

GREENE COUNTY ADULT TREATMENT COURT



Participant Handbook

31st Judicial Circuit

Overview

Treatment courts are problem-solving courts that use a combination of accountability, treatment and other services to support and compel drug-using or drug-involved offenders to change their lives. The Judge, a prosecutor, a defense attorney, probation officers, law enforcement officers, mental health specialists, social service case managers and substance use disorder treatment communities work together as a team to help offenders find restoration in recovery and become productive citizens.

The **minimum** amount of time it will take to complete this program is **18 months**. You will attend court on a regular basis in order to discuss your case with the Adult Treatment Court Judge and team. The number of times you must appear depends on the phase that you are in as well as when otherwise required by the Judge or other team member. As a participant, you will be expected to follow the instructions given by the Judge and comply with the treatment plan that will be developed by your treatment team after consideration of your input. You will receive incentives or sanctions according to how well you have followed the rules of the program.

Eligibility Criteria

To be eligible to participate in Adult Treatment Court, the applicant must meet the following criteria:

- Complete an *Application for Entry to the Treatment Court Program*;
- Be a Greene County resident. A defendant who resides in a county other than Greene may be accepted into Greene County Treatment Court if there is sufficient funding for treatment services, the court has the ability to provide adequate community supervision and the defendant is able to complete all court requirements;
- Be 17 years of age or older;
- Be charged with or convicted of a felony or serious misdemeanor and admit to having a substance abuse problem or addiction and want treatment, or:
 - The defendant tests positive at the time of arrest, or
 - The defendant's attorney, family, or friends report drug usage, or
 - The charge is drug related;
- Understand and meet the requirements of treatment court, including but not limited to travel requirements as well as attending all treatment, probation and court dates;
- Be willing to sign the *Consent to Abide by the Conditions of the Treatment Court Program* and *Authorization for Disclosure of Confidential Information* and abide by the conditions set forth therein;
- A Risk and Needs Triage (RANT[®]) assessment screening indicates that the defendant does have a serious addiction and the defendant receives an overall RANT[®] score of High Risk/High Need (Quadrant 1) or High Risk/Low Need (Quadrant 3).

Court Attendance

- Always be on time and dressed appropriately for court;
- Be prepared to discuss your progress with the Judge;
- Complete all tasks as ordered and bring proof of completion;
- Leave food and drink outside the courtroom;

- Turn off cell phones and pagers.

Phases of the Treatment Court Program¹

	Phase I	Phase II	Phase III	Phase IV	Phase V
Minimum Length	2 months	3 months	3 months	4 months	6 months
Court Appearances	Twice a month	Twice a month	One time per month	One time per month	One time per month
Probation Officer Meeting	Weekly	Two times per month	Two times per month	One time per month	One time per month
Drug & Alcohol Testing	Daily call-in 1-3 tests per week	Daily call-in 1-3 tests per week	Daily call-in 1-3 tests per week	Daily call-in 1-3 tests per week	Daily call-in 1-3 tests per week
Treatment (Individual & Group)	As prescribed	As prescribed	As prescribed	As prescribed	As prescribed
Community Support Groups	Not required	One time per week	Two times per week	Two times per week	Two times per week
Employment	Not required	Seek and Obtain	Maintain	Maintain	Maintain
Days of Sobriety	14 days	30 days	45 days	60 days	90 days
Other	Complete a budget	Sign payment plan agreement	Pay as agreed	Pay as agreed	Pay as agreed

¹All program requirements are subject to change. Each participant will receive an individualized plan based on his/her own needs and progress.

Counseling and Probation Sessions

The Adult Treatment Court counselors employ treatment practices that have been proven to be effective. They understand that work and/or school are very important to building a life after treatment court. You must look at the Adult Treatment Court treatment and services as one of the **most** important things you do; to be successful you need to attend all scheduled individual and group sessions, as well as all drug tests, probation appointments and court dates.

Your treatment counselor is a member of your Treatment Court team. Each week the Judge and other team members will meet to discuss your progress in treatment. They will discuss your attendance, participation and cooperation in the treatment program. The treatment counselor is obligated to report to the Judge and the other team members when you miss counseling sessions or behave in a way this is disruptive or harmful to other people attending treatment.

