** *To promote community safety and well-being*

- Objectives:
1. Reduce criminal behavior and recidivism among participating offenders through frequent and intense court supervision of participants.
  2. Decrease participants’ and their dependents’ reliance upon social and human services and increasing self-reliance and financial independence by directing participants to assistance in a) securing employment and drug-free housing; b) training and mentoring in life skills, such as parenting and financial management; and, c) eliminating deficits in basic education.

**Goal:** *To conserve justice system resources*

- Objectives:
1. Reduce direct costs of arrest, court prosecution, and incarceration by providing treatment, services and supervision that reduces the risk for further criminal behavior, contact with law enforcement, and incarceration days.
  2. Decrease that amount of outstanding court fines, costs, and restitution owed to the locality by directing participants to services to assist with obtaining/improving

employment and developing financial responsibility that will in turn allow participants to make payments toward legal financial obligations.

**Goal:** *To heal and rehabilitate non-violent addicted offenders*

- Objectives:
1. Reduce and eliminate use of controlled substances and alcohol by providing appropriate and effective substance abuse treatment services and encouraging participation in said services through appropriate application of incentives and sanctions.
    - a. Graduate at least 70% of active participants.
    - b. Have less than 15% of terminations from the program result from positive drug screens.
  2. To assist participants in regaining their lives and reuniting families by conducting a strength-based assessment of each participant and directing participants to the appropriate services related to education, employment, housing, financial responsibility, families, physical and mental health, and to graduate participants with a minimum high school equivalency diploma, who are employed, are responsible parents, and are becoming productive members of society.

## TARGET POPULATION AND ELIGIBILITY

### ***Target Population***

The target population for the Veritas Adult Drug Treatment Court includes non-violent adult felony offenders who have a substantial substance abuse history.

### ***Eligibility Criteria***

To be eligible, the offender must be at least 18 years of age; be a resident of (or willing to relocate to) the City of Bristol, Virginia or Washington County, Virginia; have pending charges in the City of Bristol, Virginia court system; have an established history of drug and/or alcohol dependence; and must meet the DSM-5 criteria for substance dependence/addiction upon clinical evaluation.

An offender may be *eligible* for the program, but may be deemed *unsuitable* for entry. Suitability is determined after examination of the offender's criminal history, clinical assessments, medical/mental health history, statements, attitude, etc.

## ***Disqualification Criteria***

An offender will be deemed ineligible for the Veritas Adult Drug Treatment Court if he/she:

- is currently charged or has been previously convicted with an act of violence as defined in Section 19.2-297.1 of the 1950 Code of Virginia, as amended;
- is currently charged with or previously convicted of distribution of or possession with intent to distribute a controlled substance in this or any other jurisdiction;
- is currently charged or has been previously convicted of any offense involving a weapon in this or any other jurisdiction;
- is currently charged or has been previously convicted of assault on a law enforcement officer in this or any other jurisdiction;
- and/or is charged with possession of a controlled substance and is otherwise eligible for first offender treatment pursuant to Section 18.2-251 of the 1950 Code of Virginia, as amended.

The defendant will most likely be deemed ineligible if he/she has pending charges or violations of probation in another jurisdiction.

The Commonwealth's Attorney reserves the right to veto any offender recommended for entry into drug court.

## **REFERRAL, SCREENING, AND ENTRY PROCESS**

### ***Program Structure***

The Veritas Adult Drug Treatment Court is a post-adjudication program. Accordingly, offenders do not enter the program and begin treatment and services until their criminal case is concluded. It is vital that the referral, screening and entry process is completed with limited delays in order to begin delivering services to qualifying offenders as quickly as possible. It is the goal of the drug court team to complete the entire process in approximately 30 days.

### ***Referral Process***

A completed and signed application is required to begin the referral process to the Veritas Adult Drug Treatment Court. This application may be completed at any point in the criminal justice process and by any of several individuals who are familiar with the offender, including arresting officer, probation and parole officer, or defense attorney. The application should be reviewed with the offender, including the list of eligibility requirements, and should be signed by both the offender and referring party. A completed and signed application must be sent to the Commonwealth's Attorney to begin the screening process for entry.

## ***Screening Process***

Once an application for participation in the Veritas Adult Drug Treatment Court has been forwarded to the Commonwealth's Attorney, the screening process begins. The Commonwealth's Attorney or a designee will complete an extensive criminal background check to determine if any current or previous criminal charges would disqualify the offender from participation. If no disqualifying offenses are found, the Commonwealth's Attorney will forward the application to the Program Director for further evaluation. The Commonwealth's Attorney's evaluation will take no more than two (2) weeks to complete.

The Program Director will assign all eligible referrals to a Case Manager. The assigned Case Manager will then complete an initial interview with the offender. This interview gathers information about the offender's personal background, substance abuse history, current and past housing arrangements, and more.

The Case Manager will conduct a Risk and Needs Triage (RANT) assessment and a Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD) to determine the offender's level of criminogenic risk and clinical needs. The Case Manager will also conduct an on-site residence verification in order to determine the suitability of the offender's proposed residence. (See Appendix III for program documents.)

When the Case Manager has concluded the initial interview, all information will be forwarded to the contracted treatment provider for more intensive clinical assessments. These assessments include an in-depth proprietary clinical assessment, and the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) to determine the level of alcohol and/or substance dependence, as well as any applicable DSM-5 diagnoses.

## ***Entry Process***

As soon as practicable after the completion of all screening assessments, the case will be discussed in-depth at the next drug court staffing meeting. All entry decisions are team-based, with a simple majority required to admit the offender to drug court. If an offender is deemed ineligible or unsuitable for entry, the criminal case will conclude through standard court procedures. However, if the offender is accepted into the Veritas Adult Drug Treatment Court, expedited court hearings will be scheduled at which time the offender will waive preliminary hearing (if charges originate in a lower court), waive indictment, enter a plea of guilty and be formally sentenced to participation in the program. Orientation and treatment will begin within 24 hours of formal entry into the program. (See Appendix I for Entry Process Flow Chart.)

## CASE MANAGEMENT AND SUPERVISION

Each participant is assigned to an individual Case Manager who will work closely with him/her from initial screening through to graduation or termination. This dedicated case manager approach fosters a greater sense of trust and more open communication between the participant and program staff.

The Case Manager provides intensive supervision for individual participants including administering periodic drug screens, monitoring participants for compliance with drug treatment court policies, maintaining records of each participant's compliance, and providing referrals for ancillary services such as medical, vocational, or mental health. The Case Manager will also conduct periodic classes with participants focused on re-entry into society, interpersonal skills, job readiness, anger management, financial responsibility, and more. The Case Manager compiles a weekly progress report for each participant and presents this report to the drug court team at staffing and court reviews.

In addition to supervision by a Case Manager, each offender accepted into the Veritas Adult Drug Treatment Court is placed on active supervised probation through Virginia Department of Corrections Community Supervision, and is required to abide by all requirements of probation in addition to requirements of drug court. The dedicated Probation and Parole Officer assigned to the drug court team will supervise all drug court participants during their participation in the program. The Probation and Parole Officer is authorized to conduct random drug and alcohol screens, home visits, monitor curfew compliance, and impose travel restrictions.

## STAFFING AND COURT REVIEWS

Each week the drug court team assembles to discuss participant progress for the previous week. This staffing session is held without the participants present. During staffing, the drug court team will discuss: 1) pending referrals to the program; 2) individual participant compliance; 3) imposition of incentives or sanctions; and/or, 4) approval of graduation or termination. Decisions are generally made by consensus after non-adversarial discussion among the drug court team. Ultimately, final decisions are made and imposed by the Judge.

At the conclusion of staffing, the drug court team assembles in the Circuit Courtroom, along with the participants, for court review. During this review, the Judge interacts with each participant individually, reviews weekly compliance, addresses positive or negative behavior, imposes sanctions or awards incentives. Increased judicial interaction with participants builds trust and increases accountability.

## PROGRAM PHASES AND COMPLETION

### ***Phase I Requirements:***

- Complete program intake orientation.
- Complete full medical examination and provide results to program staff.
- Complete application for Medicaid coverage, if a Virginia resident, and provide confirmation of application to staff.
- Attend all case management meetings as directed to develop a Treatment Plan.
- Follow Treatment Plan, including, but not limited to:
  - Begin Relapse Prevention planning/development;
  - Determine what you owe in restitution;
  - Develop a budget to be implemented in Phase II;
  - Develop a weekly schedule;
  - After the first two (2) weeks, attend one (1) in-person community support group each week;
  - Comply with an 8:00PM curfew;
  - Submit to random drug/alcohol testing a minimum of two (2) times per week.
- Appear for Court Review one (1) time per week.
- Attend Highlands Community Services treatment groups three (3) times per week.
- Attend Life Skills groups one (1) time per week.
- If the participant is in Phase I longer than thirty (30) days, the participant shall begin paying \$25.00 per month supervision fee.
- Required documentation must be submitted to your case manager by 8:30a.m. every Monday.

### Requirements for Promotion to Phase II:

- Complete a minimum of thirty (30) days in Phase I.
- Have at least fourteen (14) consecutive days clean.
- Make satisfactory progress toward treatment goals.
- Have provided medical examination information to staff.
- Have provided confirmation of Medicaid application, if a Virginia resident.
- Create an approved budget to include restitution payments, if applicable.
- Be current on all program fees, if applicable.

### ***Phase II Requirements:***

- Follow Treatment Plan including, but not limited to:
  - Establish a practice of journaling daily;
  - Continue Relapse Prevention planning/development;
  - Attend two (2) in-person community support groups per week;
  - Enroll in GED classes as needed;
  - Obtain employment;

- Perform Community Service work each week as outlined in the Community Service Work requirements in this handbook;
- Comply with a 10:00PM curfew;
- Submit to random drug/alcohol testing a minimum of two (2) times per week.
- Appear for Court Review one (1) time per week.
- Attend Highlands Community Services treatment groups three (3) times per week.
- Attend Life Skills groups one (1) time per week.
- Begin paying \$25.00 per month program fee (if not previously required to do so).
- Begin paying restitution as budgeted in Phase I, if applicable.
- Required documentation must be submitted to your case manager by 8:30a.m. every Monday.

Requirements for Promotion to Phase III:

- Complete a minimum of ninety (90) days in Phase II.
- Have at least forty-five (45) consecutive days clean.
- Make satisfactory progress toward treatment goals.
- Complete all required Life Skills classes.
- Journal throughout Phase as required.
- Be current on all program fees and restitution payments.
- Have provided confirmation of Medicaid application, if not completed in Phase 1 due to non-Virginia residency.
- Be employed.

***Phase III requirements:***

- Follow Treatment Plan including, but not limited to:
  - Continue journaling;
  - Continue Relapse Prevention planning/development;
  - Attend two (2) in-person community support groups per week;
  - Continue with employment and GED classes;
  - Perform Community Service Work each week as outlined in the Community Service Work requirements in this handbook;
  - Comply with a 10:00PM curfew;
  - Submit to random drug/alcohol testing a minimum of two (2) times per week.
- Appear for Court Review one (1) time every two (2) weeks.
- Attend Highlands Community Services as instructed.
- Attend Life Skills groups one (1) time per week.
- Continue paying program fees and restitution payments, if applicable.
- Required documentation must be submitted to your case manager by 8:30a.m. every Monday.

Requirements for Promotion to Phase IV:

- Complete a minimum of one hundred twenty (120) days in Phase III.

- Have at least ninety (90) consecutive days clean.
- Make satisfactory progress toward treatment goals.
- Journal throughout Phase as required.
- Be current on all program fees and restitution payments.
- Be employed.

***Phase IV requirements:***

- Follow Treatment Plan including, but not limited to:
  - Continue journaling;
  - Attend Relapse Prevention group one (1) time per week;
  - Attend two (2) in-person community support groups per week;
  - Continue with employment and GED classes;
  - Submit to random drug/alcohol testing a minimum of one (1) time per week.
- Appear for Court Review one (1) time every two (2) weeks.
- Continue paying program fees.
- Pay off restitution according to budget established in Phase I.
- Required documentation must be submitted to your case manager by 8:30a.m. every Monday.

***Requirements for Graduation:***

- Complete a minimum of one hundred twenty (120) days in Phase IV.
- Have at least one hundred twenty (120) consecutive days clean.
- Make satisfactory progress toward treatment goals.
- Be current on all program fees.
- Pay restitution in full.
- Be employed.
- Complete an aftercare plan with program staff.
- Prepare “Your Journey” for presentation at graduation.

Phase promotion and graduation decisions are based upon each individual’s progress through the program. Participants may be required to repeat portions of phases or entire phases before promotion to the next phase.

***Termination***

Participants in the Veritas Adult Drug Treatment Court may be terminated from the program for one or more reasons, including committing new offenses, repeated failure of drug screens, adulteration of or attempt to falsify drug screens, repeated non-compliance, or absconding from supervision. This is not an all-inclusive list of actions that could result in termination. Like other drug court team decisions, termination is generally made by consensus. However, the Judge makes the final decision and imposes termination. Termination from the program may result in new charges, including violation of probation.

## ***Graduation***

Upon successful completion of all four phases of the program and additional graduation requirements, and upon the recommendation of the drug court team, participants will graduate from the Veritas Adult Drug Treatment Court. Graduation ceremonies are scheduled by the drug court team as soon as possible after the successful completion of the program. Graduates are encouraged to invite friends and family members to the ceremony to share in their accomplishment.

## ***Community Service Requirement***

The Veritas Adult Drug Treatment Court Program includes a community service requirement for all participants in Phases 2 and 3. Continuing with community service is encouraged for participants in Phase 4, but not required. Community service must be performed weekly as follows:

Hours Employed Per Week	Community Service Hours Required
0 to 14	10
15 to 30	5
31 +	0

## **INCENTIVES AND SANCTIONS**

Drug court participants are expected to be compliant with all program rules and requirements. In order to encourage progress through the program in a positive way, and to discourage problematic or harmful behavior, a system of incentives and sanctions has been developed. (See Appendix IV for additional sanction and incentive information.)

An incentive is an acknowledgement that the participant has reached a milestone, accomplished a specific goal or otherwise exhibited positive behavior or positive change. Incentives include, but are not limited to, verbal praise; clapping/applause; certificates of achievement; movie tickets; gift cards or certificates; participation in a weekly or monthly prize lottery; a “fast pass” for use at a future court review hearing; phase promotion; and, graduation.

A sanction is used as a response to problematic or negative behavior. Sanctions are designed to develop accountability and responsibility, and to encourage work toward recovery and treatment goals. Sanctions become more severe as problem behavior continues or escalates. The severity of the immediate problem also plays a role in determining the appropriate sanction. Sanctions include, but are not limited to, verbal reprimands; written assignments; increased drug and/or alcohol testing; increased court appearances; extra community support groups; extra community service hours; additional meetings with the drug court team; incarceration; loss of phase/return to previous phase; increase/change in curfew; house arrest; or, termination from the program.

## DRUG AND ALCOHOL TESTING

Drug court participants are required to abstain from controlled substance and alcohol use. To ensure compliance with this requirement participants will be screened for drug and alcohol use frequently throughout the length of the program. Testing methods may include breathalyzer, urine screen, saliva screen, as well as other FDA-approved screening tools. Participants will be screened on a random basis, up to and including weekends and holidays. Participants may also be tested at their place of employment with no advanced notice.

The following basic guidelines apply:

- All drug screens require a valid sample. A valid sample is not diluted; is within normal temperature limits; has not been tampered with or adulterated; and the control test on each drug screen appears normal.
- Collection of the sample will be observed by program staff, a probation officer or other law enforcement personnel trained to observe drug screens.
- If a valid sample cannot be obtained, the sample will be considered a positive screen. If the participant is unable to urinate within 1 hour of being asked to produce a sample, it will be considered a positive screen.
- Falsifying a screen or tampering with a sample will result in a program sanction, up to and including termination. Such action may also result in a new criminal charge under §18.2-251.4 of the 1950 Code of Virginia, as amended, or constitute a violation of the terms of probation.

Participants have an opportunity to admit use of alcohol or controlled substances prior to testing. The participant will sign a voluntary admission form and then the drug screen will be administered. All positive drug screens will result in a program sanction, but admission prior to testing may decrease the severity of the sanction.

If a participant disputes the finding of a positive drug or alcohol screen, additional laboratory testing and confirmation is available. The participant is responsible for all lab confirmation costs. The fee for lab testing must be paid in full prior to the screen being tested by the lab. The participant has 7 days to provide proof of payment for lab confirmation, otherwise the sample will not be tested and the positive result will stand. (See Appendix VI for specific laboratory testing information.)

Participants are required to inform his/her case manager of any medications prescribed prior to filling the prescription. The participant must provide proof to staff that he/she is authorized to possess and consume the medication. The case manager must also be informed of any other substances you have used or are currently using (i.e. over the counter medications, supplements, vitamins, etc.)

## PROGRAM FEES

Drug court participants are required to contribute to the cost of the program by paying a monthly program fee of \$25, due by the first of each month beginning after completion of 30 days in the program. Additionally, participants are charged \$25.00 per lab confirmation of drug screen results. This fee is payable before any drug screen will be sent for confirmation (see Drug and Alcohol Testing for more information). In the event that the screen is confirmed negative, the participant will receive a credit of \$25.00 toward program fees. Other fees may also be incurred over the course of program participation. Participants must have a zero balance of fees owed before they will be advanced to the next phase or allowed to graduate. All paid fees are non-refundable. Participant fees collected pay for program incentives and for the cost of each graduation.

## TREATMENT PROTOCOL

The Veritas Adult Drug Treatment Court contracts with a third-party treatment provider to provide intensive substance abuse treatment, mental health treatment, trauma services, and more. Participants are assessed frequently in order to correctly identify their needs with regard to treatment services. (See Appendix II for specific information regarding Highlands Community Services.)

