

IBERIA PARISH DWI COURT OUTPATIENT CLINIC

A DWI COURT TREATMENT PROGRAM

16TH JUDICIAL DISTRICT COURT
PARISH OF IBERIA
NEW IBERIA, LOUISIANA



POLICY & PROCEDURE MANUAL

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IBERIA PARISH DWI DRUG COURT OUTPATIENT CLINIC
POLICY & PROCEDURES MANUAL

INTRODUCTION

The Iberia Parish DWI Court Outpatient Clinic began operation on October 1, 2008 as a DWI treatment court program and serves the Parish of Iberia with a population of 74,000. The court is located in New Iberia, Louisiana and the Clinic is located in New Iberia, Louisiana, at 211 B West St. Peter Street. The Clinic's phone number is 337-560-1666 and the fax number is 337-560-4891. Our e-mail address is mvidallier@ip-dc.org

Honorable Gerard B. Wattigny, District Judge was instrumental in the planning and implementation of this program for the 16th Judicial District Court. As of this writing, he is the Judge for DWI Court and drug court Judge for both the adult and juvenile Drug Court programs. This manual addresses the policies and procedures of the DWI court program.

When Judge Wattigny began to assemble the team for the DWI court program, he called upon Lars Levy, the Administrator for the adult, juvenile, and reentry Drug Court Program in St. Mary and Iberia Parish to coordinate the treatment component of the program. Since that time, they have worked together, along with members of the District Attorney's Office, Probation, Indigent Defenders' Office and the community police agencies to form a coalition to target and treat chemically addicted offenders in the 16th Judicial District of Louisiana.

This effort would not be possible without the help of the Louisiana Highway Safety Commission (LHSC). The Iberia Parish DWI Court Outpatient Clinic is a not for profit agency that provides treatment for individuals diagnosed with chemical dependency or those that have been convicted of a DWI. Iberia Parish DWI Court Outpatient Clinic operates under the licensing standards set forth by the Louisiana Department of Health & Hospitals. This manual is not an attempt to duplicate the Licensing Standards Manual, it is merely to address the policies specific to operating a treatment component of a DWI court program.

MISSION STATEMENT

It is the belief of The Iberia Parish DWI Court Team that the criminal justice population has a substance abuse problem (including alcohol); that is the primary factor in the causation of crime within Iberia Parish and the 16th Judicial District of Louisiana. The Iberia Parish DWI Court Team will provide judicial monitoring, legal support from the District Attorney and Defense Bar, intensive outpatient substance abuse treatment, supervision through probation and parole, and the support of Law Enforcement with the objective of reducing the rate of incarceration in Louisiana along with the goal of enabling clients to free themselves of addictive disorders.

PROGRAM PHILOSOPHY

Alcoholism and drug dependency are regarded as diseases with multiple causation, which may involve emotional, physiologic, environmental and maladaptive factors. The Iberia Parish DWI Court Outpatient Clinic is an outpatient program for the rehabilitation of chemically dependent adults who are referred by the 16th Judicial District Court.

The philosophy of the program is that, utilizing appropriate adaptive mechanisms, availing oneself of the resources of family, friends, community and treatment, and also structuring a suitable recovery environment, all people would be capable of living free from abuse of dependency of alcohol or other drugs. The Iberia DWI Court Outpatient Clinic is designed to mentally and emotionally rehabilitate most patients within a treatment period structured to meet their individual needs so that they should be able to successfully participate in outpatient treatment free from alcohol and other drugs. The treatment modalities used to accomplish this is the concept that is similar to the methods used by most recognized programs for substance abusers. Involved is the utilization of group, individual and family therapy, the self help programs of AA/NA and case management in a structured and disciplined environment.

For those patients, who because of their long history of substance abuse involvement, experience withdrawal symptoms severe enough to interfere with daily living, referral to a detox facility, whether social or medical, are performed. Clients unable to maintain sobriety while participating in the program may require referral to an inpatient facility in order to provide some stability in which to cope with their substance dependency.

PART I

A. INCEPTION

The Iberia Parish DWI Court has been in practice since October 1, 2008.