Your counselor and your probation officer will work with you to develop a plan so that you will always know what you need to be working on in order to get your life back on track. Please note the following:

- If you miss a session, you will need to make up that session. If you must miss a session, call your counselor and probation officer to let them know why you need to miss a session.
- It is very important to attend and participate in every session. A pattern of missed sessions or lack of participation will result in a response.
- You may be ordered to pay for missed appointments.

- **Rude or disrespectful behavior toward treatment staff will not be tolerated and will result in a response.**

Every Treatment Court participant is assigned a probation officer. Your probation officer will set up a schedule so you know when and how often you are supposed to report to the probation office and to court.

Your probation officer is also a member of your Treatment Court team. He or she will inform the Judge and the other team members how you are doing. The probation officer is obligated to inform the Judge and the rest of the team when you commit a violation of the rules. Please note the following:

- The probation officer is considered an “arm of the court”. You will follow the directive of your probation officer just as if the Judge had directed you to do something.
- **Rude or disrespectful behavior directed toward your probation officer will not be tolerated and will result in a response.**

Drug and Alcohol Testing

The Greene County Treatment Court uses both regular and random drug/alcohol screening throughout the program. Primarily, the program uses daily random drug and alcohol testing based on a call-in system. You will be assigned a participant specific Personal Identification Number (PIN) and given a phone number to call **every day, including all weekends and holidays**, to see if you are scheduled to test that day. If your assigned PIN is selected to submit a random drug test, you will need to report to Tomo Drug Testing, located at 811 E. Division, Suite 100, Springfield, MO, for drug testing. The drug testing agency and its location is subject to change. If a change occurs, you will be notified.

Tomo Drug Testing conducts drug and EtG (alcohol) testing for the Treatment Court. When you start the Treatment Court program, your probation officer will give you written instructions on when and where to report for drug testing and what to expect. Sometimes your probation officer may decide to give you a BAC or drug test at the probation office or during court.

Failure to call, failure to report for drug testing, failure to admit to drug use prior to drug testing, and/or failure to submit to drug testing will result in a response. You have the right to witness all testing and to be made aware of the results. You have a right to request confirmation testing. If the specimen is confirmed positive, the court will assess a \$100 fee to your participant fee account. If the specimen is confirmed negative, the court will incur the costs associated with the additional confirmation laboratory testing. Please note the following:

- Drug testing is on a random schedule – you will never know when you will be asked to test.
- You will be required to follow Tomo’s testing procedures.
- You will be observed when you give a urine sample.
- A “positive” test, also called a “dirty” test, means that your urine has tested positive for drugs and/or alcohol. A “positive” urine test will result in an immediate response that may include time in jail.

- You may be sanctioned if you miss a drug test because you forgot to call-in, you arrived at Tomo after they closed, you forgot to go to Tomo, you could not provide a sufficient sample for testing, or you provide or attempt to provide a diluted sample.
- **Rude or disrespectful behavior directed toward Tomo staff will not be tolerated and will result in a response.**

Program Responses

Responses to Behavior	
Achievements	Responses
<ul style="list-style-type: none"> • Attending court appearances • Negative drug test results • Attendance and participation in treatment • Attendance and participation in support meetings • Completion of GED/HiSET • Compliance with treatment plan 	<ul style="list-style-type: none"> • Recognition by the Judge • Courtroom recognition • Certificate of Achievement • Decreased court appearances • Phase advancement • Program graduation • Gift cards or activities (as funding permits)
Choices	Responses
<ul style="list-style-type: none"> • Missed court appearances • Missed appointment with treatment provider, PO, case manager, etc. • Missed support meetings • Positive drug test, missed drug test, tampered drug test • Inappropriate behavior at treatment facility • Termination from treatment for non-compliance 	<ul style="list-style-type: none"> • Reprimand from the Judge • Increased court appearances • Increased drug testing • Present phase demotion or programs (MRT, etc) • Community service hours • Essay presented to the Judge • Jail sanction • Court Ordered Detention Sanction (CODS) • Termination from the program

Program Fee

All Missouri Treatment Courts are mandated to charge a fee that helps pay for substance use treatment and drug testing. Each participant must pay a program fee of \$2,500. Each participant must pay as directed by the Court. Participants will not be held back in their phase due to financial hardship. These cases will be discussed by the treatment court team on a case by case basis.