The primary guiding philosophy of treatment is that of Cognitive Behavioral Therapy, with heavy emphasis on trauma awareness and intervention, and Motivational Interviewing. *Moral Reconciliation Therapy* (MRT) is the primary curriculum utilized in an Intensive Outpatient level of care for Phase 1 and 2 participants. Men's and Women's groups utilizing *Seeking Safety* are required for participants in the first 3 Phases and are offered to Phase 4 participants. Aftercare/Relapse Prevention groups are required for Phase 3 and 4 participants. Components of *The Matrix Model* are also utilized throughout all levels of care and modalities. Individual and/or family counseling with the treatment providers is available for all participants on an as needed basis and is at no additional cost to participants. Quality and effectiveness of treatment is monitored informally through observing participant progress at weekly staffing meetings and through informal self and peer assessments during monthly treatment team meetings.

All treatment staff members providing services within this program holds, or are eligible to hold, licenses in Virginia as Clinical Social Workers or Professional Counselors, or Certifications as Substance Abuse Counselors. All staff members have extensive training and experience in mental health, substance abuse, and co-occurring disorders treatment.

## PARTICIPANT HOUSING REQUIREMENTS

Drug court participants are required to live in program-approved housing. Prior to admission to the program, staff will complete an on-site “Residence Verification” of the proposed home. During this home check, all aspects of the living arrangements are examined – physical condition and safety of the home, other residents of the home and whether they have a criminal history, access to prescription medications, etc. The drug court team will discuss the proposed residence during case staffing and decide if it is acceptable. If not, participants will be informed that they must find alternate housing.

The same procedure will be utilized if the participant wishes to change residences. Participants are required to ask permission to move, have a new Residence Verification completed, and wait to move until the drug court team has reviewed the home check and given approval.

## CURFEW MONITORING

All participants in Phases 1, 2, and 3 are required to maintain a curfew as outlined in the Phase requirements. Participants are required to have a landline phone installed prior to their acceptance into the program. He/she will begin receiving nightly curfew calls upon acceptance and release from incarceration.

Once employment is obtained, but no earlier than Phase 2, participants may be granted permission to substitute GPS-based monitoring in place of curfew calls. The drug court team will review each request for GPS monitoring on a case by case basis and reserves the right to suspend this privilege at any time.

## HEALTH SCREENING AND INFECTION CONTROL

All participants are required to contact the closest Virginia Department of Health office upon entry into the drug court program to schedule a health examination that includes testing for HIV/AIDS, Hepatitis C, and other communicable diseases. The results of that testing must be given to program staff within two (2) weeks of entry into the program. All health records are kept confidential as required by Part 2, Title 42 of the Code of Federal Regulations, the Health Insurance Portability and Accountability Act (HIPAA), and any other applicable federal, state, and/or local regulations.

Should the participant provide testing results from a provider other than the Virginia Department of Health, positive results will be forwarded to the Virginia Department of Health as required by law.

Program staff exercise universal precautions to ensure the health and safety of staff members and participants during the course of all program activities.

## TRANSPORTATION

All participants receiving *Moral Reconation Therapy* (MRT) are required to be transported by staff in a department vehicle from the program offices located at the Bristol, VA Jail Annex to the treatment provider's location and then returned to the annex. Program staff will inform participants of the days and times at which they must report to the annex to be transported. Participants are responsible for their own transportation to and from the annex; staff will not pick up or drop off at any other location.

Transportation for other treatment groups, activities, or appointments provided at the sole discretion of program staff.

## WAIVER OF PARTICIPANT RIGHTS

### ***Search and Seizure***

All Veritas Adult Drug Treatment Court participants are required to waive their Fourth Amendment rights against unreasonable search and seizure. This waiver is signed upon referral to the program, prior to sentencing. This means that a participant is required to submit his/her person, vehicle, place of residence or living area, work locker/toolbox/designated storage area, cell phone or other electronic devices to search if it is discovered or believed that he/she is in possession of drugs, weapons, or any other contraband expressly forbidden under the terms of the rules of the jail, rules of probation, policies of this program, or an employer's rules and regulations. Random searches without cause may also be conducted to ensure continued compliance. A search can be conducted by a program official, law enforcement officer, or probation officer.

### ***Ex Parte Communications***

In standard court proceedings, the Judge is unable to participate in *ex parte* communications – that is, one side is present while the other side is not. However, during participation in drug court, this requirement is suspended in order to allow the Judge to participate in staffing and court reviews. Participants are advised at the time of sentencing that by entering the drug court program, they will be waiving any objection to *ex parte* communications between the Judge any other members of the drug court team.

## RELATIONSHIPS

Romantic relationships between participants are strictly forbidden. A violation of this policy may result in termination from the program.

Limits are also placed on platonic relationships between participants. Participants are not permitted, under any circumstances, to visit the residence of another participant, or to have non-program related contact with the family of another participant. Participants are also not permitted to have contact with other participants outside of normal business days/hours. Violation of this policy will result in program sanctions.

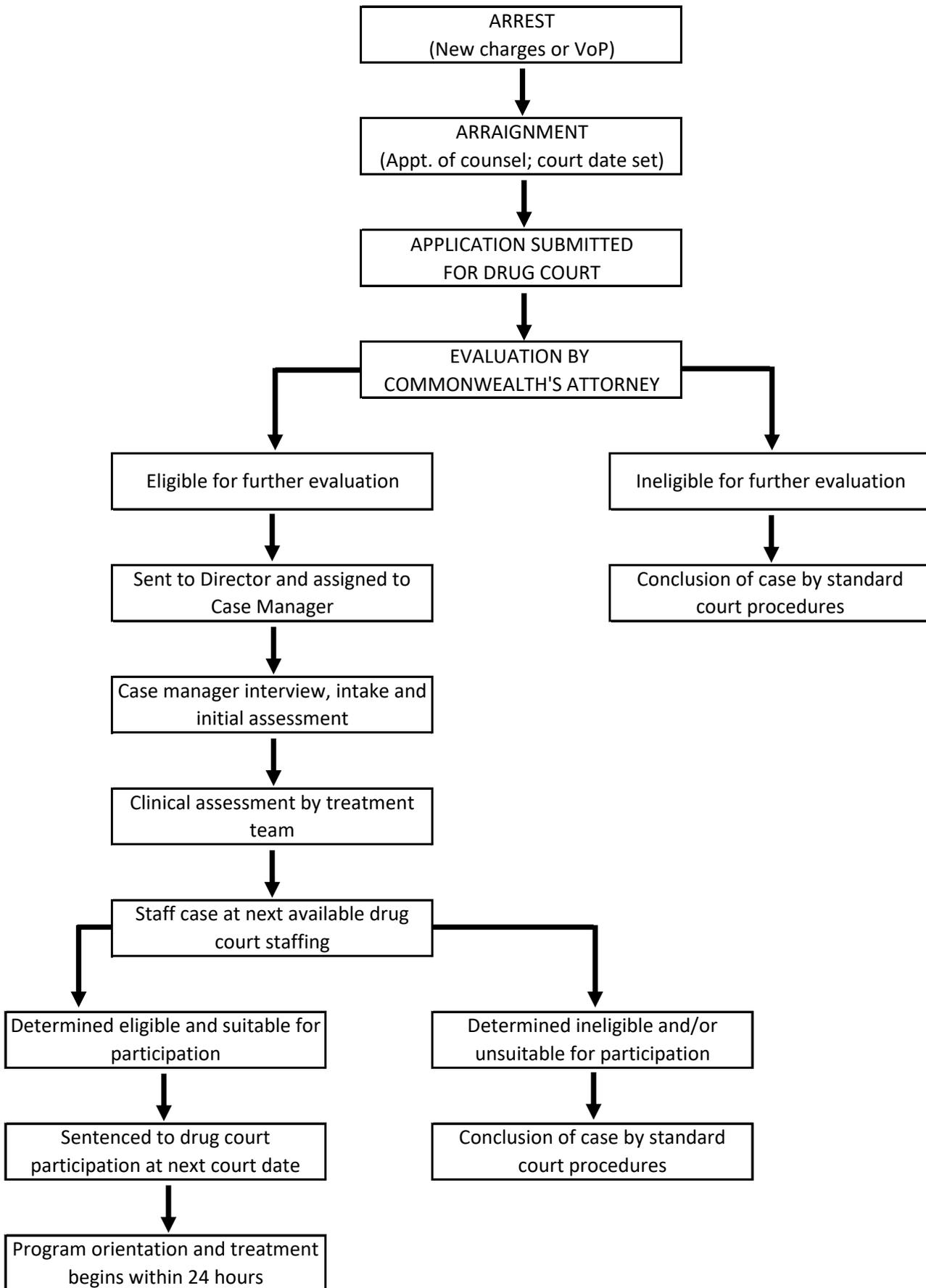
## CONFIDENTIALITY

The Veritas Adult Drug Treatment Court is committed to adhering to a policy of participant information sharing that is fully compliant with laws governing confidentiality. All drug court team members, as well as any authorized guests participating in staffing, are required to sign a Confidentiality Agreement. In this agreement, team members agree to comply with any and all federal, state, and local laws and regulations governing confidentiality in employment and health care, including but not limited to the Federal Confidentiality Regulations, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act (HIPAA). Additionally, the Confidentiality Agreement prohibits accessing or attempting to access Protected Health Information (PHI) or other personally identifiable information belonging to participants or other persons outside of direct job duties, to disclose or allow any other person to access PHI or other personally identifying information of participants or other persons, or to knowingly disclose PHI or personally identifying information in violation of any federal, state or local laws governing confidentiality.

Drug court participants are required to read and sign a Consent for Release of Confidential Information form which allows program staff to discuss criminal records; medical, mental/emotional health records; military records; community supervision or probation records; substance abuse assessment and drug screen results; program progress and participation; etc. within the program itself and with program partners directly involved in the program. Participants have the right to revoke this consent, but it will deem the participant ineligible to participate in the program.

# APPENDIX I

# Entry Process - Veritas Adult Drug Treatment Court



# APPENDIX II



## **HIGHLANDS COMMUNITY SERVICES SERVICE DESCRIPTION**

### **SERVICE ENROLLMENT and SAME DAY ACCESS**

#### **MISSION STATEMENT**

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It is the mission of HCS to respond to the referral or request for services as quickly as possible. In most cases, an initial assessment services will be offered the same day as the request.

If contact is made prior to 1 pm Monday-Friday the individual will be given the option of receiving a thorough clinical and diagnostic assessment on that same day. Efforts will be made to simultaneously enroll in appropriate services as identified by the presented needs.

#### **POPULATION CHARACTERISTICS**

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Adults, children, adolescents, and families age three and up experiencing mental health or substance use disorder related symptoms or challenges are assessed through Service Enrollment. Individuals may self-refer or be referred by a multitude of HCS community partners.

#### **PROGRAM SERVICES**

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Upon first request for services all potential admissions to HCS are directed to Service Enrollment. The only exceptions are those presenting, in active crisis, those with Developmental Disabilities or under the age of 3. Potential enrollees are screened for appropriateness and level of need.

If initially determined to be appropriate for services, the individual will receive a full clinical and diagnostic assessment. Those determined to meet HCS admission criteria will be admitted to HCS and referred to appropriate services. Once referred to another service, the individual is discharged from Service Enrollment.

#### Services and Operations

The Service Enrollment and Same Day Access model allows cross-departmental collaboration for successful completion of initial diagnostic assessments, completion of all administrative and reimbursement criteria; and timely access to appropriate levels of care and recommended follow up services. For those appearing eligible and qualifying for higher levels of care, case management staff join the initial assessment to expedite enrollment and referral to appropriate services. This allows for a consolidated assessment process for additional services, without the consumer complete two separate and redundant assessment processes. After the initial diagnostic assessment process, the consumer will leave with:

- Service recommendations based upon the needs identified,
- Initial treatment goals identified, and where indicated,
- Will be assessed for and connected with case management services who will follow-up to link, monitor, and coordinate other service referrals and needs.

## Scheduling

The complexity of the process involved in enrolling consumers into services is compounded by the challenges surrounding specific timeline requirements for some referrals, specific credentials required of providers for various payers, variances among payers regarding authorization and eligibility criteria, and maintaining the appropriate balance between staff supply and consumer demand. Upon request for services every attempt is made to assign the individual to the provider who best matches their reported needs and benefit package.

Same Day Access is available at two HCS locations:

- **Abingdon -Main Campus** Multiple clinicians are available to conduct the assessments Monday through Friday 8:30-3:00. On average, the Main Campus site can accommodate 10-12 requests for services Monday -Thursday and 5 requests on Friday. Services are provided based on the initial triage of determination of need and then upon order of presentation. Priority is given to anyone who presented the previous day and could not be seen. Individual appointments may be provided on a limited basis. Anyone who is 15 or more minutes for an individual intake appointment is at risk of losing the appointment to another individual and subsequently not being seen. Missed individual intake appointments are not available for rescheduling without prior approval by the Outpatient Services Department Director.

At the time of the initial phone call requesting services potential enrollees will be notified of the opportunity to present at our office Monday through Friday at 8:30 am to be assessed for services. If contact is made prior to 1:00 pm, the opportunity to be seen that day will be offered. If capacity is present a same day appointment will also be offered to those making contact after 1 pm. Additional limited time slots are available in the afternoon. If the individual presents at the Main Campus, every attempt will be made to provide them with an assessment that day. In most cases, 3:00 pm will be the latest available time slot for an assessment.

If more new consumers present 8:30 am, on any given day than can be seen, they will be triaged and seen based on level of need. Those that cannot be accommodate, will be offered the options of:

- Waiting until 10:00 A.M. or for the next available clinician,
  - Coming back the next day with priority admission status, or
  - Being offered an appointment outside of the Same Day Access schedule.
- **Bristol VA Outpatient Office** - The Bristol location will continue to have a small amount of availability for potential enrollees to receive clinical assessments.

## Program Collaborations

Assessment for or immediate referral to additional services may occur as part of a dual assessment process. These services may include but are not limited to:

- **Case Management:**  
Adult, Child Case and Substance Use Case Management Services strive to provide Case Management assessment as appropriate with 100% coverage of Same Day Access appointments 8:30-3:00 M-F, for individuals who appear to meet eligibility criteria for more

intensive services. This will allow engagement of appropriate wrap-around services and supports from the initial therapeutic contact, increasing the likelihood the consumer will remain engaged in clinical care. This coordination is prioritized based upon the consumer's reported level of functioning as well as eligibility for Medicaid Rehab or GAP coverage. Limited slots will remain available for referral of self-pay individuals with intensive needs for mental health case management services. For individuals in need of SUD Case Management, prioritization for enrollment expands to non-Rehab Medicaid coverage under the ARTS Waiver.

Should consumers be scheduled outside of the standard Same Day Access timeframes, the appropriate Case Management Department will be notified of the appointment to arrange for attendance completion of the case management assessment. Case Management assessments are not available for entirety of the day, for any consumers assessed at times that case management staff are unavailable to complete the dual assessment process, designated staff will discuss case management services and arrange for follow up referrals to be made to identified Program Managers.

- School Based Services:
  - TDT: Referrals for families pending enrollment in TDT services will follow the normal phone referral (HCS staff, School staff, and/or family) and scheduling process. As is current practice, verification of the referral and available program capacity will be provided by HCS staff to Enrollment staff. If scheduling needs exist beyond standard assessment structures, case by case arrangements will be made to meet the needs of the family and/or school system.
  - Student Assistance Program: Referrals for students being seen by SAP staff can be flexible in their format. It is appropriate in some circumstances for SAP counselors to fully direct the referral and scheduling process. At other times, it is appropriate for SAP counselors to support the family in completing the formal referral and schedule discussion process. Due to the knowledge SAP staff have about the student, family, and needs, Enrollment will work with SAP guidance on scheduling recommendations.
  - Any special circumstances beyond those identified will be staffed and addressed on a case by case basis.
- Crisis Services:
  - After Hours Emergency Services -Crisis staff will have priority access to all Same Day Access scheduling for individuals seen in crisis and diverted to follow up care. If an after-hours contact, Crisis staff will discuss the Same Day Access schedule availability with the consumer and identify a specific day they will attend, ideally the following day. If needed, Crisis staff can contact Enrollment staff to access the additional "hard schedule" appointments once business opens the following morning to coordinate alternate arrangements. Crisis staff will then email Enrollment Staff to identify the expected arrival of the crisis consumer on the designated date, along with any pertinent identifying information or safety planning instructions or awareness. Individuals with crisis needs who need to have follow up by crisis staff if they do not attend will be designated as such on the scheduling spreadsheet. For those individuals, Enrollment staff will alert Crisis staff via replying all to the notification email received if identified as needing immediate follow up with the consumer. Crisis staff will take the lead on the follow-up and all additional resolution planning for those consumers. Consumers who have contact with crisis staff but are deemed "routine" will receive the standard follow-up letter if they do not attend within one week of contact.

- Business Hours Emergency Services -Crisis staff (certified pre-screeners) may also be available for any consumers deemed to need prescreening rather than a diagnostic assessment during the Same Day Access periods. Assessing staff are trained in the utilization and response process of the Columbia Suicide Severity Rating Scale and will be expected to implement that process to thoroughly evaluate and adequately mitigate risks. If risk potential remains after completion of this process, it will be documented and emergency services shall be contacted. If possible, the assessment(s) will be completed to capture all pertinent clinical information. If the assessment cannot be completed, assessing staff should discuss with a supervisor and notification should be provided to crisis staff, with any necessary arrangements coordinated (i.e., assessment is not fully completed, but assessor will complete the assessment document within the next two hours).
- Crisis Stabilization Units will have access to Same Day Access scheduling for acquiring diagnostic assessments for individuals admitted to CS programs. Communication with Enrollment staff to coordinate this process will occur each time this service is needed. Additionally, CSU staff may be contacted for crisis referrals during the assessment process for situations that may not rise to full prescreening needs. Again, this will be staffed on a case by case basis before referrals are made in this fashion.

## **SERVICE LOCATIONS**

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Service Enrollment services are offered and scheduled in three locations. As noted, Same Day Access is only available at our Campus location or through teleconference at the Lee Highway office in Bristol.