B. THE DWI COURT TEAM

The Judge is the “leader,” he/she oversees the entire program. He/she works with all other players from admission to discharge. He/she monitors progress of clients, meets with clients on a regular basis at status hearings. The Judge has the final word on sanctions and incentives.

The District Attorney or Assistant District Attorney assigned to DWI court meets regularly with all staff to discuss client issues and attends status hearings. He/she refers all clients for admission. He/she recommends appropriate sanctions for non-compliance. He/she monitors probation officers and police officers to assure compliance with court instructions.

The Indigent Defender or client’s personal attorney meets with clients prior to admission to advise on program criteria and expectations. He/she also helps clients discern whether the program is appropriate for their particular case. He/she advises clients regarding the consequences of failure to complete the program. He/she is present at time of pleading and revocation. He/she also addresses legal issues should they arise during client’s participation.

The Police Liaison acts as a conduit between the Court and treatment provider, working with all parties to assure client compliance. He/she works closely with the Judge, relaying information obtained in the field such as; client’s home environment, work environment and places frequented by the client that may constitute an obstacle to maintaining sobriety. The liaison also follows up on any bench warrants issued and communicates daily with all community police agencies to monitor any re-arrests of participants.

The Administrator is responsible for the treatment component of the program. He/she supervises the Program Director and all administrative functions of treatment for the 16th Judicial District DWI Court including financial and budgetary responsibilities

The Program Director reports to the Administrator. He/she is responsible for the day-to-day operations of the Clinic including the training and supervision of all counseling staff. He/she is also responsible for the supervision and training of the drug testing component as well as the case management staff. He/she attends all staff meetings and status hearings. He/she directs activities and reporting to ensure quality and care to all clients.

The Primary Counselor is responsible for facilitating the client’s recovery through intensive outpatient treatment. The treatment will include education in chemical dependence and relapse prevention. The methods used will include individual and group therapy sessions. The counselor will be responsible for maintaining accurate and complete case records on each client. He/she will attend status hearings, when possible and make recommendations to the court with

regard to appropriate sanctions and incentives and phase advancement or demotion.

The Case Manager is involved in screening clients for admission and once accepted, begins to address client needs for ancillary services. These services include: medical, educational, and employment needs. They may also include detox and/or inpatient treatment. He/she also follows up on the status of client when referred to another facility. The case manager also prepares reports and maintains client records relating to employment and medical testing. The Case Manager is responsible for compiling all of the data that is presented at each status hearing. This status report lists each person on that day's docket, what happened at the last court appearance, what the current status of the client is in treatment, recommendations based on client's participation, and tracks what happens at the current status hearing. This report is given to the Judge, the Assistant District Attorney, Probation Officer, and treatment provider. The report is also used in the staff meeting prior to the status hearing.

C. OTHER SUPPORTIVE TEAM MEMBERS

The Probation Officer screens all candidates and makes referrals for assessment by the treatment provider. Once client is admitted, probation collects all fees due to the court, monitors any sanctions rendered by the court, i.e.: community service. The probation officer meets weekly with treatment staff to monitor client participation. He/she is available daily should problems arise. He/she is assigned exclusively to the drug court program. He/she reports to the court on a regular basis concerning status of clients and attends all status hearings.

The Support Staff can include Licensed Practical Counselors, Licensed Social Workers, Board Certified Substance Abuse Counselors, Lab Technicians, an Administrative Manager, Van Driver, Contract Therapists, and Psychiatrist and Clerical employees. This support staff is limited to the budgetary means of the program

The Evaluator will do an independent process and outcome evaluation. At the time of this writing, the program is beginning to identify an evaluator and is collecting monthly data to evaluate the effectiveness of the program. The program also compiles data such as the Addiction Severity Index at intake and again at completion of the program.

PART II

A. ELIGIBILITY SCREENING

ARREST

The probation officer assigned to the DWI Court by the District Attorney's Office screens defendants when possible or within 48 hours of arrest. The admission criteria established by the District Attorney's Office is designed to identify those individuals who qualify for the intensive outpatient treatment the program demands. This criterion is outlined in the section titled "Admission Criteria."

REFERRAL

Referrals from any one of the following sources: 16th Judicial District Court, local city court jurisdictions, or self-referrals. The Iberia Parish DWI Court and the District Attorney's Probation Department then screen all referrals for eligibility.