You will be required to prepare a financial budget and develop a payment plan to pay your Adult Treatment Court fee and other court costs. The court will work with you to develop a plan for fee payments. If you are behind on fee payments when you begin Phase V, you must schedule a hearing with the Judge to explain your failure to pay and present a plan on how the fees will be paid prior to graduation. The fees must be paid in full prior to graduation. **Keep all receipts and never give your fee payment to a team member or another participant and ask them to make the payment for you.**

If you leave or are terminated from the program, you will forfeit any money paid toward the fee. Fee payments will be reported to the judge as part of your regular progress report. In addition to the program fee, you may incur treatment-related costs.

Termination from Treatment Court

Recognizing that felony offenders in treatment court have serious alcohol/drug dependencies or addictions and/or criminal behaviors and present a serious risk to the community, the treatment court team will make every effort to engage the offender in treatment and services.

In ordering a participants' termination from the program, the Court will consider factors such as the nature of the violation, duration in the program, previous violations, criminal history, participants' desire to achieve sobriety as evidenced from their actions, among other factors. The team may recommend termination from the program when there is:

- Continued non-compliance with program expectations;
- The commission of an offense that puts participants or team members at risk or serious physical harm;
- A finding that the participant is dealing drugs, especially to other participants;
- Assaultive, threatening or abusive behavior toward any participant or team member.

A participant who is subsequently diagnosed with a physical or mental condition that renders him/her unable to comply with the program requirements may be administratively discharged from the program.

Graduation Requirements

Upon your successful completion of the Treatment Court program, you will graduate. You will be moved from intensive supervision to a period of traditional probation. The duration of the probation is at the discretion of the sentencing judge or the Prosecuting Attorney, who may choose to place you on a short probation period or release you from probation supervision. Prior to graduation you **must** complete an exit interview. To graduate you must have achieved the following:

- Attend all court appearances and appointments with the treatment provider, supervising program officer and drug testing agency;
- Development of an aftercare plan;
- Minimum of 90 days of sobriety;
- Consistency in complying with the terms of the treatment plan;
- Stable housing;
- Stable employment – a participant may be exempt from this requirement based on physical or mental health conditions or other extenuating circumstances;
- Completion of community service;
- Completion of GED/HiSET – a participant may be exempt from this requirements based on physical or mental health conditions or other extenuating circumstances;
- Engagement in community support groups (AA/NA or other groups), if appropriate;
- All fees, restitution, and fines paid in full.

Confidentiality

Your identity and privacy will be protected consistent with Missouri law. In response to these regulations, policies and procedures have been developed which guard your confidentiality. You

will be asked to sign an *Authorization for Disclosure of Confidential Information* authorizing the transfer of information among all participating agencies as well as *Consent to Abide by the Conditions of the Treatment Court Program*. The Consent allows team members to access medical and other records of care and services that may impact your participation in the program. Team members will never reveal information to family members, friends, or the public without written consent.

TREATMENT COURT RULES

1. Totally abstain from the use of alcohol and illegal drugs. This includes medications, mouthwashes or other substances that may result in a positive urine or breathalyzer test.
2. Inform all treating physicians that you are a recovering addict and may not take narcotic or addictive medications or drugs.
3. Attend court sessions and treatment sessions as scheduled, submit to random alcohol and drug testing, remain clean and sober and law abiding.
4. No association with people who use or possess drugs or alcohol.
5. No possession of any weapons while in the Treatment Court program; you must disclose the presence of any weapons possessed by anyone else in the household.
6. Keep your probation officer, case manager, and treatment provider informed of your current address and phone number at all times.
7. Dress appropriately for court and treatment sessions: a shirt or blouse or clean t-shirt, pants, dress or skirt of reasonable length. Shoes must be worn at all times. Clothing bearing violent, racist, sexist, drug or alcohol-related themes or promoting or advertising alcohol or drug use is considered inappropriate; NO hats, NO shorts, NO gang attire, NO tank tops or halter tops.
8. **Remember**, when you are in Court, turn off cell phones, do not chew gum, and if your child is causing a disturbance, take the child into the Court entryway.
9. Be quiet in Court and when it is your turn to talk to the Treatment Court Judge, call him or her “**Judge**” or “**Your Honor**”.
10. Abide by all other rules and regulations imposed by the Treatment Court Team.