- Campus location in Abingdon
- Lee Highway Adult Services office in Bristol
- Children’s Advocacy Center in Bristol

## **REFERRAL PROCESSING**

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A consumer may be self-referred or be referred by other community agencies, organizations or individuals. Many referrals come from the following sources:

- The Department of Social Services
- Community hospitals
- Private physicians
- The criminal justice system
- Schools
- Employers and/or from other concerned individuals
- Family Members
- Private providers
- Community Partners

All consumers requesting services will have a referral entered into the electronic health record at the time of the request for services.

- If appointments are scheduled and not attended, the consumer will receive a follow up phone call from Service Enrollment staff regarding missed appointments and given an opportunity to reschedule. The outcome of this phone call is documented in the referral follow-up screen.
- New consumers on the Same Day Access calendar who do not attend an appointment within one week of the initial referral phone call will receive a letter inviting them to call back if they still wish to be assessed and enrolled in services. The letter will include reminder information regarding numbers to call for Enrollment and/or Crisis needs should they still desire to enroll. A copy of the letter will be pasted into the referral follow up screen. The referral will be considered closed at this point and no additional follow up will be conducted.
- Draft follow-up letter is attached as an addendum within this document.

### **Specific Populations with Additional Scheduling Requirements:**

#### SUD (Substance Use Disorder):

Should a next business day appointment not be available for any reason, SUD Priority Population individuals are fast-tracked into services based upon the following prioritization of needs:

Priority 1: Pregnant injecting drug users to be admitted within 48 hours

Priority 2: Pregnant substance abusers to be admitted within 48 hours

Priority 3: Injecting drug users to be admitted within 14 days

Priority 4: All others

#### MAT (Medication Assisted Treatment):

Referrals for adults in need of Medication Assisted Treatment (MAT) services are connected to specified MAT staff for all orientation and assessment services. While MAT services are provided by in-house physicians, limited capacity for select MAT services exists through an external contract provider with additional rules and regulations. Those criteria and program guidelines are reviewed with consumers in addition to completion of a diagnostic assessment to evaluate referral eligibility.

#### Hospital Discharges:

Referrals of active HCS consumers who are being discharged from private and state facilities will be received by the Service Enrollment Unit and forwarded for scheduling to the appropriate HCS primary services coordinators and/or required follow up services. New consumers will be placed in the Same Day Access schedule prior to discharge at a time identified during the hospital discharge planning process. Because of follow-up timeframes and potential medication needs, those consumers who do not show for their anticipated discharge appointments will receive a phone call follow-up the day of their missed attendance, with a letter to be sent if unable to reach them by phone.

Children's facility discharges will involve collaboration with the Transition Coordinator as appropriate for discharge planning events for new and returning children in need of HCS services.

The Adult Recovery Services Clinical Assessment Specialist will be on the Same Day Access staff roster each morning for prioritization of adult hospital discharge appointments and for GAP assessments.

### **ADMISSION CRITERIA**

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- Individuals requesting services relating to behavioral health needs will be provided an opportunity to receive information about HCS services, fees and treatment options. External supports and referrals will be provided as needed.

- Individuals discharged from inpatient facilities who are not followed by private providers in the community.
- Individuals referred by external entities, families, community partners, etc. to receive assistance in obtaining services to better address life functioning and impairments relating to behavioral health needs.

#### **EXCLUSION, DISCHARGE, TERMINATION, TRANSITION AND CONTINUED STAY CRITERIA**

- Individuals who have chronic compliance with services histories with HCS must have all alerts resolved and any necessary clinical approvals granted prior to re-enrollment.
- Individuals who have been terminated from services for HCS-approved reasons will be considered or denied re-entry as identified per the specific alert and reason for termination.
- Individuals appearing intoxicated at the time of their initial appointment will not be assessed. Police involvement may be utilized as necessary.
- Individuals meeting TDO criteria at the time of their appointment will not be assessed for enrollment and will instead be referred for assessment by emergency services staff if they present as an imminent danger to themselves or others. (As noted, assessing staff will utilize the Columbia Suicide Severity Rating Scale to thoroughly evaluate and adequately mitigate risks, as appropriate. If risk potential remains after completion of this process, it shall be documented and emergency services shall be contacted.)
- Individuals with a primary diagnosis of Intellectual and/or Developmental Disability will not be enrolled through this process and instead referred to the Program Director of ID/DD Services for proper assessment and placement within the system of care.
- With rare exceptions, children under the age of three will be referred to Early Intervention Services for initial screening for service enrollment and single point of entry tracking for that service population.
- Consumers will be discharged from the Enrollment cost center at the closure of each assessment episode.

#### **STAFFING PATTERN**

Outpatient Services Department Director: 1

Senior Clinician: 1

Service Enrollment Specialist: 2

Triage Provider: 1

Outpatient Therapist: 3 Full Time

Other HCS Programs – Assessment and follow up enrollment by staff from:

Outpatient Services

Therapeutic Day Treatment (for TDT Service Specific Assessments as identified)

Adult Case Management

Children's Case Management

LMHP-E Staff from various departments under supervision toward licensure

**Provider Qualifications**

*Senior Clinician:* Virginia License

*Outpatient Therapist:* LMHP or LMHP-eligible, registered with appropriate board and in pursuit of license under supervision of an HCS LMHP

*Service Enrollment Specialist:* high school diploma, experience with complex scheduling systems, handling consumers in crisis to acquire appropriate interventions and working in environments requiring adherence to time sensitive frameworks and meeting demanding deadlines; able to provide competent and directive customer service with appropriate sensitivities for varying consumer needs.

**Clinical Supervision Requirements**

Comply with agency supervision policies and any licensing / credentialing bodies. No licensed eligible staff will function clinically at a site without the presence of a licensed supervisor. The supervisor of each site for that day will cosign all notes requiring licensed review.

**Types and Roles of Staff**

Clinic Systems Manager, Senior Clinicians, Program Managers, Triage Staff, Crisis Staff, and Department Directors are available for emergencies including consumer crisis and staff absences from all program areas.



Assessment

Consumer, Test . 36209

Evaluation Date: 8/28/2018

DOB: 7/31/1988

Gender: Male

What brings you here today?

Reason for Referral:

Referral Source:

Current Barriers, Behaviors, Symptoms, and Situational Needs

Sad/Depressed Mood

Briefly describe, including frequency, duration, and setting:

Irritability

Briefly describe, including frequency, duration, and setting:

Property destruction (fire setting)

Briefly describe, including frequency, duration, and setting:

Low Self-esteem

Briefly describe, including frequency, duration, and setting:

Hyperactivity (unable to sit still)

Briefly describe, including frequency, duration, and setting:

Substance use/abuse

Briefly describe, including frequency, duration, and setting:

Tearful

Briefly describe, including frequency, duration, and setting:

Poor concentration

Briefly describe, including frequency, duration, and setting:

Interpersonal/social skills

Briefly describe, including frequency, duration, and setting:

Feelings of guilt/worthless

Briefly describe, including frequency, duration, and setting:

Inattentive

Briefly describe, including frequency, duration, and setting:

Unstable relationships

Briefly describe, including frequency, duration, and setting:

Social isolation

Briefly describe, including frequency, duration, and setting:

Impulsivity

Briefly describe, including frequency, duration, and setting:

Abuse/trauma

Briefly describe, including frequency, duration, and setting:

Sleeping too much/fatigue

Briefly describe, including frequency, duration, and setting:

Fidgety

Briefly describe, including frequency, duration, and setting:

Obsessions

Briefly describe, including frequency, duration, and setting:

Not enough sleep

Briefly describe, including frequency, duration, and setting:

Distractible

Briefly describe, including frequency, duration, and setting:

Compulsions

Briefly describe, including frequency, duration, and setting:

Self-care

Briefly describe, including frequency, duration, and setting:

Argues

Briefly describe, including frequency, duration, and setting:

Specific fears

Briefly describe, including frequency, duration, and setting:

DOB: 7/31/1988

Gender: Male

Acts or thoughts of self-harm

Briefly describe, including frequency, duration, and setting:

Ignores rules

Briefly describe, including frequency, duration, and setting:

Panic attacks

Briefly describe, including frequency, duration, and setting:

Mood swings

Briefly describe, including frequency, duration, and setting:

Lying

Briefly describe, including frequency, duration, and setting:

Anxious/constant worrying

Briefly describe, including frequency, duration, and setting:

Feeling euphoric/manic

Briefly describe, including frequency, duration, and setting:

Angry

Briefly describe, including frequency, duration, and setting:

Fearful/scared

Briefly describe, including frequency, duration, and setting:

Weight loss

Briefly describe:

Verbally abusive (threatening language)

Briefly describe, including frequency, duration, and setting:

Detachment from mind/body

Briefly describe, including frequency, duration, and setting:

Weight gain

Briefly describe:

Physically injures others

Briefly describe, including frequency, duration, and setting:

Hearing/seeing things that others don't

Briefly describe, including frequency, duration, and setting:

Eating habits

Briefly describe, including frequency, duration, and setting:

Stealing

Briefly describe, including frequency, duration, and setting:

Suspiciousness/Paranoia

Briefly describe, including frequency, duration, and setting:

Bladder or bowel control

Briefly describe, including frequency, duration, and setting:

Sexuality or sexual behavior

Briefly describe, including frequency, duration, and setting:

Thought disturbance

Briefly describe, including frequency, duration, and setting:

Other

Briefly describe, including frequency, duration, and setting:

**Additional information about presenting problem and symptoms:**  
Above sample selection opened to show hidden content/functionality.

**Developmental Information**

**Prenatal history**

Does client report any concerns about prenatal history or development (include information about: prenatal medical problems, medications used by mother, prenatal alcohol/tobacco use, complications of pregnancy, and delivery difficulties)? If "yes" please describe below.

YES...

**Developmental Milestones**

Did client reach important developmental milestones (feeding, walking, talking, etc.) in age appropriate time frames? If "no" please describe below.

NO...

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**Family / Social Information**

**Current living situation** (include type of residence, people living within the home, and any custodial arrangements or DSS):

**Independent living status:** Yes

**Number of moves in the last 90 days:**

**Family Relationships and Social Network** (Describe the quality of the consumer's relationships with important family figures. Include the current scope and strength of the individual's network of friends and co-workers. Specify any identified gaps in supports):

**Amount of social connectedness in the past 30 days:** Participation three to six times per week

**Significant life events, including any history of trauma or abuse**

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past year, you:

Have had nightmares about it or thought about it when you did not want to? YES

Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? YES

Were constantly on guard, watchful, or easily startled? YES

Felt numb or detached from others, activities, or your surroundings? YES

Additional Information (including family history of mental illness, substance use, significant losses, multiple moves, family health issues, significant trauma/abuse, etc.):

**Culture, Ethnicity, and Spirituality** (describe aspects of these dimensions relevant to client's history and service delivery):

**Strengths and Resources:**

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**Housing, Daily Living, Financial Resource Needs (if child, refer to parent/guardian)**

Check the box if the consumer/family has identifiable needs in the following areas:

- Obtain/Maintain Housing
- Housekeeping
- Use of Transportation
- Education
- Other

- Personal Hygiene
- Shopping
- Use of Other Community Basec Resource
- Need for/Eligibility of Benefits List

- Food Preparation
- Money Management
- Medical Issues
- Employment

Additional Comments:

**Educational / Vocational History**

Current school (or last school attended):

Highest grade completed:

Contact person (if applicable):

**School Attendance Status: Yes**

(Identifies attendance (including home schooling) by all children (3-17 years old) and by young adults (18-21 years old) in special education of at least one day during the past three months. Select "Yes" if he/she was in school at least one day in past three months or if reporting period overlaps summer months. Select "No" if he/she did not attend a day of school in the past three months excluding summer months)

**Special Education Category:**

None

Emotional Disability

Learning Disability

Other Health Impairment

Mild Mental Disability

Mod. Mental Disability

Other

**Educational information:** (Describe history of school placements, disciplinary history, attendance patterns, results of any specific testing, and estimate overall intellectual capacity and learning ability)

**Vocational information, history, and needs:** (Describe current job, experiences with work, need for vocational assessment, current vocational skills, etc.)

**Current military status:** Armed Forces or National Guard Retired

Military Service Start Date:

Military Service End Date:

Type of Discharge:

**Medical Information**

Serious or chronic conditions of parents?: YES

Serious or chronic conditions of siblings?: YES

Physical/functional limitations?: YES

Communication needs (speech, language, hearing)?: YES

Vision problems?: YES

Recent physical complaints or current illnesses?: YES

Past serious illnesses or injuries?: YES

Medical hospitalizations or surgeries?: YES

Chronic conditions or communicable diseases?: YES

Special nutritional needs?: YES

Do you have an advance directive? YES

DOB: 7/31/1988

Gender: Male

Have you ever tested positive for any communicable diseases (TB, Hepatitis B, Hepatitis C, HIV, Others?) **YES**

**Allergies. Please list all known allergies:**

Have you ever been prescribed medication for emotional or psychiatric issues or concerns? **YES**

Give Details:

External Medications - Please, list all over the counter medications currently taken, as well as, prescription medications not prescribed by HCS:

If Female, is the consumer currently pregnant?: **YES**

Primary Care Physician:

Meet with PCP regularly?: **YES**

Date of Last Medical Visit:

Result of Last TB screening:

Positive

Comments:

Date of Last TB Screening: or: None Selected

Health Department referral needed for Communicable disease screening and/or follow up **Yes**

Did you provide resource information to the consumer for the follow up with this screening **Adult SUD**

Additional notes about medical history:

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**Criminal Justice Information**

Does client/family report any history of criminal behavior, arrests, and/or court involvement?: **YES**

Criminal behavior?: **YES** Court involvement?: **YES** Contact Person:

Describe criminal justice involvement (Include current legal charges, upcoming court dates, time spent incarcerated, juvenile commitment, probation/parole status, etc.):

---

**Substance Use Information**

Is there any indication of substance use or abuse by the client? : **YES**

Substance related symptoms:

DOB: 7/31/1988

Gender: Male

- Cravings
- Sneaking/lying to use
- Changes in tolerance
- Negative consequences of use
- Neglecting responsibilities
- Loss of previous interests/activities
- Crimes to support use
- Changes in or loss of friends
- Blackouts or lost time
- Preoccupied with use
- Others concerned about use
- Accidental overdose
- Increased frequency of use
- Use to avoid withdrawal symptoms
- School/work consequences of use
- Family history of SA
- Legal problems from use
- Social/interpersonal problems
- Unsuccessful efforts to control use
- Excessive time spent to obtain substance
- Substance use in hazardous situations

Substances used/abused by client (Include age of first use, frequency of current use, negative consequences experienced, illegal activities, and patterns of use):

Additional substance abuse information (include patterns of use, any illegal behavior such as dealing, results of any specific substance abuse assessments like ASSIST or CRAFFT, and referrals made for additional services):

Does the consumer have dependent children in their care?: YES

List names, ages, living arrangements, and any CPS involvment:

Do children have medical coverage?: NO

Staff will refer to:

- Health Department
- DSS
- Other:

Are children receiving necessary immunizations, routine and emergent care?: NO

Staff will:

- Provide a list of resources
- Other:

Are there concerns (social, emotional, behavioral, educational, etc.) about children under your care?: YES

Staff will refer to:

Pregnant?: YES

Due Date: 09/28/2018

Previous pregnancies?: YES

Number of live births:

Number of miscarriages and/or abortions:

Any other types of infant losses?: YES

Any use in previous pregnancy(ies)?: YES

Was the infant affected in any way?: YES

Enrolled in pre-natal care?: YES

Name of OB/GYN (obtain release):

Date of last visit:

Any problems with pregnancy?: YES

DOB: 7/31/1988

Gender: Male

If yes, staff will refer to:

- OB/GYN
- ER
- Other:

Any high risk behaviors?: YES

- Current use of substance:
- Unprotected sex
- IV drug use
- Other:

Staff will:

- Counsel and educate about the adverse effects of alcohol and drug on the fetus (refer for pre-natal care if not enroll)
- Identify her trimester of pregnancy and determine what she is using and last episode of use in order to assess her risk for withdrawal  
If staff suspects the woman is physically dependent on opiates, alcohol, and/or benzodiazepines, she should be immediately referred to a medical provider to be assessed for withdrawal and evaluated for medically assisted treatment.
- Counsel and educate about HIV, TB, risks of sharing needles, risks of transmitting HIV to sexual partners and infants
- Counsel about steps to prevent transmission of HIV and TB and refer to treatment if needed

Administer ASAM. YES...

**Clinical Summary**

Summary Type: Adult SUD

**Dimension 1: Intoxication and/or withdrawal potential**

Level: 2.1 - Intensive Outpatient Services  
Minimal risk of severe withdrawal, manageable at Level 2-WM

Risk Rating: 3 - This rating would indicate a serious issue or difficulty coping with in a given dimension

**Dimension 2: Biomedical/Conditions and Complications**

Level: 2.1 - Intensive Outpatient Services  
None or not distraction from treatment. Such problems are manageable at Level 2.5

Risk Rating: 4 - This rating would indicate issues of utmost severity

**Dimension 3: Emotional/Behavioral/Cognitive Conditions and Complications**

Level: 2.1 - Intensive Outpatient Services  
Mild severity, with potential to distract from recovery; needs monitoring

Risk Rating: 3 - This rating would indicate a serious issue or difficulty coping with in a given dimension

**Dimension 4: Readiness to Change**

MH Level: 2.1 - Intensive Outpatient Services

Has variable engagement in treatment, ambivalence, or a lack of awareness of the SU or MH problem, and requires a structured program several times a week to promote progress through the states of change

**MH Risk Rating: 2** - This rating would indicate moderate difficulty in functioning

**SA Level: 2.1** - Intensive Outpatient Services

Has variable engagement in treatment, ambivalence, or a lack of awareness of the SU or MH problem, and requires a structured program several times a week to promote progress through the stages of change

**SA Risk Rating: 3** - This rating would indicate a serious issue or difficulty coping with in a given dimension

**Dimension 5: Relapse/Continued Use or Continued Problem Potential**

**MH Level: 2.5** - Partial Hospitalization

Intensification of addiction or MH symptoms indicate a high likelihood of relapse or continued used or continued problems without close monitoring and uspport several times a week

**MH Risk Rating: 1** - This rating would indicate a mildly difficult issue, or present minor signs and symptoms

**SA Level: 3.3** - Clinically Managed Population - Specific High Intensity Residential Services

Has little awareness and needs intervention available only at Level 3.3 to prevent continued use, with imminent dangerous consequences, because of cognitive deficits or comparable dysfunction

**SA Risk Rating: 2** - This rating would indicate moderate difficulty in functioning

**Dimension 6: Recovery/Living Environmen**

**MH Level: 2.5** - Partial Hospitalization

Recovery environment is not supportive, but with structure and support, the patient can cope

**MH Risk Rating: 2** - This rating would indicate moderate difficulty in functioning

**SA Level: 3.3** - Clinically Managed Population - Specific High Intensity Residential Services

Environment is dangerous and patient needs 24-hour structure to learn to cope

**SA Risk Rating: 1** - This rating would indicate a mildly difficult issue, or present minor signs and symptoms

**Recommended Level of Care and Support Statements:**

Above ASAM selections randomly selected to demonstrate sample of options.