The attached chart shows the progression of the defendant from arrest to admission.

B. CRITERIA FOR ADMISSION

- ! Adults age 17 and older with a history of alcohol abuse or drug abuse and a DWI conviction.
- ! The court will consider a DWI first offense with a .15 blood alcohol content at time of arrest and DWI second offenses.
- ! Persons charged with misdemeanor or felony crimes with a conviction for a crime of violence, gang affiliation or significant or substantial drug dealing will not be considered.
- ! Criminal history may include crimes other than drug charges.
- ! When the arrest is for drug possession the amount must be consistent with personal use.
- ! The defendant must not have holds from other jurisdictions.
- ! A weapon cannot be used in the commission of crime.
- ! All admissions must have prior screening and approval by the District Attorney's Office.

C. TREATMENT SCREENING

Prior to admission, after initial screening by the District Attorney's Probation Officer assigned to the DWI court program, defendants submit to a screening process by St. Mary DWI Court Outpatient Clinic's Case Manager. Where indicated, release forms are signed and sent to previous treatment providers including mental health professionals. This information is assessed to determine appropriateness for treatment.

The forms utilized in the screening process are attached and listed below:

- § 5a - Intake Screening
- § 5b - MAST
- § 5c - South Oaks Gambling Screen
- § 5d - Consent for Drug Screen
- § 5e - Consent to Release Information to Court and its Officers
- § 5f – Driver Risk Inventory II

Once the above-mentioned forms are completed and scored, the Case Manager/Counselor consults with the Program Director or Clinical Supervisor on staff and a determination is made with regard to acceptance into the DWI court program. Much attention is made to be very inclusive as to admission procedures.

D. ARRAIGNMENT

The Indigent Defender or the defendant's personal attorney meets with prospective clients to inform them of their rights. The probation officer informs them of the expectations and requirements of the program. These requirements are outlined in the client handbook given to each client at intake. The requirements are listed in this manual in the section titled "Program Standards, Treatment Methods."

E. PLEA AGREEMENT

The defendant must plead guilty to the police report in order to be admitted into the DWI court program. The DWI Court Judge imposes sentencing and set aside post adjudication. Plea-ins takes place on Tuesday mornings at 9:00 AM. The defendant is issued an appointment card at court with an assigned counselor, time, and date to appear at the Iberia DWI Court Outpatient Clinic. The intake is done and treatment begins that day.

There is a 30-day opt out period for the court and 14 day opt-out period for the client. During this period, clients are continually assessed for appropriateness and motivation for treatment, monitored closely by probation and police liaison officer and begin a relationship with the DWI court judge. It is hoped that this close scrutiny will be a predictor of success. It also gives the client an opportunity to make the commitment to recovery based on first hand knowledge and experience of the program.

F. COURT CONSENTS

A “Consent to Release Information to Court and its Officers” form is completed by each client to allow communication about confidential information and participation and progress in treatment in compliance with 42 CFR, Part 2 and HIPAA.

PART III

A. PROGRAM STANDARDS

TREATMENT REQUIREMENTS AND METHODS

Alcohol and other drug abuse (AOD) treatment services will be provided by a multi disciplinary team which may include licensed practical counselors, licensed social workers, licensed addiction counselors, substance abuse counselors, a medical director who is a licensed physician, a psychiatrist, a program director or clinical supervisor, case managers and support staff when the budgetary means of the program support these services. The Iberia DWI Court Outpatient Clinic will comply with the regulations as set forth in the Louisiana Department of Health & Hospitals, Standards Manual for Licensing Alcohol and Drug Abuse Programs.

- < Assessment: To determine appropriate level of care and type of treatment recommended.
- < Referrals will be completed by the case manager utilizing state funded facilities and/or private programs where appropriate.