Important Information

Name of Probation Officer _____

Telephone Number for Probation Officer _____

Day I Meet with PO _____

Name of Treatment Counselor _____

Telephone Number of Treatment Counselor _____

Testing call-in number and PIN _____

Drug Testing Facility Address _____

Day and Time to go to Court _____

Greene County Treatment Court
APPLICATION FOR ENTRY

All questions must be answered in order to process your application

Your Attorney's Name: _____ **Date:** _____

NAME: (Last) _____ (First) _____ (MI) _____

Maiden/Alias: _____ Social Security # _____

Age: _____ Birth date: _____ Birth place: _____ Male/Female

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

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Message: _____

Marital Status: Single / Married / Divorced / Cohabiting / Widowed

Name of Spouse/Significant Other: _____

Living Arrangements: Rent / Own / Live with Family or Friends / Homeless

Are you a Veteran of the United States Armed Forces? Yes / No Branch: _____

Please list **everyone living in the same home as you, including children.**

Name	Relationship	Age	Male/Female
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you have children, but do not have custody of them, who does have custody and do you exercise regular visitation with them? _____

Are you making child support payments? Yes / No / Not Applicable

Did you graduate from high school? Yes / No Last Grade Completed? _____

Do you have a G.E.D.? Yes / No

Any College? Yes / No Do you have any technical or vocational training? Yes / No

Are you currently employed? Yes / No Where? _____ How long? _____

Full Time or Part Time? _____ Hourly rate of pay? _____

Current total monthly income: _____

Are you currently receiving any public assistance? Yes / No What type? _____

Public Assistance includes: Child Support, Food Stamps, WIC, Alimony, VA Assistance, TANF, SSI, SSD, Medicaid

Please list your normal work schedule:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Sunday: _____

Emergency Contact / Medical Information / Substance Use Information

Name of emergency contact: _____ Relationship to you: _____

Home Phone: _____ Work Phone: _____ Message: _____

Address: _____ City: _____ State: _____ Zip: _____

Your Primary Care Physician: _____ Phone: _____

Health Insurance: _____ ID Number: _____ Group Number: _____

Are you currently being treated by a physician? Yes / No
Reason: _____

Are you currently pregnant? Yes / No

Have you ever been treated for depression or an anxiety disorder? Yes / No
When: _____

Have you ever been diagnosed as mentally ill? Yes / No
When: _____ Diagnosis: _____

Have you ever attempted suicide? Yes / No

Have you ever been a victim of domestic violence? Yes / No

Have you ever received substance abuse treatment? Yes / No
When: _____ Where: _____

Do you consider yourself to be handicapped or suffer from any type of disability? Yes / No
If so, what form? _____

Please list all medications, prescribed and over-the-counter, that you are currently taking: _____

What is your current drug(s) of choice? **Circle all that apply**
Barbiturates, Methamphetamine/Amphetamines, Hallucinogens, Opiates, Prescription Drugs, PCP, Ecstasy, THC, Cocaine, Alcohol, Other: _____

Is there a family history of drug or alcohol abuse? Yes / No

Does anyone currently living in the same home as you use drugs or alcohol? Yes / No

How old were you the first time you used alcohol? _____ Drugs? _____

When was the last time you used alcohol? _____ Drugs? _____

Have you ever been on probation or parole? Yes / No

Is anyone living with you currently on probation or parole? Yes / No

Do you have a valid driver's license? Yes / No

Applicant Signature: _____ Date: _____

Printed Name: _____