**Behavioral Health History**

**Prior Episode Substance Use Disorder Treatment YES**

Time frame, interventions, received, location, outcomes, and discharge diagnosis:

**Prior Episode Mental Health Treatment YES**

Time frame, interventions, received, location, outcomes, and discharge diagnosis:

**Prior Episode of Intellectual Disability/Developmental Disability Treatment YES**

Time frame, interventions, received, location, outcomes, and discharge diagnosis:

**Risk Assessment**

LMHP & LMHP-E staff completing diagnostic assessments, use the Columbia CSSRS Screening questions to complete.

**Suicide Potential**

Suicide Attempts:  
Plan?:

Current Suicidal Ideation?:  
Means?:

**Homicidal/Violence Potential**

History of Assault?:  
Plan?:

Current Violence Ideation?:  
Means?:

**Additional Information: If yes to any of the above questions, explain:**

**Mental Status Exam**

Check all that apply and add specific behaviors under findings:

- |                                      |   |  |  |  |
|--------------------------------------|---|--|--|--|
| <b>Appearance:</b>                   | <input type="checkbox"/> WNL<br><input type="checkbox"/> bizarre  | <input type="checkbox"/> meticulous  | <input type="checkbox"/> unkempt   | <input type="checkbox"/> poor hygiene  |
| <b>Behavior / Motor Disturbance:</b> | <input type="checkbox"/> WNL<br><input type="checkbox"/> manic  | <input type="checkbox"/> agitated<br><input type="checkbox"/> restless/fidgety                               | <input type="checkbox"/> guarded   | <input type="checkbox"/> tremor  |
| <b>Eye Contact:</b>                  | <input type="checkbox"/> WNL  | <input type="checkbox"/> avoidant  | <input type="checkbox"/> fixed stare   | <input type="checkbox"/> fleeting  |
| <b>Attitude:</b>                     | <input type="checkbox"/> WNL<br><input type="checkbox"/> suspicious<br><input type="checkbox"/> negative              | <input type="checkbox"/> uncooperative<br><input type="checkbox"/> hostile                                   | <input type="checkbox"/> indifferent<br><input type="checkbox"/> seductive         | <input type="checkbox"/> evasive<br><input type="checkbox"/> demanding               |
| <b>Orientation:</b>                  | <input type="checkbox"/> WNL  | <b>Disoriented to:</b>   | <input type="checkbox"/> time<br><input type="checkbox"/> person                   | <input type="checkbox"/> place<br><input type="checkbox"/> situation                 |
| <b>Speech:</b>                       | <input type="checkbox"/> WNL<br><input type="checkbox"/> impoverished<br><input type="checkbox"/> mechanical          | <input type="checkbox"/> pressured<br><input type="checkbox"/> slurred<br><input type="checkbox"/> other     | <input type="checkbox"/> slowed<br><input type="checkbox"/> verbose                | <input type="checkbox"/> soft/loud<br><input type="checkbox"/> mute                  |
| <b>Mood:</b>                         | <input type="checkbox"/> WNL<br><input type="checkbox"/> anxious<br><input type="checkbox"/> other (explain):         | <input type="checkbox"/> depressed<br><input type="checkbox"/> anhedonic                                     | <input type="checkbox"/> angry/hostile<br><input type="checkbox"/> withdrawn       | <input type="checkbox"/> euphoric  |
| <b>Range of Affect:</b>              | <input type="checkbox"/> WNL<br><input type="checkbox"/> incongruent  | <input type="checkbox"/> constricted   | <input type="checkbox"/> flat  | <input type="checkbox"/> labile  |
| <b>Thought Content:</b>              | <input type="checkbox"/> WNL<br><input type="checkbox"/> obsessive<br><input type="checkbox"/> preoccupied (explain): | <input type="checkbox"/> grandiose<br><input type="checkbox"/> poverty<br><input type="checkbox"/> delusions | <input type="checkbox"/> ideas of reference<br><input type="checkbox"/> phobic     | <input type="checkbox"/> paranoid<br><input type="checkbox"/> broadcasting/insertion |
| <b>Thought Process:</b>              | <input type="checkbox"/> WNL<br><input type="checkbox"/> blocking   | <input type="checkbox"/> loose associations<br><input type="checkbox"/> tangential                           | <input type="checkbox"/> flight of ideas<br><input type="checkbox"/> perseverative | <input type="checkbox"/> circumstantial<br><input type="checkbox"/> preoccupied      |
| <b>Perception / Sensorium:</b>       | <input type="checkbox"/> WNL  | <b>Hallucinations:</b>   | <input type="checkbox"/> auditory<br><input type="checkbox"/> olfactory            | <input type="checkbox"/> visual<br><input type="checkbox"/> tactile                  |
| <b>Memory:</b>                       | <input type="checkbox"/> WNL  | <b>Impaired:</b>   | <input type="checkbox"/> recent<br><input type="checkbox"/> immediate              | <input type="checkbox"/> remote  |
| <b>Consciousness:</b>                | <input type="checkbox"/> WNL<br><input type="checkbox"/> distracted   | <input type="checkbox"/> hyperalert  | <input type="checkbox"/> lethargic   | <input type="checkbox"/> confused  |

DOB: 7/31/1988

Gender: Male

Insight:  WNL  partial  none

Able to provide historical information?: (If "NO," explain below in findings)

Judgement:  good  impaired  poor

Estimated Intellectual Functioning:  above average  average  below average

Reliability of Self-Report:  good  fair  poor

Explain clinically significant findings, including areas unable to assess:

**Clinical Summary**

Diagnostic Summary Including symptoms, onset, and duration:

Enter Diagnosis and Code Given:

This assessment was completed by a QMHP, therefore, diagnoses given are either existing diagnoses given by a qualified HCS provider, or are diagnostic impressions.

SMI, SED or At Risk of SED?:

Service Recommendations, client/family preferences for services and desired outcomes:

**Preliminary Transition/Discharge Planning Recommendations**

Please include changes that will indicate consumer is ready for discharge and/or transfer to another level:

Creator Provider: Rebecca Holmes

Date: 8/28/2018

Credentials: MA, LPC, CSAC, Forensic Evaluator

Approving Provider: Rebecca Holmes

Date: 8/28/2018

Credentials: MA, LPC, CSAC, Forensic Evaluator

# APPENDIX III

# Drug Court Referral & Eligibility Form

Defendant Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

SSN: \_\_\_\_\_

Current Location: \_\_\_\_\_

Referring Party:  Probation Officer  Attorney  Law Enf.  Other: \_\_\_\_\_

Referring Party Address: \_\_\_\_\_

Current Bristol, VA Charges (list court, case numbers & VCC numbers): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Charges Pending in ANY Other Jurisdiction:  Yes\*  No \*See Eligibility Requirement #12

If yes, list jurisdiction and charges: \_\_\_\_\_

\_\_\_\_\_

Driver's License:  Yes  No

Landline Phone:  Yes  No

Transportation:  Yes  No

Landline Phone No. \_\_\_\_\_

Active Probation:  Yes  No

If yes, what jurisdiction: \_\_\_\_\_

## Defendant Acknowledgement

*I, \_\_\_\_\_, hereby acknowledge that I request consideration for acceptance into the Veritas Adult Drug Treatment Court Program and understand that if I am accepted that I will waive my right to counsel for the duration of the program as well as my Fourth Amendment rights regarding search and seizure, and the right to confront witnesses and evidence used against me in the Program. I also acknowledge that if deemed ineligible, I will not be provided with or request any explanation for such decision. I swear or affirm that the information contained in this form is true and accurate to the best of my ability.*

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referring Party Signature

\_\_\_\_\_  
Date

### Office Use Only

Eligible  Ineligible

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

# Drug Court Eligibility Requirements

1. The defendant **must** be eighteen (18) years of age.
  2. The defendant **must** have an established drug and/or alcohol addiction.
  3. The defendant **must** be a resident of Bristol, VA or Washington County, VA.
  4. The defendant **must** have a landline phone.
  5. The defendant **must** have reliable transportation.
  6. The defendant **must** have a pending felony charge(s) in the Juvenile & Domestic Relations Court, General District Court, or Circuit Court of the City of Bristol, VA and/or be on active supervised probation with Adult Probation & Parole, District 17.
  7. The defendant will be ineligible if he/she is currently charged or has been previously convicted with an act of violence as defined in Section 19.2-297.1 of the 1950 Code of Virginia, as amended.
  8. The defendant will be ineligible if he/she is currently charged with or previously convicted of distribution of or possession with intent to distribute a controlled substance in this or any other jurisdiction.
  9. The defendant will be ineligible if he/she is currently charged or has been previously convicted of any offense involving a weapon in this or any jurisdiction.
  10. The defendant will be ineligible if he/she is currently charged or has been previously convicted of assault on a law enforcement officer in this or any other jurisdiction.
  11. The defendant will be ineligible if he/she is charged with possession of a controlled substance and is otherwise eligible for first offender treatment pursuant to Section 18.2-251 of the 1950 Code of Virginia, as amended.
  12. The defendant will most likely be deemed ineligible if he/she has pending charges or probation violations in another jurisdiction.
  13. The Commonwealth's Attorney's Office has the right to veto any defendant recommended for entry into Drug Court.
- \* All referrals to Drug Court are to be made in writing using the Referral & Eligibility Form (attached), and filed with the Commonwealth's Attorney no later than *two (2) weeks prior to plea day* for the term of court in which the defendant's case will be presented to the Grand Jury. The Commonwealth's Attorney will respond, in writing, within two (2) weeks of the filing of the referral as to the eligibility of the defendant.
- \* Eligibility for the program is not a guarantee of acceptance into the program. If the defendant is deemed eligible by the Commonwealth's Attorney, he/she *may* be accepted into the program. Defendants accepted into the program will be referred to a Case Manager for treatment assessment and orientation, and to begin supervision within the program.

# Drug Court Referral Intake Form

Offender Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ Race/Sex: \_\_\_\_\_

Other Names/AKAs: \_\_\_\_\_

Landline Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Dogs in Home: \_\_\_\_\_

Current Location (if incarcerated or different from above): \_\_\_\_\_

Case No(s): \_\_\_\_\_ Attorney: \_\_\_\_\_

Charge(s): \_\_\_\_\_

\_\_\_\_\_

<p>Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No Current Status: _____ Alternate Transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Currently Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Employer Name: _____ Address: _____ Phone: _____</p> <p>If No, Most Recent Employment: _____ Length of Employment: _____</p>	<p>Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed</p> <p>Children: <input type="checkbox"/> Yes <input type="checkbox"/> No Ages: _____ Children's Residence(s): _____ _____ Other Parent's Name(s): _____ _____ Support Children Financially: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
---	---

Comments/Miscellaneous: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Program Staff Signature

\_\_\_\_\_  
Date

# Drug Court Residence Verification Form

Complete the following with offender at intake and verify on-site:

Offender Name: \_\_\_\_\_ Date of Verification: \_\_\_\_\_

Proposed Residence Address: \_\_\_\_\_  
\_\_\_\_\_

Type of Residence (single family home; apt., trailer, etc.): \_\_\_\_\_

Name of Property Owner/Lease Holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Offender: \_\_\_\_\_ Permission to Reside Given by: \_\_\_\_\_

Other Residents of the Home/Relationship to Offender: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Residents Convicted Felons: \_\_\_\_ Y \_\_\_\_ N If yes, name/offense/probation status: \_\_\_\_\_  
\_\_\_\_\_

Prescription Drugs in Residence: \_\_\_\_ Y \_\_\_\_ N If yes, what/to whom prescribed: \_\_\_\_\_  
\_\_\_\_\_

Check the following on-site:

	Yes	No
Prescription drugs locked in secured location inaccessible to offender.....	<input type="checkbox"/>	<input type="checkbox"/>
Landline phone installed and in working order.....	<input type="checkbox"/>	<input type="checkbox"/>
Electricity.....	<input type="checkbox"/>	<input type="checkbox"/>
Running Water.....	<input type="checkbox"/>	<input type="checkbox"/>
Heating System/Source.....	<input type="checkbox"/>	<input type="checkbox"/>
Residence is in livable condition.....	<input type="checkbox"/>	<input type="checkbox"/>
Residence is reasonably secure.....	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Miscellaneous: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Program Staff Signature

\_\_\_\_\_  
Date

# Simple Screening Instrument for Alcohol and Other Drugs Self-Administered Form (SSI-AOD)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Answer the following as honestly as possible. Your answers will be kept private and confidential.*

Describe your previous criminal history: \_\_\_\_\_  
\_\_\_\_\_

Longest period of sobriety since beginning use: \_\_\_\_\_

Drug(s) of choice: \_\_\_\_\_

Have you ever been prescribed psychotropic medications (antidepressant, antianxiety, mood stabilizers, antipsychotics, etc.)?  Yes  No

*The questions that follow are about your use of alcohol and other drugs. Your answers will be kept private and confidential. Mark the response that best fits for you. Answer the questions in terms of your experiences in the past six (6) months. Do not include time incarcerated.*

*During the last six (6) months:*

1. Have you used alcohol or other drugs such as wine, beer, hard liquor, pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants?

Yes  No

2. Have you felt that you use too much alcohol or other drugs?

Yes  No

3. Have you tried to cut down or quit drinking or using alcohol or other drugs?

Yes  No

4. Have you gone to anyone for help because of your drinking or drug use such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors or treatment programs?

Yes  No

5. Have you had any health problems? For example, have you:

Had blackouts or other periods of memory loss;

injured your head after drinking or using drugs;

Had convulsions, delirium tremens (DTs);

Had hepatitis or other liver problems;

Felt sick, shaky, or depressed when you stopped using drugs;

Felt “coke bugs” or a crawling feeling under the skin after you stopped using drugs;

Been injured after drinking or using drugs;

Used needles to shoot drugs.

**Mark “Yes” if at least one of the above has been checked:**

Yes       No

6. Has drinking or other drug use caused problems between you and your family or friends?

Yes       No

7. Has drinking or other drug use caused problems at work or school?

Yes       No

8. Have you been arrested or had other legal problems, such as bad checks, driving while intoxicated, theft, or drug possession?

Yes       No

9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?

Yes       No

10. Do you need to drink or use drugs more and more to get the effect you want?

Yes       No

11. Do you spend a lot of time thinking about, or trying to get, alcohol or other drugs?

Yes       No

12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?

\_\_\_ Yes     \_\_\_ No

13. Do you feel bad or guilty about your drinking or drug use?

\_\_\_ Yes     \_\_\_ No

*The following questions are about your lifetime experiences:*

14. Have you ever had a drinking or other drug problem?

\_\_\_ Yes     \_\_\_ No

15. Have any of your family members ever had a drinking or drug problem?

\_\_\_ Yes     \_\_\_ No

16. Do you feel that you have a drinking or drug problem now?

\_\_\_ Yes     \_\_\_ No

Items 1 and 15 are not scored. The following are scored as 1 = yes; 0 = no.

2 \_\_\_     5 \_\_\_     8 \_\_\_     11 \_\_\_     14 \_\_\_

3 \_\_\_     6 \_\_\_     9 \_\_\_     12 \_\_\_     16 \_\_\_

4 \_\_\_     7 \_\_\_     10 \_\_\_     13 \_\_\_

Total Score: \_\_\_\_\_

Preliminary interpretation of responses:

<u>Score</u>	<u>Degree of Risk for Substance Abuse</u>
0-1	None to low
2-3	Minimal
≥ 4	Moderate to high; possible need for further assessment

# RANT Assessment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Referral	<input type="checkbox"/> Intake	Assessment Results: _____
<input type="checkbox"/> 6 Month	<input type="checkbox"/> Closure	Staff Signature: _____

## Risk & Needs Items:

1. Current age: \_\_\_\_\_
2. Homeless during the past 12 months:  Yes  No
3. Number of address changes during the past 12 months: \_\_\_\_\_
4. Number of months in past 12 months engaged in regular legal employment for 20 hours or more per week: \_\_\_\_\_
5. Age of onset of criminal activity: \_\_\_\_\_
6. Number of prior diversion programs or de novo referrals: \_\_\_\_\_
7. Number of prior deferred prosecutions: \_\_\_\_\_
8. Number of bench warrants for failure to appear in past 3 years: \_\_\_\_\_
9. Number of prior felony convictions: \_\_\_\_\_
10. Number of prior serious misdemeanor convictions: \_\_\_\_\_
11. Number of other misdemeanor violations: \_\_\_\_\_
12. Age of onset of regular substance use: \_\_\_\_\_
13. Number of prior substance abuse treatment episodes or attempts: \_\_\_\_\_
14. Withdrawal syndrome in the past 12 months:  Yes  No
15. Binge use and loss of control in the past 12 months:  Yes  No
16. Cravings or compulsions in the past 12 months:  Yes  No
17. Chronic substance abuse-related medical condition:  Yes  No
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
19. Major Axis I mental health diagnosis:  Yes  No

# Consent for Release of Confidential Information

I, \_\_\_\_\_, hereby consent to communication between the Judicial Alternative Sentencing Program and the City of Bristol Circuit Court, the Commonwealth's Attorney's Office, the Virginia Department of Corrections, other Virginia drug court officials, current and/or future employers, and/or: \_\_\_\_\_, to release the following information as required to fulfill my obligations to the Court:

- Summary of criminal history, correctional status, and instant offense;
- Summary of my response to treatment at the conclusion of services;
- Information to include emotional, mental health, medical records; military records; court records; community supervision/probation records;
- Substance abuse assessment and screening results;
- Drug screening test results;
- Notice of progress in treatment, or lack thereof;
- Outline of treatment plan;
- Notice of any attendance problems;
- Other: \_\_\_\_\_

for the purpose of treatment assessment, presentence appraisal, standards of supervision for community supervision, court reports, treatment and/or education services, pre/post-sentence investigation, other: \_\_\_\_\_.