Should a client meet criteria for program admission as outlined on Page 8 “Eligibility Standards”, the following services will be performed when appropriate to that client’s treatment plan:

- < Intensive Outpatient: Clients will participate in group therapy at the clinic two times per week in Phase I, at least two times per week in Phase II, at least once per week in Phase III, and monthly group sessions in Phase IV, and at least one time weekly in Aftercare (optional). Each contact with clients in treatment will, regardless of Phase, last at least 1.5 hours in duration. Group sessions are scheduled during the evening to accommodate work and school schedules.
- < The provider agrees to provide 4 phases of treatment, each varying in length of stay and intensity. The course of treatment in all 4 phases will culminate in the successful completion of the treatment program after a minimum of 11 months. Each client is required to complete the tasks assigned to each phase of treatment. These phase advancement tasks are outlined in the client handbook that is given to the client at intake. The phase advancement tasks start on page 14.
- < Provider agrees to report to the 16th Judicial District Court and its officers on the status of all participants at the regularly scheduled status hearing and whenever requested. Treatment will provide an educational series of lectures consisting of topics including, but not limited to:

Relapse Prevention
Disease Concepts

Anger and Conflict Resolution
Vocational and Educational Enhancement
Relationship Skills
Family Dynamics
Parenting Skills
Cultural Issues
Cross Addiction
Spirituality
Prevention of Sexually Transmitted Disease
HIV Education
Women's Issues
Coping Skills
Gambling
Character Development
Program Orientation Series
Life Skills Training

- < The provider will provide individual therapy on an as needed basis as determined by the clinical staff and/or the client. The staff will make clients aware of this service and urge them to utilize it.
- < The provider agrees to offer family and relationships counseling each week. Education and therapy specific to the individual needs of the participants will be provided.
- < The provider agrees to provide case management services to clients in order to facilitate the utilization of available resources within the community
- < The provider will provide referrals for inpatient and/or detox treatment where indicated. When appropriate, clients may be referred for a psychological evaluation by a licensed psychologist. The clinic maintains a contract with its own psychiatrist depending on the budgetary means of the program. Pending the outcome of such an evaluation, clients may see by the staff or be referred for on-going treatment to St. Mary Mental Health or a private provider of such services. In the case of a co-occurring disorder client, the client may see the mental health counselor and/or caseworker, LPC or LCSW as well as their primary substance abuse counselor simultaneously.
- < The case manager will monitor all outside treatment until the client returns to the drug court program or is discharged.
- < Each client will receive a "client handbook" upon admission. The handbook outlines specific phase advancement tasks that are required to complete each phase. Client will attend Program Orientation Session with their primary counselor or case manager within 14 days of entering Phase I.

- < All clients are required to participate in either AA or NA groups independent of their regularly scheduled sessions at the clinic. This attendance is monitored by their primary counselor and reported at the status hearing.
- < The provider will perform urine drug testing on all clients throughout program participation on a random basis as described in Part IV of the manual. Color Codes and phone calls are used.
- < The provider will provide an aftercare (optional) component to clients that have completed all 4 phases of treatment. The length of time in aftercare will be determined on an individual basis after consultation between the primary counselor and the client. Attendance in aftercare is voluntary. All graduates are encouraged to enroll. Clients will attend weekly and drug testing is random.
- < Fees are assessed at intake and are based on the client's ability to pay. There are fines and fees that are due and payable to the District Attorneys' Office and are separate from treatment fees. All treatment fees are based on a sliding scale provided by the Louisiana Department of Health & Hospitals. In the event that a treatment fee is assessed, terms are agreed upon and payment commences within the first 30 days. All clients are charged for drug screens, regardless of income. Those fees are:

Phase I	\$10.00
Phase II	\$7.50
Phase III	\$5.00
Phase IV	\$5.00

- < Once a client becomes employed, their ability to pay is re-assessed and they may have a treatment fee. All clients are informed of this condition at intake.
- < All clients must submit to a yearly physical examination by a licensed physician. The clinic also conducts mandatory tuberculosis and VDRL testing. The clinic offers voluntary HIV and pregnancy testing to all clients.

B. CASE MANAGEMENT

All clients receive a chart number and charts are maintained in compliance with licensing standards set forth by the State of Louisiana, Department of Health & Hospitals.