I understand that all information generated or obtained through my participation in substance abuse treatment is protected under Part 2, Title 42, Code of Federal Regulations and by the Health Insurance Portability and Accountability Act of 1996 governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may disclose only in accordance with the previously cited regulations and/or the resolution of the court proceedings under which I am mandated into treatment, and/or through this Consent for Release of Confidential Information. I also have read or have had explained to me any Service Agreement which provided for exchange of information regarding the processing of my case.

I understand that the information generated or obtained through the processing of my case through the criminal justice system that is not related to my participation in substance abuse treatment is not protected under federal confidentiality regulations and may be used by the courts in sentencing and supervision of my case during incarceration, pretrial supervision or probation, to include my application for supervision transfer to a member of the interstate compact.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective release from pretrial supervision or probation, or other court proceeding under which I was mandated into treatment. I attest to having read, or have had read to me, this document and/or full understanding of the contents. I request that all such persons/agencies accept a photo copy of this document as authorization to release the above information that is consistent with the purpose(s) stated within this document.

\_\_\_\_\_  
Participant Signature & Date

\_\_\_\_\_  
Program Staff Signature & Date

# Waiver of Liability and Media Release

Participant Name: \_\_\_\_\_ Program: \_\_\_\_\_

## Liability Disclaimer:

I hereby acknowledge that my participation in the Judicial Alternative Sentencing Program is potentially hazardous, and that I should not participate in events or work assignments unless I am medically and physically able to do so. With full knowledge and understanding of the foregoing, and in consideration of my acceptance of this entry, I expressly assume any and all risks associated with my voluntary participation in any event or work assignment. In addition, I, for myself and for anyone who might claim on my behalf, covenant to not sue and hereby WAIVE, RELEASE, HOLD HARMLESS, AND DISCHARGE THE JUDICIAL ALTERNATIVE SENTENCING PROGRAM and its agencies, events, workers, officials, supervisors, sponsors, volunteers and their representatives, successors, agents, employees and assigns from ANY CLAIMS, LIABILITIES, DEBTS, AND CAUSES OF ACTION, whether foreseen or unforeseen, for death, personal injury, property damage, or any other injuries which may arise from my travel to, participation in, or return from any event or work assignment.

## Photo/Media Release:

I hereby consent to, and authorize the use or reproduction by the Judicial Alternative Sentencing Program, of my name, any and all photographs and/or videos taken during any event or work assignment for the purpose of advertisement, invitation or promotion, without compensation to me.

## Participant Acknowledgement:

*I understand and acknowledge the foregoing release and the contents thereof and sign this release of my own free will. Further, I acknowledge that I have the right to refuse to participate in any event or work assignment that I consider to be too dangerous to safely undertake, without fear of losing the privilege to participate in other events or work assignments in general and without fear of having my participation in the Judicial Alternative Sentencing Program revoked resulting in reincarceration.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Staff Signature

\_\_\_\_\_  
Date

# Drug Court Community Service & Support Group Verification

Participant Name: \_\_\_\_\_

**Community Service Providers and Support Group Leaders:** *By recording community service hours or support group attendance below, you are certifying that the information contained on this form is true, complete, and correct to the best of your knowledge. Hours and attendance are subject to verification by the program staff.*

<b>Community Service Hours</b>				
Date	Location	Hours Worked	Supervisor Signature	Phone

<b>Support Groups</b>			
Date	Group Attended/Location	Group Leader Signature	Phone

**Participant Acknowledgement:** *I certify that the information contained on this form is true, complete, and correct to the best of my knowledge. I understand that providing false information on this form may result in program sanctions, including possible termination.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

# Substance Use Voluntary Admission Form

\_\_\_\_ **Pre-Testing Admission**

\_\_\_\_ **Post-Testing Admission**  
(prior to lab submission)

I, \_\_\_\_\_, voluntarily admit to using the following controlled substance(s):

\_\_\_\_ Amphetamines [ex. MDA, MDEA, MDMA (Ecstasy/Molly), Phentermine]

\_\_\_\_ Hallucinogens [ex. LSD, PCP, Ketamine]

\_\_\_\_ Opiates/Opioids [ex. Heroin, Lortab, Vicodin, Dilaudid, Demerol, Codeine, etc.]

\_\_\_\_ Benzodiazepines [ex. Valium, Xanax, Klonopin, etc.]

\_\_\_\_ Methamphetamine

\_\_\_\_ Gabapentin

\_\_\_\_ Marijuana

\_\_\_\_ Spice/K2/Fake Weed

\_\_\_\_ Cocaine/Crack

\_\_\_\_ Alcohol

\_\_\_\_ Buprenorphine [ex. Suboxone]

\_\_\_\_ SOMA [ex. Carisoprodol]

\_\_\_\_ Barbiturates [ex. Seconal, Nembutal]

\_\_\_\_ Zolpidem [ex. Ambien]

\_\_\_\_ Other: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

*Any admission recorded herein was given voluntarily and without duress. I understand that this admission may be used in disciplinary or sanction proceedings.*

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Staff Signature

\_\_\_\_\_  
Date

# Veritas Adult Drug Treatment Court Participant Handbook

A Division of the Judicial Alternative Sentencing Program  
City of Bristol, Virginia Circuit Court

## **Welcome**

The word Veritas is a Latin word that means truth. The Veritas Adult Drug Treatment Court seeks to help troubled individuals discover truth, honesty, and accountability in their own lives and ultimately to break free of the addictions and behaviors that have resulted in their involvement in the criminal justice system and in a reduced overall quality of life.

The Veritas Adult Drug Treatment Court Program values truth, honesty, trust, and fairness. Truthfulness comes first in drug court. In order to receive the best treatment possible, you must be truthful with the drug court team and other participants. Dishonesty makes it difficult to gain the trust and respect of others involved in the program. Once you are honest with yourself and truthful about your addictions and other problems, it will become easier to be honest with others. In return for your truth and honesty, the Court and drug court team will treat you with fairness and respect. All sanctions and incentives in this program are designed to assist you in your journey toward living a sober, productive life.

## **Overview**

The Veritas Adult Drug Treatment Court is one of three programs contained within the Judicial Alternative Sentencing Program. The Judicial Alternative Sentencing Program is designed to offer qualified defendants alternatives to incarceration and provide them with opportunities to become productive members of society.

The Veritas Adult Drug Treatment Court is a four-phase program (12 to 18 months) for adult criminal offenders who are experiencing drug and/or alcohol dependence problems. The Veritas Program seeks to provide a variety of services and supports in order to help you learn to live and thrive without alcohol or drugs. The program requires frequent court appearances, random drug and alcohol screenings, individualized substance abuse treatment, and intensive supervision. The program gives incentives for positive, compliant behavior and imposes sanctions for non-compliant or negative behavior. If you do not follow the rules, you may be placed into short term custody, moved back to a previous phase of the program or receive one of a variety of other sanctions, including termination from the program.

As a drug court participant, you will develop an individualized treatment plan with the drug court team and treatment providers. You will be expected to comply with all aspects of that plan. In addition, you will be expected to follow all the instructions from the Circuit Court Judge and the drug court team.

This handbook is your resource and reference for any questions you may have as you enter and continue through the program. You are required to keep this handbook throughout your participation in the program.

## **The Drug Court Team**

The Circuit Court Judge makes all final decisions regarding your participation in the Veritas Adult Drug Treatment Court. The Judge bases decisions on input from the drug court team during weekly team meetings. The team includes the resident Circuit Court Judge; the Commonwealth's Attorney for the City of Bristol, VA; the Director of the Judicial Alternative Sentencing Program; the Program Coordinator and/or Case Manager(s); a defense attorney; a probation officer; a treatment provider/counselor; and, a local police officer.

## **Progress Reports**

Prior to each court review hearing, the Judge and the rest of the drug court team receive progress reports from program and treatment staff. These progress reports discuss your drug test results, attendance, participation in treatment, and general compliance with program requirements. Once in court, the Judge may ask you questions about the information in your progress report to address any problems or acknowledge achievements. If you are doing well, you may receive a reward, also known as an incentive. If you are not doing well, the Judge will determine the need for further action, including sanctions, after discussing the problems with you during the hearing. All sanctions are designed to help you become more accountable and maintain motivation to achieve your treatment goals, not to punish you. (See the Sanctions Grid at the end of this handbook.)

## **Court Reviews**

Veritas Adult Drug Treatment Court participants are required to appear before the Circuit Court Judge on a frequent basis so he or she can review your individual progress. Each phase of the program determines how often you will be required to appear. Failure to appear for scheduled court review hearings may result in a bench warrant being issued for your immediate arrest and detention until the Judge is available for another hearing. If you have any questions about court review hearings you should contact program staff.

## **Program Fees**

As a drug court participant, you are required to contribute to the cost of the program by paying a monthly program fee of \$25, due by the first of each month beginning after you have completed 30 days in the program. Your case manager will inform you of when you should begin paying this fee.

You will also be charged \$25.00 per lab confirmation of drug screen results. This fee is payable before any drug test will be sent for confirmation (see Drug and Alcohol Testing for more information). In the event that the screen is confirmed negative, you will receive a credit of \$25.00 toward your program fees.

Other program fees may be incurred or assessed during your participation in drug court as well. For example, a monthly monitoring fee for alcohol compliance or a monthly fee for GPS monitoring in place of curfew calls may be required. All drug court fees paid, regardless of their purpose, are non-refundable in the event you are terminated from the program.

All program fees are payable by cashier's check, money order or cash to the City of Bristol, VA Treasurer, located in the Bristol, Virginia Courthouse, 497 Cumberland Street, Bristol, VA 24201. Please give the Treasurer's office your full name and that you're paying a drug court fee. This will ensure it is deposited correctly. All receipts from fee payments must be brought to your case manager as proof of payment.

### **Housing**

As a drug court participant, it is essential that you have a healthy and supportive home environment. Prior to admission to the program, staff will complete an on-site "Residence Verification" of the proposed home. During this home check, all aspects of your living arrangements are examined – physical condition and safety of the home, other residents of the home and whether they have a criminal history, your access to prescription medications, and so on. The drug court team will discuss your proposed residence and decide if it is acceptable. If not, you will be informed that you must find alternate housing.

This procedure will be used again when you are active in the program and wish to move. You are required to ask permission to move, have a new Residence Verification completed, and WAIT to move until the drug court team has reviewed the home check and given approval. You are also required to ask and receive permission from the team before someone else may move into the residence. Any violation of this policy may result in sanctions.

### **Transportation**

All new drug court participants receiving Moral Reconciliation Therapy (MRT) are required to ride to treatment together in the department van. You will meet at the Jail Annex on the dates and times assigned by your case manager to be transported to the treatment provider's facility. After treatment you will be transported back to the annex. Participants are responsible for their own transportation to and from the annex, and staff will not pick up or drop off at any location other than the annex.

Transportation for other treatment groups, activities, or appointments provided at the sole discretion of program staff.

## **Program Phases**

### **Phase I Requirements:**

- Complete program intake orientation.
- Complete full medical examination and provide results to program staff.
- Complete application for Medicaid coverage, if a Virginia resident, and provide confirmation of application to staff.
- Attend all case management meetings as directed to develop a Treatment Plan.
- Follow Treatment Plan, including, but not limited to:
  - Begin Relapse Prevention planning/development;
  - Determine what you owe in restitution;
  - Develop a budget to be implemented in Phase II;
  - Develop a weekly schedule;
  - After the first two (2) weeks, attend one (1) in-person community support group each week;
  - Comply with an 8:00PM curfew;
  - Submit to random drug/alcohol testing a minimum of two (2) times per week.
- Appear for Court Review one (1) time per week.
- Attend Highlands Community Services treatment groups three (3) times per week.
- Attend Life Skills groups one (1) time per week.
- If the participant is in Phase I longer than thirty (30) days, the participant shall begin paying \$25.00 per month supervision fee.
- Required documentation must be submitted to your case manager by 8:30a.m. every Monday.

### **Requirements for Promotion to Phase II:**

- Complete a minimum of thirty (30) days in Phase I.
- Have at least fourteen (14) consecutive days clean.
- Make satisfactory progress toward treatment goals.
- Have provided medical examination information to staff.
- Have provided confirmation of Medicaid application, if a Virginia resident.
- Create an approved budget to include restitution payments, if applicable.
- Be current on all program fees, if applicable.

## **Phase II Requirements:**

- Follow Treatment Plan including, but not limited to:
  - Establish a practice of journaling daily;
  - Continue Relapse Prevention planning/development;
  - Attend two (2) in-person community support groups per week;
  - Enroll in GED classes as needed;
  - Obtain employment;
  - Perform Community Service work each week as outlined in the Community Service Work requirements in this handbook;
  - Comply with a 10:00PM curfew;
  - Submit to random drug/alcohol testing a minimum of two (2) times per week.
- Appear for Court Review one (1) time per week.
- Attend Highlands Community Services treatment groups three (3) times per week.
- Attend Life Skills groups one (1) time per week.
- Begin paying \$25.00 per month program fee (if not previously required to do so).
- Begin paying restitution as budgeted in Phase I, if applicable.
- Required documentation must be submitted to your case manager by 8:30a.m. every Monday.

## **Requirements for Promotion to Phase III:**

- Complete a minimum of ninety (90) days in Phase II.
- Have at least forty-five (45) consecutive days clean.
- Make satisfactory progress toward treatment goals.
- Complete all required Life Skills classes.
- Journal throughout Phase as required.
- Be current on all program fees and restitution payments.
- Have provided confirmation of Medicaid application, if not completed in Phase 1 due to non-Virginia residency.
- Be employed.

## **Phase III requirements:**

- Follow Treatment Plan including, but not limited to:
  - Continue journaling;
  - Continue Relapse Prevention planning/development;
  - Attend two (2) in-person community support groups per week;

- Continue with employment and GED classes;
- Perform Community Service Work each week as outlined in the Community Service Work requirements in this handbook;
- Comply with a 10:00PM curfew;
- Submit to random drug/alcohol testing a minimum of two (2) times per week.
- Appear for Court Review one (1) time every two (2) weeks.
- Attend Highlands Community Services as instructed.
- Attend Life Skills groups one (1) time per week.
- Continue paying program fees and restitution payments, if applicable.
- Required documentation must be submitted to your case manager by 8:30a.m. every Monday.

**Requirements for Promotion to Phase IV:**

- Complete a minimum of one hundred twenty (120) days in Phase III.
- Have at least ninety (90) consecutive days clean.
- Make satisfactory progress toward treatment goals.
- Journal throughout Phase as required.
- Be current on all program fees and restitution payments.
- Be employed.

**Phase IV requirements:**

- Follow Treatment Plan including, but not limited to:
  - Continue journaling;
  - Attend Relapse Prevention group one (1) time per week;
  - Attend two (2) in-person community support groups per week;
  - Continue with employment and GED classes;
  - Submit to random drug/alcohol testing a minimum of one (1) time per week.
- Appear for Court Review one (1) time every two (2) weeks.
- Continue paying program fees.
- Pay off restitution according to budget established in Phase I.
- Required documentation must be submitted to your case manager by 8:30a.m. every Monday.

**Requirements for Graduation:**

- Complete a minimum of one hundred twenty (120) days in Phase IV.
- Have at least one hundred twenty (120) consecutive days clean.

- Make satisfactory progress toward treatment goals.
- Be current on all program fees.
- Pay restitution in full.
- Be employed.
- Complete an aftercare plan with program staff.
- Prepare “Your Journey” for presentation at graduation.

## **Graduation**

After successfully completing all four phases of drug court, paying all restitution owed, and upon the recommendation of the drug court team and Judge, you will graduate from the program. The graduation ceremony will be scheduled as soon as possible after successful completion of the program.

Graduation is a very important event in this program and a great source of inspiration to you as you begin your new life, as well as to your fellow participants. You may invite family and/or other special people in your life to attend the ceremony and take part in the celebration of your success in establishing a drug- and alcohol-free life.

Program staff will inform you of any post-graduation group opportunities that may be available to you.

## **Program Rules and Code of Conduct**

As a drug court participant, your behavior reflects directly not only on yourself, but on the program itself. It is essential that you dress appropriately and conduct yourself in a manner at all times that earns the respect and cooperation of our program partners.

The offices of the Judicial Alternative Sentencing Department are located in the Sheriff's Department Jail Annex, 415 Cumberland Street, Bristol, VA. Each participant will be required to conform to the minimum standards of conduct set forth by the inmate rules and regulations of the jail. While at the annex, the following rules apply:

- Tobacco products may not be used inside the annex (only at approved outdoor areas).
- Purses, backpacks, duffel bags, etc. are not permitted inside the annex. If you bring these items they must be surrendered to program staff upon entry and will be returned to you upon departure.
- Firearms, ammunition, or other weapons expressly prohibited to convicted felons are prohibited without exception.
- Mail or other forms of communication, unless directly related to drug court, are not permitted inside the annex.

- Controlled substances and/or alcohol are prohibited.

You may bring your cell phone with you to the annex, but it is to be silenced and put away unless you have permission from program staff to use it.

Only the participant in the program is allowed to enter the building, unless there are extenuating circumstances and you have received prior permission from program staff to bring someone into the building.

In addition, you must adhere to the following:

- You will be drug and alcohol free at all times.
- You may not behave in a violent or threatening manner to program or treatment staff, employees, fellow employees or fellow participants.
- Inappropriate touching, conversation, gesturing, or insinuation of an antagonistic, sexual, intimidating, or abusive nature will not be tolerated.
- Racial or ethnic slurs or name-calling will not be tolerated.
- You are not permitted to possess firearms, ammunition, or other weapons expressly prohibited to convicted felons, either on your person, in your vehicle or in your personal possessions. Possession of such will result in termination from the program and potentially result in a new criminal charge.
- No stealing.
- Contact with any inmate housed in the Bristol, VA Jail is prohibited without permission of program staff.
- Groups begin on time. If you are going to be late, you must contact the treatment provider and personally speak with staff or leave a message as to why you will be late. If you do not, you may not be allowed to attend group.
- Groups are to be taken seriously. Distractions such as side talk, personal business, daydreaming, and sleeping are not permitted in group. If you are disruptive to the group, you may be asked to leave.
- Participants are required to be actively involved in group discussion.
- Groups are used for self-examination, not for finding fault or blaming.
- Groups are confidential. Information shared in the group is not to be discussed outside the group setting. What is heard during group remains in the group. A breach of the confidentiality policy will result in your termination from the program.
- Attendance at all treatment sessions is mandatory. This includes individual and group counseling, educational sessions and NA and AA meetings or other meetings essential to your recovery. If you are unable to attend a scheduled session, you must contact the appropriate staff member with whom your appointment is scheduled. All missed groups must be made up within two (2) weeks. Failure to do so may result in a sanction.

Failure to abide by any of the codes of conduct may result in sanctions, up to an including termination.

## **Incentives and Sanctions**

As a drug court participant, compliance with all program rules and requirements is expected. In order to encourage you to progress through the program in a positive way, and to discourage problematic or harmful behavior, a system of incentives and sanctions has been developed.

An **incentive** is an acknowledgement that the participant has reached a milestone, accomplished a specific goal or otherwise exhibited positive behavior or positive change. Incentives include, but are not limited to, verbal praise; clapping/applause; certificates of achievement; movie tickets; gift cards or certificates; participation in a weekly or monthly prize lottery; a “fast pass” for use at a future court review hearing; phase promotion; and, graduation.

A **sanction** is used as a response to problematic or negative behavior. They are designed to help you develop accountability and responsibility, and to encourage you to work toward recovery and treatment goals. The sanctions become more severe as problem behavior continues or escalates. The severity of the immediate problem also plays a role in determining the appropriate sanction. Sanctions include, but are not limited to, verbal reprimands; written assignments; increased drug and/or alcohol testing; increased court appearances; extra community support groups; extra community service hours; additional meetings with the drug court team; incarceration; loss of phase/return to previous phase; increase/change in curfew; house arrest; or, termination from the program. (Refer to the Sanctions Grid at the end of this handbook for more information.)

## **Drug and Alcohol Testing**

As a drug court participant, you are required to abstain from controlled substance and alcohol use. To ensure that you are in compliance with this requirement you will be screened for drug and alcohol use frequently throughout the length of the program. Testing methods include breathalyzer, urine screen, saliva screen, as well as other FDA-approved screening tools. Participants will be screened on a random basis, up to and including weekends and holidays. You will be informed as to when and where you must appear to submit to testing. You may also be tested at your place of employment with no advanced notice.

The following basic guidelines apply:

- All drug screens require a valid sample. A valid sample is not diluted; is within normal temperature limits; has not been tampered with or adulterated; and the control test on each drug screen appears normal.
- Collection of the sample will be observed by program staff, a probation officer or other law enforcement personnel trained to observe drug screens.
- If a valid sample cannot be obtained, the sample will be considered a positive screen. If you are unable to urinate within 1 hour of being asked to produce a sample, it will be considered a positive screen.
- Falsifying a screen or tampering with a sample will result in a program sanction, up to and including termination. Such action may also result in a new criminal charge under §18.2-

251.4 of the 1950 Code of Virginia, as amended, or constitute a violation of the terms of your probation.

If you know that you will fail your drug or alcohol screen, you have an opportunity to admit usage prior to your test. You will sign a voluntary admission form and then the drug screen will be administered. All positive drug screens will result in a program sanction, but admission prior to testing may decrease the severity of that sanction.

If you disagree with the finding of a positive drug or alcohol screen, laboratory testing and confirmation is available. You are responsible for all lab confirmation costs. The fee for lab testing must be paid in full prior to the screen being tested by the lab. If you do not bring a payment receipt to program staff within 7 days, your sample will not be tested by the lab and the positive result will stand.

You must inform your case manager of ANY medications prescribed to you PRIOR to filling the prescription. You must provide proof from your prescribing physician that you are authorized to possess and consume the medication. You must also inform your case manager of ANY other substances you have used or are currently using (i.e. over the counter medications, supplements, vitamins, etc.)

### **Curfew Monitoring**

Curfew Calls: All participants in Phases 1, 2, and 3 are required to maintain a curfew as outlined in the Phase requirements. Prior to your acceptance into the program, you are required to obtain a landline phone. It is on this phone that you will begin receiving nightly curfew calls as soon as you enter the program in Phase 1. These calls will continue through Phases 2 and 3, but will end once you advance into Phase 4. Missing curfew calls will result in a program sanction.

GPS Monitoring: Once you obtain employment, but no earlier than Phase 2, you may be granted permission to substitute GPS monitoring in place of nightly curfew calls. The following conditions apply:

- All restitution owed must be paid in full;
- A monthly monitoring fee of \$150.00 is required and due no later than the 1<sup>st</sup> of each month;
- All other drug court fees (monthly program fee, drug screen fee, etc.) must be up to date and remain so.

GPS monitoring in place of curfew calls is a privilege and the drug court team reserves the right to withdraw this privilege at any time. Violation of the requirements of curfew or GPS monitoring, or the failure to pay GPS and other fees on or by the 1<sup>st</sup> of the month may result in suspension of this privilege.

## **Health Screening and Infection Control**

All participants are required to contact the closest Virginia Department of Health office upon entry into the drug court program to schedule a health examination that includes testing for HIV/AIDS, Hepatitis C, and other communicable diseases. The results of that testing must be given to program staff within two (2) weeks of entry into the program. All health records are kept confidential as required by Part 2, Title 42 of the Code of Federal Regulations, the Health Insurance Portability and Accountability Act (HIPAA), and any other applicable federal, state, and/or local regulations.

Program staff exercise universal precautions to ensure the health and safety of staff members and participants during the course of all program activities.

## **Community Service**

Giving back to the community is an important part of recovery. The Veritas Adult Drug Treatment Court Program includes a community service requirement for all participants in Phases 2 and 3. Continuing with community service is encouraged for participants in Phase 4, but not required. During the Phases in which it is required, community service must be performed weekly as follows:

<b>Hours of Community Service Work Required</b>	
Hours Employed Per Week	Community Service Hours Required
0 to 14	10
15 to 30	5
31 +	0

## **Relationships**

As a drug court participant, you will be around other participants frequently. One of the easiest ways to lose focus on your own recovery is to begin a romantic relationship with another participant while you are both in treatment. Relationships between participants are strictly prohibited. A violation of this policy may result in your termination from the program.

In addition to a total ban on romantic relationships between participants, there are also limits on non-romantic friendships between participants. You are not permitted, under any circumstances, to visit the residence of another participant, or to have non-program related contact with the family members of another participant. You are also not permitted to have contact with other participants outside of normal business hours (8:00a.m. to 5:00p.m.). Violation of these restrictions will result in a program sanction.

## **Confidentiality**

As a drug court participant, you will be required to read and sign a Consent for Release of Confidential Information form which allows Judicial Alternative Sentencing Program staff to discuss your criminal records; medical, mental/emotional health records; military records; community supervision or probation records; substance abuse assessment and drug screen results; program progress and participation; etc. within the program itself and with program partners directly involved in your participation in the program. You have the right to revoke this consent, but it will result in you becoming ineligible to participate in the program.

Confidentiality also applies to any information you may learn about others in your treatment group. It is vitally important that you do not discuss any other participant's private information outside of group or with anyone who is not associated with the program. Doing so breaks the group's trust and negatively impacts the therapeutic environment.

## **Search and Seizure**

As a drug court participant, you waive your Fourth Amendment rights against unreasonable search and seizure. This waiver is signed upon your referral to the program, prior to sentencing. This means that as a participant you are required to submit your person, vehicle, place of residence or living area, work locker/toolbox/designated storage area to search if it is discovered or believed that you are in possession of drugs, weapons, or any other contraband expressly forbidden under the terms of the rules of the jail, rules of probation, policies of this program, or your employer's rules and regulations. Random searches without cause may also be conducted in order to ensure continued compliance.

You are also required to submit your cell phone or other electronic device to search if it is believed that you have violated any rules or policies of probation or of the drug court program. Cell phones and other electronic devices may also be subject to random searches without cause. A search can be conducted by a program official, law enforcement officer, or probation officer.

## **Contact Information**

As a drug court participant, your primary contact will be a case manager. He or she will provide you with a phone number and email address that you may use for program-related contact. Personal contact between participants and program staff is expressly forbidden and any violation may result in program sanctions, up to and including termination. If your case manager will be unavailable (vacation, illness, etc.) he or she will provide you with alternative contact information for another member of the program staff.

# Sanctions Grid

The sanctions grid is simply a guideline used by the drug court team. Each sanction is imposed at the discretion of the team and may vary from the table below.

Behavior	1 <sup>st</sup> Incident	2 <sup>nd</sup> Incident	3 <sup>rd</sup> Incident
Late for Group	Warning	Warning AND essay	Treat as missed group
Incomplete Support Groups	Warning AND make up group(s)	Double groups AND essay	7 support groups in 7 days
Incomplete Community Service	Warning AND make up hours	Double hours AND essay	Jail (1-5 days)
Failure to Make Up Missed Treatment Group	Warning	5 support groups in 7 days	7 support groups in 7 days
Not Completing Previously Imposed Sanction	Warning AND double sanction	Reviewed by team on case by case basis.	
Missed Curfew Calls	Warning	Five (5) hours community service	Ten (10) or more hours community service
Violation of Curfew Hours	Earlier curfew, house arrest, or jail (1-30 days)	Earlier curfew, house arrest, or jail (1-30 days)	Earlier curfew, house arrest, jail (1-30 days) or termination
Late Verification Paperwork	Warning AND five (5) hours community service	Ten (10) hours community service	Treat as missing paperwork
Missing Verification Paperwork	Repeat missed hours/groups	Double missing groups/hours AND essay	Jail (1-10) days
Falsifying Documents	Reviewed by team on case by case basis. Sanction can include termination.		
Introducing Drugs/Contraband into Drug Court Offices	Jail (1-30 days) or termination	Termination	Termination
Falsifying/Tampering with Drug Screen	Criminal charge AND jail (1-30 days) or termination	Termination	Termination
Absconding Supervision	Jail (1-30 days) or termination	Termination	Termination
New Criminal Charge	Reviewed by team on case by case basis. Sanction can include termination.		
Positive Drug Screen	Loss of clean days AND additional sanction. Additional sanctions imposed on a case by case basis and can include termination.		
Diluted Screen (Low Creatinine Level)	Warning	Treated as positive screen	Treated as positive screen
Missed Drug Screen	Treated as positive screen	Treated as positive screen	Treated as positive screen
Using Substances without Permission (ANY Rx, OTC Meds, Supplements, etc.)	Warning, essay AND extra support group(s)	7 support groups in 7 days AND research paper on the substance	Jail (1-30 days)
Fraternization (improper association or relationship between participants)	Reviewed by team on case by case basis.		

*This list is not all-inclusive; any negative behavior could result in a sanction.*

# Veritas Adult Drug Treatment Court Participant Handbook Acknowledgement

I, \_\_\_\_\_, acknowledge that I have been given this handbook by a program official, that I have read the entire handbook, that I understand the contents of the handbook, and that I have had an opportunity to ask a program official any questions I may have.

I further acknowledge that I will abide by all of the policies, rules, regulations, and procedures set forth in this handbook, and that I will retain possession of this handbook throughout my entire participation in the program.

I further acknowledge that I understand any violation of the policies, rules, regulations, and procedures set forth in this handbook may result in program sanctions, up to and including termination. I understand that termination from the program will result in my immediate return to incarceration. Termination from the program may also result in a violation of my probation and may subject me to new charges, depending on the reason for termination.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Staff Signature

\_\_\_\_\_  
Date

# APPENDIX IV



**NDCI**  
NATIONAL DRUG  
COURT INSTITUTE

# Drug Court Practitioner **Fact Sheet**

September, 2012

## **Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions**

*By Douglas B. Marlowe, JD, PhD*

*Chief of Science, Policy & Law, National Association of Drug Court Professionals*

**D**rug Courts improve outcomes for drug-abusing offenders by combining evidence-based substance abuse treatment with strict behavioral accountability. Participants are carefully monitored for substance use and related behaviors and receive escalating incentives for accomplishments and sanctions for infractions. The nearly unanimous perception of both participants and staff members is that the positive effects of Drug Courts are largely attributable to the application of these behavioral contingencies (Lindquist, Krebs, & Lattimore, 2006; Goldkamp, White, & Robinson, 2002; Farole & Cissner, 2007; Harrell & Roman, 2001).

Scientific research over several decades reveals the most effective ways to administer behavior modification programs. Drug Courts that learn these lessons of science reap benefits several times over through better outcomes and greater cost-effectiveness (Rossman & Zweig, 2012). Those that follow nonscientific beliefs or fall back on old habits are not very effective and waste precious resources. Every Drug Court team should stay abreast of the research on effective behavior modification and periodically review court policies and procedures to ensure they are consistent with science-based practices.

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### **The Carrot and the Stick**

Some criminal justice professionals may resist the notion of rewarding offenders for doing what they are already legally required to do. These professionals may believe that treatment should be its own reward or that avoiding a criminal charge should be incentive enough. Other professionals may feel ambivalent about administering

punishment to their clients. They may view their role as providing treatment and rehabilitation, not policing misconduct.

Such sentiments can lead some Drug Court teams to rely too heavily on either incentives or sanctions rather than providing a proper balance of each. Rewards and sanctions serve different, but complementary, functions. Rewards are used to increase desirable behaviors, such as going to work



or school, whereas sanctions are used to reduce undesired behaviors, such as engaging in crime or drug abuse. When used together, they can have synergistic effects that produce better outcomes than applying either technique alone (Marlowe & Kirby, 1999).

Although some sources recommend that rewards should outnumber sanctions by a 4:1 ratio (Gendreau, 1996; Wodahl et al., 2011), this suggestion is based on after-the-fact clinical observations or correlations rather than on controlled scientific studies. In the absence of definitive guidance, a rule of thumb is to have at least equivalent amounts of positive reinforcement and punishment available for participants. If participants may be punished for missing a counseling session, then they should also be able to earn a reward for attending a counseling session. In this way, participants have a roughly equal opportunity to earn a reward or to incur a sanction. Arranging contingencies in this manner enables Drug Courts to reduce undesirable behaviors while simultaneously replacing them with desirable prosocial behaviors.

### **The Carrot and the Stick**

#### ***Practice Pointer***

*Balance positive reinforcement with punishment to reduce undesired behaviors and replace them with desired prosocial behaviors.*

## **Trust but Verify**

The most influential factor in behavior modification is certainty. The more consistently participants receive rewards for accomplishments and sanctions for infractions, the more effective the program will be. Therefore, the success of every Drug Court will depend, ultimately, on the reliable monitoring of participants' behaviors. If the team does not have accurate information about whether

participants are being compliant or noncompliant in the program, there is no possible way to apply incentives or sanctions correctly or to adjust treatment and supervision services accordingly.

Research reveals the most effective and cost-efficient Drug Courts perform urine drug testing no less frequently than twice per week on a truly random basis for at least the first several months of the program (Carey, Finigan, & Pukstas, 2008; Carey, Mackin, & Finigan, 2012; McIntire, Lessenger, & Roper, 2007). This includes conducting drug testing on weekends and holidays when drug and alcohol use are most likely to occur. Outcomes also appear to be better for Drug Courts that use monitoring technologies that extend the time window for detection, such as sweat patches, anklet devices, and EtG or EtS testing (Cary, 2011; Flango & Cheesman, 2009).

Generally speaking, drug testing should be among the last supervisory burdens lifted and ordinarily during the last phase of the program. Because Drug Courts typically ratchet down the intensity of treatment and supervision services as participants make progress in the program, relapse is always a risk as those services are reduced. Therefore, drug testing should continue unabated in order to be certain that relapse is not occurring during other adjustments to the program regimen.

Drug Courts that include law enforcement or community corrections officers on their teams also tend to have better outcomes (Carey et al., 2008, 2012; Harberts, 2007, 2011). Addicted offenders are generally not at risk for using drugs or committing crimes while they are in court, at a probation office, or in a treatment program. The risks they face are in their natural social environments, where they are confronted with drugs, drug-using associates, and the stresses of their daily lives. A Drug Court must extend its influence into the natural settings in which its participants live and function. This may include conducting random home visits, verifying employment and school attendance, enforcing area and person restrictions, monitoring curfew compliance, or performing bar sweeps.

# BEHAVIOR MODIFICATION 101 FOR DRUG COURTS: MAKING THE MOST OF INCENTIVES AND SANCTIONS

## Trust but Verify

### **Practice Pointers**

- *Conduct urine or saliva drug testing no less frequently than twice per week for at least the first several months of the program.*
- *Conduct urine or saliva testing on a truly random basis, including on weekends and holidays.*
- *Do not substantially reduce the frequency of drug testing until participants are in the last phases of the program and have begun to engage in their continuing-care plans.*
- *If frequent drug testing is not feasible, employ continuous detection technologies, such as sweat patches or anklet monitoring devices, or use tests that have longer time windows for detection, such as EtG or EtS.*
- *For technologies that have short detection windows, such as breathalyzers (BALs), randomly administer the tests in the field, for example during unannounced home visits.*
- *Have community supervision officers periodically and randomly observe participants in their natural social environments.*

## Timing is Everything

The unfortunate reality is that the effects of rewards and sanctions begin to decline within only a few hours or days after a participant has engaged in a target behavior. This has important implications for scheduling status hearings in a Drug Court. The longer the time interval between status hearings, the longer the delay is likely to be before sanctions or rewards are imposed.