Each chart includes the following, documentation can be found in the index:

- Family Attendance Calendar Log
- Client Termination & Discharge Summary
- Case Activity Form
- Emergency Information
- Client Data Sheet
- Patient Rights
- Drug Screen Consent
- Treatment Plans
- Client Contract
- Progress Notes
- Intake Form
- ASI
- Substance Abuse Evaluation
- MAST
- Gambling Assessment (SOGS)
- Driver Risk Inventory II
- Labs
- Medical Screening
- Doctor's Progress Note
- Referral Form
- Phase Advancement Checklist
- Court Reports
- Correspondence
- UA Log Sheet
- Urine Screen Results
- Group Therapy Rules
- Orientation Session
- Releases of Information
- Change of Address Form
- Consent For Blood Work and TB Testing
- Statement of Income
- Proof of Income

During the intake/assessment process, client needs are addressed by the case manager to determine appropriate referrals for ancillary services such as; health care issues, education and job training and placement. Referrals and appointments are scheduled; a follow up is done to monitor progress.

The case manager maintains these records, as well as any additional referrals for services including psychological evaluations and mental health appointments.

C. PHASE ADVANCEMENT TASKS

These are the Phase Advancement tasks that have been extracted from the client handbook.

PHASE I ADVANCEMENT TASKS

ATTENDANCE

Each client must complete 8 weeks (2 sessions per week total of at least 16 sessions) of Education/Experiential work as found on the lecture schedule. Failure to appear for these lectures (whether excused or unexcused) may affect a client's ability to advance to Phase II. Clients must attend 1 individual counseling session per month (with assigned primary counselor or case manager).

Clients are not allowed to miss groups, unless there is a medical reason for the absence. Any other reason for missing group must be pre-approved by your counselor. If you do not have a medical excuse or did not receive permission prior to your absence from group, the judge will impose sanctions.

MAINTAINING SOBRIETY/DRUG FREE STATUS

Any positive drug screen/breath test will result in sanctions and possibly delay advancement to Phase II.

Clients must remain sanction free for one month before advancing to Phase II.

Maintain all conditions of probation including curfew and drug areas as well as bars, casinos, etc. (This will be monitored by Compliance Officer).

AA MEETINGS

Clients must provide documentation of having attended 3 AA/NA meetings per week. AA sheets are due the *first* group meeting of each week. Clients may receive 1 signature from attending church. Clients must attend the entire meeting in order to receive credit for the meeting.

During Phase I, clients are encouraged to attend Open AA Meetings. *Open* AA Meetings are meetings that are open to the general public.

FAMILY ATTENDANCE

Clients are required to have family attend individual family sessions with the primary counselor or case manager as scheduled. Clients must have a minimum of 4 documented family group attendances in order to advance to Phase II. If you have trouble getting your family to attend, talk with your counselor to find ways to get your family involved. Family members must be **18 years old or older to attend**, unless pre-approved by your counselor.

You are not allowed to have a client currently enrolled in Drug Court attend Family Group Sessions on your behalf.

EMPLOYMENT/EDUCATION

Every client must get a full-time job or enroll in an educational program. Make an appointment with the Employment Case Manager for job referrals and educational placement. Clients are given one month to gain full time employment once entering the program. Clients are not allowed to work offshore or have an offshore-type of work schedule during Phase I because you need to attend meetings and be available for drug testing etc. Talk with your counselor about this if you need more information.

Clients needing to enhance their job performance skills may be referred to Job Readiness Class.

Clients going to school for less than 5 hours a day must attain a part-time job.

FEES

Clients must have a maximum balance of \$50.00 on their drug screen bill in order to advance to Phase II.

ASSIGNMENTS

1. Complete written work on an “*Alcohol and Drug History.*”
 - This assignment must be checked by your counselor and marked as completed on the group roster in order to be eligible to advance to Phase II.

PHASE II ADVANCEMENT TASKS

ATTENDANCE

Each client must complete 16 weeks (2 sessions per week total of at least 32 sessions) and all assigned random drug screens. Failure to appear for these sessions (whether excused or unexcused) will affect a client’s ability to advance to Phase III.

Clients must attend 1 individual counseling session per month (with your assigned primary counselor or case manager).

Phase II will last a minimum of 16 weeks~32 sessions.

Clients are not allowed to miss 2 groups in a row due to work, unless you are employed offshore. If you miss two groups in a row for work reasons, the judge will impose sanctions.

MAINTAINING SOBRIETY/DRUG FREE STATUS

Any positive drug screen/breath test will result in sanctions and possibly delay advancement to Phase III.

Clients must have at least 2 months drug-free or one month without any sanctions by the Judge in order to qualify for advancement to Phase III.

AA MEETINGS

Clients must provide documentation of having attended 3 AA/NA meetings per week. Your AA sheets are due the *first* group meeting of each week. Clients may receive 1 signature from attending church. You must attend the entire meeting in order to receive credit for the meeting. Clients will be expected to obtain a 12-Step (AA/NA) Sponsor during Phase II. Clients must turn in a *sponsor letter* once a month.

FAMILY ATTENDANCE

Clients are required to have family attend individual family sessions with the primary counselor or case manager as scheduled. Clients must have a minimum of 4-documented individual family session attendances in order to advance to Phase III. If you have trouble getting your family to attend, talk with your counselor to find ways to get your family involved. Family members must be **18 years old or older to attend**, unless pre-approved by your counselor.

You are not allowed to have a client currently enrolled in Drug Court attend Family Group Sessions on your behalf.

EMPLOYMENT/EDUCATION

Clients must keep a full-time job or be enrolled in an educational program. Your Employment Case Manager can help you with job referrals and educational placement. Clients may have offshore jobs or have an offshore-type work schedule after 6 weeks of continuous success in Phase II. Clients' offshore privileges, however, are based on their participation in the program. You must sign an Offshore Contract with your counselor stating you understand the rules of working offshore and the procedure for making up missed groups and AA/NA meetings. Clients must notify their counselors before going offshore. Upon return from offshore, clients must provide a valid work excuse and return to treatment. Be aware that the Judge may take away offshore privileges if a client is not progressing, not following his or her program schedule, or not making progress in treatment. The goal of treatment is to recover from alcoholism and drug dependence, while a job is an important part of recovery, it can never be allowed to overshadow treatment. Clients may only work an offshore schedule of 7&7 or 14&7.

Clients going to school for *less than 5 hours a day* must attain a part-time job.

FEES

Clients must have a maximum balance of \$50.00 on drug screens bill in order to advance to Phase III.

TREATMENT ISSUES

Each client will develop a plan for his/her recovery with the help of a Counselor or case manager. This plan will include short-term goals for each client's specific needs and plans. A minimum of 3 short-term goals must be identified and completed in order to advance. The Counselor will help the client in honestly identifying these goals.

Maintain employment or school attendance (this will be monitored by Case Manager).

Maintain all conditions of probation including curfew and drug areas as well as bars, casinos, etc. (This will be monitored by Compliance Officer).

ASSIGNMENTS

1. Present "*Alcohol and Drug History*" in group.
2. Complete written work on "*Consequences I've paid due to my use of alcohol and/or other chemicals*" and present in group.
3. Complete written work on "*15 ways my alcohol and/or drug use has negatively affected my family or loved ones*" and present in group.
4. List "*Personal Defense Mechanisms*" and present in group.
5. Obtain "*12-Step Sponsor.*"
6. That sponsor will write at least one letter per month about the client and the client is responsible for giving that letter to his/her Counselor each month.
7. Complete and present "*Relapse Prevention Packet.*"
8. These assignments must be checked by your counselor and marked as completed on the group roster in order to be eligible to advance into Phase III.

PHASE III ADVANCEMENT TASKS

ATTENDANCE

Clients must attend 1 group counseling session per week and all assigned random drug screens. Failure to appear for these sessions (whether excused or unexcused) will affect a client's ability to advance to Phase IV.

Clients must attend 1 individual counseling session per month (with your assigned primary counselor).

Phase III will last a minimum of 12 weeks~12 sessions.

Clients are not allowed to miss 2 groups in a row due to work, unless you are employed offshore. If you miss two groups in a row for work reasons, the judge will impose sanctions.

MAINTAINING SOBRIETY/DRUG FREE STATUS

Any positive drug screen/breath test will result in sanctions from the judge and possibly delay advancement to Phase IV.

Clients must have at least 2 months of continuous sobriety or be one-month sanction free in order to progress to Phase IV.