Drug Courts have substantially better outcomes when participants are required to appear in court no less than every two weeks for at least the first several months of the

program (Carey et al., 2008; Carey, Mackin, & Finigan, 2012; Festinger et al. 2002; Jones, 2011; Marlowe et al., 2006, 2007).<sup>1</sup> This allows the team to respond relatively quickly to achievements and infractions, thereby producing better outcomes in a shorter period of time. If the next status hearing after an infraction is not scheduled for several weeks, noncompliant participants should be brought in sooner for a court hearing to reduce the delay interval before a consequence can be imposed (Carey, Mackin, & Finigan, 2012).

Research has not yet clearly established the ideal point to ratchet down the frequency of status hearings. However, evidence suggests status hearings should be held approximately monthly until participants are in the last phase of the program and have begun to engage in their continuing-care plans (Carey, Finigan, & Pukstas, 2008).

## Timing is Everything

### **Practice Pointers**

- *Schedule status hearings no less frequently than twice per month until participants have initiated abstinence and are regularly attending treatment.*
- *Ensure noncompliant participants are brought in for a court hearing within a reasonable period of time after a serious infraction has occurred.*
- *Continue status hearings on an approximately monthly basis until participants have engaged in their continuing-care plans.*

## Staying Centered

A common misconception persists among many professionals that rewards and sanctions are most effective at high magnitudes. In fact, rewards can be effective at low to moderate magnitudes. For example, positive outcomes have been reported using verbal praise, certificates of recognition, transportation passes, and gift cards (Stitzer, 2008).

<sup>1</sup> This assumes the Drug Court is treating the appropriate target population of high-risk and addicted offenders.



Sanctions tend to be least effective at the lowest and highest magnitudes and most effective within the intermediate range. Sanctions that are too weak can precipitate *habituation*, in which the individual becomes accustomed, and thus less responsive, to punishment. Sanctions that are too harsh can lead to resentment, avoidance reactions, and *ceiling effects*, in which the team runs out of sanctions before treatment has had a chance to take effect.

The success of any Drug Court will depend largely on its ability to craft a creative range of intermediate-magnitude incentives and sanctions that can be ratcheted upward or downward in response to participants' behaviors.<sup>2</sup> Drug Courts that are too lenient will be apt to make outcomes stagnant, and those that are too harsh will be apt to elicit negative reactions and ceiling effects. Programs that respond to participants' behaviors in a thoughtful and balanced manner will achieve the best results.

### Staying Centered

#### **Practice Pointers**

- *Develop a wide and creative range of intermediate-magnitude rewards and sanctions that can be ratcheted upward or downward in response to participants' behaviors.*
- *Avoid overreliance on sanctions that are low or high in magnitude.*

## Fishing for Tangible Resources

Many Drug Courts are stretched thin for resources to purchase tangible rewards. One economical and effective way to deal with this issue is to use the *fishbowl procedure*. Participants earn opportunities to draw prizes from a fishbowl (or other lottery container) for their accomplishments, such as

attending treatment sessions and providing drug-negative urine specimens. Most of the draws earn only a written declaration of success, such as a certificate of accomplishment for the week signed by the judge. Others earn small prizes of roughly \$5 to \$10 in value, and a small percentage earns larger prizes, such as DVDs, tickets to sporting events, or clothing for work or school.

Research indicates the fishbowl procedure can produce comparable or better outcomes at a lower cost than programs that reward participants for every achievement (Petry et al., 2005; Sigmon & Stitzer, 2005). The possibility of winning a substantial reward appears to compensate for the reduced chances of actual success, and the lottery process adds entertainment value as well. Contrary to some concerns, there is no evidence that fishbowl procedures trigger gambling behaviors (Petry et al., 2006) or that participants exchange their rewards for drugs or other inappropriate acquisitions (Festinger et al., 2008; Festinger & Dugosh, 2012; Roll et al., 2005).

The use of tangible incentives may be particularly impactful for high-risk, antisocial offenders who would ordinarily have the poorest outcomes in correctional rehabilitation programs (Marlowe et al., 1997, 2008; Messina, Farabee, & Rawson, 2003). Because many of these individuals have habituated to punishment and are not accustomed to receiving positive reinforcement, tangible rewards may exert substantially greater control over their behavior than threats of punishment.

### Fishing for Tangible Resources

#### **Practice Pointer**

*Stretch program resources by incentivizing participants with opportunities to draw rewards from a fishbowl. Most of the rewards may be of low or no dollar value, but a few should be highly desirable to participants.*

<sup>2</sup> The National Drug Court Institute (NDCI) maintains a list of incentives and sanctions that are being used by hundreds of Drug Courts around the country. The list is available at <http://www.ndcrc.org/content/list-incentives-and-sanctions>.

# BEHAVIOR MODIFICATION 101 FOR DRUG COURTS: MAKING THE MOST OF INCENTIVES AND SANCTIONS

## Do Due Process

Participants are most likely to react favorably to receiving sanctions or not receiving rewards if they believe fair procedures were followed in making the decision. The best outcomes are achieved when participants are given a reasonable opportunity to explain their side of the dispute, are treated in an equivalent manner to similar people in similar circumstances, and are accorded respect and dignity throughout the process (Burke & Leben, 2007). This does not imply that participants should necessarily get the outcome they desire. They should be given a fair chance to explain their side of the story and a clear-headed rationale for how and why a particular decision was reached.

Most importantly, being condescending or discourteous is never appropriate. Even the most severe sanctions should be delivered dispassionately with no suggestion that the judge or other team members take pleasure from meting out punishment. Numerous studies have reported better outcomes for Drug Courts in which the judges were rated as being respectful, fair, consistent, and supportive in their interactions with participants (Farole & Cissner, 2007; Senjo & Leip, 2001; Zweig et al., 2012).

Drug Courts also tend to have better outcomes when they clearly specify their policies and procedures regarding incentives and sanctions in a written program handbook or manual (Carey et al., 2008, 2012). Staff members and participants should be clearly informed in advance about the specific behaviors that may trigger sanctions or rewards; the types of sanctions and rewards that may be imposed; the criteria for phase advancement, graduation, and termination; and the consequences that may ensue from graduation and termination. However, rigidly applying a set template of sanctions and rewards may undermine participant progress or buy-in. Outcomes are better when the team reserves a reasonable degree of discretion and flexibility to modify its responses based on extenuating circumstances encountered in individual cases (Zweig et al., 2012).

## Do Due Process

### Practice Pointers

- *Allow participants a reasonable chance to explain their side of any dispute, administer equivalent consequences for equivalent behaviors, and accord all participants respect and dignity throughout the process.*
- *Specify policies and procedures concerning incentives and sanctions in a written program handbook or manual, and ensure that all staff members and participants are familiarized with the procedures.*

## Sanctions or Therapeutic Consequences?

A common point of contention in many Drug Courts is whether participants should receive punitive sanctions for positive drug tests or whether their treatment plans should be adjusted. The answer depends on whether their usage is compulsive. Individuals who are dependent on or addicted to drugs or alcohol (substance dependent individuals) should be expected to require time and effort to achieve sustained sobriety. If a Drug Court imposes high-magnitude sanctions for substance use early in treatment, odds are the team will run out of sanctions before treatment has had a chance to take effect, and the participant might fail out of the program. This practice could paradoxically make the most substance-dependent individuals, who need treatment the most, more prone to failure in Drug Courts.

For this reason, Drug Courts typically administer a gradually escalating sequence of consequences for substance use. The earliest consequences often involve enhancing treatment services, whereas later consequences may include punitive sanctions of increasing severity. Once a participant has received a reasonable dose of treatment and has begun to stabilize, then it becomes appropriate for the team to raise its expectations and apply punitive consequences for drug or alcohol use.



Evidence suggests, however, that not all participants in Drug Courts may be substance dependent. Some participants may be abusing these substances but do not meet diagnostic criteria for dependence (DeMatteo et al., 2009). These individuals (substance abusers) may experience repeated adverse consequences of substance use, such as multiple criminal arrests or car accidents, but their usage is largely under voluntary control. For them, increasing treatment would not be a logical consequence for substance use because they may not require such services. Moreover, applying gradually escalating sanctions could have the unintended effect of permitting them to continue abusing substances for some period of time until the sanctions reached a sufficient threshold of severity to gain their attention. For them, the preferable course of action would be to apply higher-magnitude sanctions for substance use early in the program, so as to put a rapid end to this voluntary misconduct.

Because substance-dependent individuals and substance abusers should ordinarily receive different consequences for substance use early in treatment, separating them into different status hearings is advisable. Doing so helps to avoid perceptions of unfairness if some participants receive lenient therapeutic consequences while others receive punitive sanctions for comparable infractions.

Under no circumstance should a nonclinically trained judge or probation officer make the decision to increase the intensity of treatment as a punishment for noncompliance or reduce the intensity of treatment as a reward for compliance. Recommendations to change the treatment plan should be made by duly trained clinicians, and the judge should act on the basis of those expert recommendations in ordering the conditions of treatment.

## Sanctions or Therapeutic Consequences?

### **Practice Pointers**

- *For substance-dependent participants, administer treatment-oriented consequences for substance use early in the program, such as increasing the required number of counseling sessions, transferring the individual to a more intensive level of care, or evaluating the participant for possible medication.*
- *Once substance-dependent participants have engaged in treatment and achieved an initial sustained interval of sobriety, begin applying escalating sanctions for substance use.*
- *For nonaddicted substance abusers, begin applying escalating sanctions for substance use during the initial phase of the program.*
- *Hold status hearings separately for substance-dependent participants vs. substance abusers to avoid potential perceptions of unfairness.*
- *Rely on the clinical expertise of duly trained treatment professionals when ordering changes to the treatment regimen.*

# BEHAVIOR MODIFICATION 101 FOR DRUG COURTS: MAKING THE MOST OF INCENTIVES AND SANCTIONS

## First Things First

Distinguishing between proximal and distal behavioral goals is essential to modifying habitual behaviors. *Proximal* goals are behaviors that participants are already capable of performing and are necessary for long-term objectives to be achieved. Examples might include attendance at counseling sessions and delivery of urine specimens. *Distal* goals are the behaviors that are ultimately desired, but will take some time for participants to accomplish. Examples might include gainful employment or effective parenting.

A Drug Court should generally sanction high if a participant fails to meet proximal expectations and sanction low if a participant fails to meet distal expectations. If a participant receives low-magnitude sanctions for failing to fulfill easy obligations, this will almost certainly lead to habituation. If a participant receives severe sanctions for failing to meet difficult demands, this will almost certainly lead to hostility, ceiling effects, or a sense of learned helplessness. For example, a participant who fails to show up for counseling sessions or who delivers tampered urine specimens should ordinarily receive a substantial punitive sanction, such as home curfew, community service, or a brief period of detention. However, if that same participant failed to find a job or enroll in an educational program during the early phases of the program, he or she should receive a lesser consequence, such as a verbal reminder or essay assignment. This process, called *shaping*, permits Drug Courts to navigate between habituation and ceiling effects and thus achieve effective outcomes.

The converse rule of thumb applies to rewards. Lower-magnitude rewards should be administered for easy, proximal behaviors, and higher-magnitude rewards should be administered for difficult, distal behaviors. For example, participants might receive verbal praise and encouragement for attending counseling sessions, but might receive reduced supervision requirements for finding a job or returning to school.

The earlier discussion concerning participants who are substance dependent vs. substance abusers is highly relevant here. For participants who are dependent on drugs or alcohol, abstinence is a distal goal; therefore, positive

drug tests should ordinarily receive low-magnitude, therapeutic consequences during the early phases of treatment. For substance abusers, however, abstinence is an easier-to-accomplish proximal goal, and they therefore should receive higher-magnitude punitive sanctions for drug use from the outset.

## First Things First

### Practice Pointers

- *Distinguish between proximal behaviors that participants are already capable of performing and distal behaviors that they are not yet capable of performing.*
- *Begin by assigning higher-magnitude sanctions and lower-magnitude rewards to easy proximal behaviors, and assigning lower-magnitude sanctions and higher-magnitude rewards to difficult distal behaviors.*

## Phase Advancement

Distal goals eventually become proximal goals as participants make progress in the program. For example, after achieving a stable period of sobriety, finding a job or enrolling in an educational program becomes easier to accomplish. Therefore, participants should begin to receive higher-magnitude sanctions over time for failing to fulfill such obligations and should receive lower-magnitude rewards for accomplishing them.

The primary purpose of phase advancement in a Drug Court is to inform participants that what was previously a distal goal has now become a proximal goal. For example, phase one in many Drug Courts focuses on stabilization of the participant and induction into treatment. The emphasis might be placed on completing clinical assessments, establishing a daily routine, abiding by a home curfew, and obtaining a self-help group sponsor. Participants would ordinarily not, however, be required (or even encouraged) to find a job or return to school



at this early stage in their recovery. Once a participant has become stabilized and developed a proper routine, however, he or she would then be advanced to phase two in which other goals, such as employment or education, may become more salient. Thus, failing to attend job training during phase one might receive no consequence or only a minimal consequence, whereas failing to attend job training during phase two or three might elicit a more substantial sanction.

Each time a participant is advanced to a higher phase in the program, the team should take the opportunity to remind all participants about what was required for the phase advancement to occur and what new challenges await the individual. The judge should review the process of phase advancement in court and explain to all participants the implications of moving from one phase to another. In this way, participants will not be surprised when program expectations of them and the consequences for misbehaviors increase accordingly.

## Phase Advancement

### ***Practice Pointers***

- *Identify which distal behaviors have become proximal as participants advance to each successive phase in the program. Increase the magnitude of sanctions and reduce the magnitude of rewards for those behaviors accordingly.*
- *Review in open court the process of phase advancement and the changing expectations that ensue whenever a participant advances to a new phase.*

## Conclusion

At its core, the criminal justice system is a behavior modification program designed to reduce crime and rehabilitate offenders. Historically, unfortunately, rewards and sanctions were rarely applied in a systematic manner that could produce meaningful or lasting effects. Dissatisfied with this unacceptable state of affairs, a group of criminal court judges set aside special dockets to provide closer supervision and greater accountability for substance-dependent and substance-abusing offenders. Wittingly or unwittingly, these judges devised programs that are highly consonant with the scientific principles of contingency management or operant conditioning.

Research now confirms that the effectiveness and cost-effectiveness of any Drug Court will depend largely on its ability to apply these behavioral techniques correctly and efficiently. Drug Courts that ignore the lessons of science are not very effective and waste precious resources and opportunities. Drug Court teams should periodically consult the latest findings on behavior modification and attend training and technical assistance activities to ensure they are making the most of their limited resources and leveraging the best outcomes for their participants and their communities.

# BEHAVIOR MODIFICATION 101 FOR DRUG COURTS: MAKING THE MOST OF INCENTIVES AND SANCTIONS

## Suggested Readings

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Burdon, William M., John M. Roll, Michael L. Prendergast, & Richard A. Rawson. (2001). Drug courts and contingency management. *Journal of Drug Issues, 31*, 73–90.

Harrell, Adele, & John Roman. (2001). Reducing drug use and crime among offenders: The impact of graduated sanctions. *Journal of Drug Issues, 31*, 207–32.

Lindquist, Christine H., Christopher P. Krebs, & Pamela K. Lattimore. (2006). Sanctions and rewards in drug court programs: Implementation, perceived efficacy, and decision making. *Journal of Drug Issues, 36*, 119–146.

Marlowe, Douglas B. (2007). Strategies for administering rewards and sanctions. In J.E. Lessenger & G.F. Roper (Eds.), *Drug courts: A new approach to treatment and rehabilitation* (pp. 317–336). New York: Springer.

Marlowe, Douglas B. (2008). Application of sanctions [Monograph Series No. 9]. In C. Hardin & J.N. Kushner (Eds.), *Quality improvement for drug courts: Evidence-based practices* (pp. 107–114). Alexandria, VA: National Drug Court Institute.

Marlowe, Douglas B. (2011). Applying incentives and sanctions. In D.B. Marlowe & W.B. Meyer (Eds.), *The drug court judicial benchbook* (pp. 139–157). Alexandria, VA: National Drug Court Institute. Available at [http://www.ndci.org/sites/default/files/nadcp/14146\\_NDCI\\_Benchbook\\_v6.pdf](http://www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf).

Marlowe, Douglas B., & Conrad J. Wong. (2008). Contingency Management in Adult Criminal Drug Courts. In S.T. Higgins, K. Silverman, & S.H. Heil (Eds.), *Contingency management in substance abuse treatment* (pp. 334–354). New York: Guilford Press.

Petry, Nancy M. (2000). A comprehensive guide to the application of contingency management procedures in clinical settings. *Drug & Alcohol Dependence, 58* (1-2): 9–25.

Stitzer, Maxine L. (2008). Motivational incentives in drug courts. In C. Hardin & J.N. Kushner (Eds.), *Quality improvement for drug courts: Evidence-based practices* (pp. 97–105). Alexandria, VA: National Drug Court Institute.

## References

---

Burke, K., & Leben, S. (2007). Procedural fairness: A key ingredient in public satisfaction. *Court Review, 44*, 4–24.

Carey, S.M., Finigan, M.W., & Pukstas, K. (2008). *Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes and costs*. Portland, OR: NPC Research. Available at [www.npcresearch.com](http://www.npcresearch.com).

Carey, S.M., Mackin, J.R., & Finigan, M.W. (2012). What works? The 10 key components of drug court: Research-based best practices. *Drug Court Review, 8* (1), 6–42.

Cary, P.L. (2011). The fundamentals of drug testing. In D.B. Marlowe & W.B. Meyer (Eds.), *The drug court judicial benchbook* (pp. 113–138). Alexandria, VA: National Drug Court Institute. Available at [http://www.ndci.org/sites/default/files/nadcp/14146\\_NDCI\\_Benchbook\\_v6.pdf](http://www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf).

DeMatteo, D.S., Marlowe, D.B., Festinger, D.S., & Arabia, P.L. (2009). Outcome trajectories in drug court: Do all participants have serious drug problems? *Criminal Justice & Behavior, 36*, 354–368.

Farole, D.J., & Cissner, A.B. (2007). Seeing eye to eye: Participant and staff perspectives on drug courts. In G. Berman, M. Rempel, & R.V. Wolf (Eds.), *Documenting results: Research on problem-solving justice* (pp. 51–73). New York: Center for Court Innovation.

Festinger, D.S., & Dugosh, K.L. (2012). Paying substance abusers in research studies: Where does the money go? *American Journal of Drug & Alcohol Abuse, 38*(1), 43–48.

Festinger, D.S., Marlowe, D.B., Dugosh, K.L., Croft, J.R., & Arabia, P.L. (2008). Higher magnitude cash payments improve research follow-up rates without increasing drug use or perceived coercion. *Drug & Alcohol Dependence, 96*, 128–135.

Festinger, D.S., Marlowe, D.B., Lee, P.A., Kirby, K.C., Bovasso, G., & McLellan, A.T. (2002). Status hearings in drug court: When more is less and less is more. *Drug & Alcohol Dependence, 68*, 151–157.

Flango, V.E., & Cheesman, F.L. (2009). The effectiveness of the SCRAM alcohol monitoring device: A preliminary test. *Drug Court Review, 6*, 109–134.

Gendreau, P. (1996). The principles of effective intervention with offenders. In A. Harland (Ed.), *Choosing correctional options that work* (pp. 117–130). Thousand Oaks, CA: Sage.



## References *(continued)*

- Goldkamp, J.S., White, M.D., & Robinson, J.B. (2002). An honest chance: Perspectives on drug courts. *Federal Sentencing Reporter, 6*, 369–372.
- Harberts, H. (2007). Probation strategies. In J.E. Lessenger & G.F. Roper (Eds.), *Drug courts: A new approach to treatment and rehabilitation* (pp. 355–376). New York: Springer.
- Harberts, H. (2011). Community supervision. In D.B. Marlowe & W.B. Meyer (Eds.), *The drug court judicial benchbook* (pp. 97–111). Alexandria, VA: National Drug Court Institute. Available at [http://www.ndci.org/sites/default/files/nadcp/14146\\_NDCI\\_Benchbook\\_v6.pdf](http://www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf).
- Harrell, A., & Roman, J. (2001). Reducing drug use and crime among offenders: The impact of graduated sanctions. *Journal of Drug Issues, 31*, 207–32.
- Jones, C. (2011). *Intensive judicial supervision and drug court outcomes: Interim findings from a randomised controlled trial*. Sydney, Australia: New South Wales Bureau of Crime Statistics & Research.
- Lindquist, C.H., Krebs, C.P., & Lattimore, P.K. (2006). Sanctions and rewards in drug court programs: Implementation, perceived efficacy, and decision making. *Journal of Drug Issues 36*: 119–146.
- Marlowe, D.B., Festinger, D.S., Dugosh, K.L., Arabia, P.L., & Kirby, K.C. (2008). An effectiveness trial of contingency management in a felony preadjudication drug court. *Journal of Applied Behavior Analysis, 41*, 565–577.
- Marlowe, D.B., Festinger, D.S., Dugosh, K.L., Lee, P.A., & Benasutti, K.M. (2007). Adapting judicial supervision to the risk level of drug offenders: Discharge and six-month outcomes from a prospective matching study. *Drug & Alcohol Dependence, 88*(Suppl. 2), 4–13.
- Marlowe, D.B., Festinger, D.S., Lee, P.A., Dugosh, K.L., & Benasutti, K.M. (2006). Matching judicial supervision to clients' risk status in drug court. *Crime & Delinquency 52*: 52–76.
- Marlowe, D.B., & Kirby, K.C. (1999). Effective use of sanctions in drug courts: lessons from behavioral research. *National Drug Court Institute Review, 2*, 1–31.
- Marlowe, D.B., Kirby, K.C., Festinger, D.S., Husband, S.D., & Platt, J.J. (1997). Impact of comorbid personality disorders and personality disorder symptoms on outcomes of behavioral treatment for cocaine dependence. *Journal of Nervous and Mental Disease, 185*, 483–490.
- McIntire, R.L., Lessenger, J.E., & Roper, G.F. (2007). The drug and alcohol testing process. In J.E. Lessenger & G.F. Roper (Eds.), *Drug courts: A new approach to treatment and rehabilitation* (pp. 234–246). New York: Springer.
- Messina, N., Farabee, D., & Rawson, R. (2003). Treatment responsivity of cocaine-dependent patients with antisocial personality disorder to cognitive-behavioral and contingency management interventions. *Journal of Consulting & Clinical Psychology, 71*, 320–329.
- Petry, N.M., Kolodner, K.B., Li, R., Peirce, J.M., Roll, J.M., Stitzer, M.L., et al. (2006). Prize-based contingency management does not increase gambling. *Drug & Alcohol Dependence, 83*, 269–273.
- Petry, N.M., Peirce, J.M., Stitzer, M.L., Blaine, J., Roll, J.M., Cohen, A., et al. (2005). Effect of prize-based incentives on outcomes in stimulant abusers in outpatient psychosocial treatment programs. *Archives of General Psychiatry, 62*, 1148–1156.
- Roll, J.M., Prendergast, M.L., Sorenson, K., Prakash, S., & Chudzynski, J.E. (2005). A comparison of voucher exchanges between criminal justice involved and noninvolved participants enrolled in voucher-based contingency management drug abuse treatment programs. *American Journal of Drug & Alcohol Abuse, 31*, 393–401.

# **BEHAVIOR MODIFICATION 101 FOR DRUG COURTS: MAKING THE MOST OF INCENTIVES AND SANCTIONS**

Rossman, S.B., & Zweig, J.M. (2012, May). *What have we learned from the Multisite Adult Drug Court Evaluation? Implications for practice and policy*. Alexandria, VA: National Association of Drug Court Professionals. Retrieved from <http://www.nadcp.org/sites/default/files/nadcp/Multisite%20Adult%20Drug%20Court%20Evaluation%20-%20NADCP.pdf>.

Senjo, S.R., & Leip, L.A. (2001). Testing and developing theory in Drug Court: A four-part logit model to predict program completion. *Criminal Justice Policy Review*, *12*, 66–87.

Sigmon, S.C., & Stitzer, M.L. (2005). Use of a low-cost incentive intervention to improve counseling attendance among methadone-maintained patients. *Journal of Substance Abuse Treatment*, *29*, 253–258.

Stitzer, M. L. (2008). Motivational incentives in drug courts. In C. Hardin & J.N. Kushner (Eds.), *Quality improvement for drug courts: Evidence-based practices* (pp. 97–105). Alexandria, VA: National Drug Court Institute.

Wodahl, E.J., Garland, B., Culhane, S.E., & McCarty, W.P. (2011). Utilizing behavioral interventions to improve supervision outcomes in community-based corrections. *Criminal Justice & Behavior*, *38*, 386–405.

Zweig, J.M., Lindquist, C., Downey, P.M., Roman, J., & Rossman, S.B. (2012). Drug court policies and practices: How program implementation affects offender substance use and criminal behavior outcomes. *Drug Court Review*, *8*(1), 43–79.



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# APPENDIX V

## CURRENT DRUG COURT TEAM MEMBERS

### *Circuit Court Judge:*

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# APPENDIX VI

Averhealth specializes in providing fully integrated, turn-key drug testing and laboratory services as are specified in this RFP. For the customers listed in the Reference section of this proposal, Averhealth has seamlessly integrated every element of the drug testing process, including random selection, participant notification, same-gender directly-observed collections, laboratory analysis, results reporting, and every step in between. Moreover, each of these service elements incorporates evidenced based practices designed to help participants achieve sustained sobriety. Averhealth segments these services into three pillars: (i) Individualized Random Selection & Participant Notification; (ii) Directly Observed, Same-Gender Sample Collections; and (iii) Nationally-Certified Laboratory testing, each of which is described below.

**Laboratory Testing:** The Provider shall:

- a. Operate a laboratory that is certified by the Department of Health and Human Services (DHHS), Clinical Laboratory Improvements Act (CLIA) and the College of American Pathologists – Forensic Drug Testing (CAP-FDT);
- b. Conduct a laboratory immunoassay screen on all samples (instant test devices are not permitted);
- c. All positive immunoassay screens must be run a second time with a new aliquot of the specimen prior to reporting the positive specimen;
- d. Report the screen results by the completion of the next business day following specimen collection (e.g., screen results for samples collected and shipped on Monday shall be reported on Tuesday.);
- e. Conduct confirmation via GC/MS or LC-MS/MS as requested by the Court;
- f. Retain negative specimens for five (5) business days;
- g. Store non-negative samples in secure, frozen store for thirty (30) days;
- h. Test assays at the cut-off levels listed in Table 1 below; and

**Table 1**

Assay	Specimen	Screen Cut-off	Confirmation Cut-off
<b>Amphetamines</b>	Urine	1000 ng/mL	123 ng/mL
MDA	Urine	N/A	49 ng/mL
MDEA	Urine	N/A	48 ng/mL
MDMA	Urine	N/A	48 ng/mL
Methamphetamine	Urine	N/A	118 ng/mL
Phentermine	Urine	N/A	48 ng/mL
<b>Cannabinoids</b>	Urine	20 ng/mL	5 ng/mL
<b>Cocaine</b>	Urine	300 ng/mL	25 ng/mL
<b>Opiates</b>	Urine	300 ng/mL	N/A
Heroin (6-MAM)	Urine	N/A	5 ng/mL
Codeine	Urine	N/A	49 ng/mL
Hydrocodone	Urine	N/A	50 ng/mL
Hydromorphone	Urine	N/A	48 mg/mL
Morphine	Urine	N/A	50 ng/mL
Oxycodone	Urine	N/A	50 ng/mL
Oxymorphone	Urine	N/A	49 ng/mL
<b>PCP</b>	Urine	25 ng/mL	12 ng/mL
<b>Barbiturates</b>	Urine	200 ng/mL	N/A

<b>Butabarbital</b>	Urine	N/A	50 ng/mL
<b>Phenobarbital</b>	Urine	N/A	50 ng/mL
<b>Butalbital</b>	Urine	N/A	50 ng/mL
<b>Pentobarbital</b>	Urine	N/A	50 ng/mL
<b>Secobarbital</b>	Urine	N/A	50 ng/mL
<b>Benzodiazepines</b>	Urine	200 ng/mL	N/A
<b>Alprazolam</b>	Urine	N/A	47 ng/mL
<b>Clonazepam</b>	Urine	N/A	48 ng/mL
<b>Diazepam</b>	Urine	N/A	47 ng/mL
<b>Flunitrazepam</b>	Urine	N/A	48 ng/mL
<b>Flurazepam</b>	Urine	N/A	48 ng/mL
<b>Hydroxyalprazolam</b>	Urine	N/A	48 ng/mL
<b>Lorazepam</b>	Urine	N/A	48 ng/mL
<b>Midazolam</b>	Urine	N/A	47 ng/mL
<b>Nordiazepam</b>	Urine	N/A	48 ng/mL
<b>Oxazepam</b>	Urine	N/A	49 ng/mL
<b>Temazepam</b>	Urine	N/A	47 ng/mL
<b>Meperidine</b>	Urine	200 ng/mL	N/A
<b>Meperidine</b>	Urine	N/A	50 ng/mL
<b>Sufentanil</b>	Urine	N/A	1 ng/mL
<b>Normeperidine</b>	Urine	N/A	50 ng/mL
<b>Naloxone</b>	Urine	N/A	52 ng/mL
<b>Naltrexone</b>	Urine	N/A	49 ng/mL
<b>Methadone</b>	Urine	300 ng/mL	23 ng/mL
<b>EDDP</b>	Urine	N/A	25 ng/mL
<b>Methamphetamines</b>	Urine	500 ng/mL	118 ng/mL
<b>Ecstasy</b>	Urine	500 ng/mL	100 ng/mL
<b>Propoxyphene</b>	Urine	300 ng/mL	24 ng/mL
<b>Norpropoxyphene</b>	Urine	N/A	24 ng/mL
<b>EtG</b>	Urine	500 ng/mL	300 ng/mL
<b>EtS</b>	Urine	N/A	100 ng/mL
<b>Buprenorphine</b>	Urine	5 ng/mL	24 ng/mL
<b>Norbuprenorphine</b>	Urine	N/A	47 ng/mL
<b>SOMA</b>	Urine	100 ng/mL	N/A
<b>Carisoprodol</b>	Urine	N/A	84 ng/mL
<b>Meprobamate</b>	Urine	N/A	51 ng/mL
<b>Fentanyl</b>	Urine	2 ng/mL	0.5 ng/mL
<b>Norfentanyl</b>	Urine	N/A	2 ng/mL
<b>Gabapentin</b>	Urine	N/A	219 ng/mL
<b>Ketamine</b>	Urine	100 ng/mL	49 ng/mL
<b>Kratom</b>	Urine	N/A	N/A
<b>Mitragynin</b>	Urine	N/A	2 ng/mL
<b>7 Hydroxymitragynine</b>	Urine	N/A	10 ng/mL
<b>Tramadol</b>	Urine	200 ng/mL	50 ng/mL
<b>Zolpidem</b>	Urine	20 ng/mL	10 ng/mL
<b>Amphetamines Methamphetamines &amp; Ecstasy</b>	Hair	500 pg/mg	500 pg/mg
<b>Cocaine</b>	Hair	500 pg/mg	500 pg/mg
<b>Opiates Codeine, Morphine, 6-MAM, Oxycodone, Hydrocodone, Hydromorphone</b>	Hair	200 pg/mg	200 pg/mg
<b>PCP</b>	Hair	300pg/mg	300pg/mg

<b>Cannabinoids</b>	Hair	1pg/mg	0.1pg/mg
<b>Amphetamines</b>	Oral Fluid	50 ng/mL	20 ng/mL
<b>Methamphetamine</b>	Oral Fluid	N/A	20 ng/mL
<b>MDA</b>	Oral Fluid	N/A	20 ng/mL
<b>MDMA</b>	Oral Fluid	N/A	20 ng/mL
<b>Benzodiazepines</b>	Oral Fluid	20 ng/mL	N/A
<b>Alprazolam</b>	Oral Fluid	N/A	1 ng/mL
<b>Diazepam</b>	Oral Fluid	N/A	1 ng/mL
<b>Nordiazepam</b>	Oral Fluid	N/A	2 ng/mL
<b>Lorazepam</b>	Oral Fluid	N/A	1 ng/mL
<b>Oxacepam</b>	Oral Fluid	N/A	1 ng/mL
<b>Temazepam</b>	Oral Fluid	N/A	1 ng/mL
<b>Clonazepam</b>	Oral Fluid	N/A	1 ng/mL
<b>Buprenorphine</b>	Oral Fluid	5 ng/mL	1 ng/mL
<b>Cocaine</b>	Oral Fluid	20 ng/mL, ng/mL DDS	30 2 ng/mL
<b>Benzoylcegonine</b>	Oral Fluid	N/A	2 ng/mL
<b>Cannabinoids</b>	Oral Fluid	4 ng/mL, ng/mL DDS	25 2 ng/mL
<b>Opiates</b>	Oral Fluid	40 ng/mL	N/A
<b>Codeine</b>	Oral Fluid	N/A	1 ng/mL
<b>Morphine</b>	Oral Fluid	N/A	1 ng/mL
<b>Hydrocodone</b>	Oral Fluid	N/A	1 ng/mL
<b>Norhydrocodone</b>	Oral Fluid	N/A	1 ng/mL
<b>Hydromorphone</b>	Oral Fluid	N/A	1 ng/mL
<b>Oxycodone</b>	Oral Fluid	N/A	1 ng/mL
<b>Oxymorphone</b>	Oral Fluid	N/A	1 ng/mL
<b>Norcodeine</b>	Oral Fluid	N/A	1 ng/mL
<b>Noroxycodone</b>	Oral Fluid	N/A	1 ng/mL
<b>Dihydrocodeine</b>	Oral Fluid	N/A	1 ng/mL
<b>Methadone</b>	Oral Fluid	50 ng/mL	5 ng/mL
<b>Methamphetamines</b>	Oral Fluid	50 ng/mL	20 ng/mL
<b>PCP</b>	Oral Fluid	10 ng/mL	1 ng/mL
<b>Breath Alcohol Test</b>	Breath	0.00	0.00

*pg/mg = picogram per milligram of hair  
ng/mL = nanogram per milliliter of urine*

- i. Conduct specimen validity testing via creatinine testing on all samples and specific gravity, PH, oxidants when needed.
2. **Electronic Chain of Custody:** The IMS shall generate a legally defensible electronic chain of custody that fully integrates patient demographic data (name, gender, age, case manager, etc.) and tracks the specimen during all phases of the testing process.
3. **Results Reporting:** The Provider shall report all test results and related information via the IMS. Specifically, the Provider shall:
  - a. Report test results for urine and oral fluid on the next business day. Test results for hair and bloods specimens shall be reported within five business days;
  - b. Segment results and test data by supervising case manager;
  - c. Conduct data analysis on specimen results to discern new use from residual use;

- d. Assist with results interpretation; and
  - e. Provide consultation and results interpretation in-person and/or via teleconference on an as needed basis.
4. **Information Reporting:** The IMS shall provide the Court with program analytics that aid the Court in data analysis and report generating functions. Reports shall be sortable by supervising officer and at a minimum shall include:
- a. Detailed and summary results;
  - b. Individual test reports;
  - c. Patient test history;
  - d. An overview all testing activities; and
  - e. Detailed views of the historic and future testing calendars, among others.

*Information contained herein has been provided directly by Averhealth.*