AA MEETINGS

Clients must provide documentation of having attended 3 AA/NA meetings per week. You must attend the entire meeting in order to receive credit for the meeting. Clients may receive 1 signature from attending church.

Clients must turn in a *sponsor letter* once a month.

FAMILY ATTENDANCE

Clients are required to have family attend individual family sessions with the primary counselor or case manager as scheduled. Clients must have a minimum of 4-documented individual family session attendances in order to progress to Phase IV. If you have trouble getting your family to attend, talk with your counselor to find ways to get your family involved. Family members must be **18 years old or older to attend**, unless pre-approved by your counselor.

You are not allowed to have a client currently enrolled in Drug Court attend Family Group Sessions on your behalf.

EMPLOYMENT/EDUCATION

Clients must maintain full-time employment or enroll in an educational program. Clients going to school for less than 5 hours a day must attain a part-time job.

FEES

Clients must have a maximum balance of \$50.00 on their drug screen bill in order to advance to Phase IV.

TREATMENT ISSUES

Update a Plan of Recovery with a counselor to include *new* short-term goals individualized to each client's specific needs and plans. A minimum of 5 short-term goals must be identified and completed in order to advance. These goals are to be developed conjointly with the counselor and the client.

Develop a Continuing Care Plan with a counselor.

Maintain employment or school attendance (this will be monitored by Case Manager).

Maintain all conditions of probation including curfew and drug areas as well as bars, casinos, etc. (This will be monitored by Compliance Officer).

ASSIGNMENTS

1. Complete written work on *“My Identification of Relapse Warning Signs and Triggers”* and present in group.
2. Complete written work on *“My Specific Plan to Address my Relapse Warning Signs and Triggers”* and present in group.
3. Turn in a *“Sponsor Letter”* once a month.
4. These assignments must be checked by your counselor and marked as completed on the group roster in order to be eligible to advance into Phase IV.

PHASE IV ADVANCEMENT TASKS

ATTENDANCE

Clients must attend Phase IV for a minimum of 12 weeks and attend at least one group counseling session per month for a total of 3 sessions. After 12 weeks, clients are eligible to graduate. Until graduation, clients must still follow U/A procedures. Failure to appear for these sessions (whether excused or unexcused) will affect a client’s ability to graduate.

Clients must attend 1 individual counseling session per month (with your assigned primary counselor) and all assigned random drug screens.

Clients are not allowed to miss 2 groups in a row due to work, unless you are employed offshore. If you miss two groups in a row for work reasons, the judge will impose sanctions.

MAINTAINING SOBRIETY/DRUG FREE STATUS

Any positive drug screen/breath test will result in sanctions from the judge. If a client tests positive for drugs or alcohol, the judge will sanction the client by demoting back to Phase III.

Clients *demoted to Phase III* will be required to stay in Phase III for a minimum of one month. Client must complete the Phase III assignments, *“My Identification of Relapse Warning Signs and Triggers”* and *“My Specific Plan to Address my Relapse Warning Signs and Triggers”* before being eligible to return back to Phase IV. When promoted back to Phase IV, clients must restart the phase and complete the 12 weeks and 3 individual sessions.

Clients must have at least 3 months of continuous sobriety or two months without any sanctions from the judge in order to qualify for graduation.

AA MEETINGS

Clients will be required to have 3 AA Meetings weekly. You must attend the entire meeting in order to receive credit for the meeting. Clients may receive 1 signature from attending church. Clients must turn in a sponsor letter once a month.

FAMILY ATTENDANCE

Clients are encouraged to continue having family attend individual family sessions with the primary counselor or case manager if needed. Family members must be **18 years old or older to attend**, unless pre-approved by your counselor.

You are not allowed to have a client currently enrolled in DUI Court attend Family Group Sessions on your behalf.

FEES

All fees owed to probation for fees and fines and to the clinic for treatment or drug screens must be paid in full prior to being nominated for graduation.

TREATMENT ISSUES

Discuss with a counselor during monthly individuals how client's Continuing Care Plan is working. Make adjustments as needed.

Maintain employment or school attendance (this will be monitored by Case Manager).
Maintain all conditions of probation including curfew and drug areas as well as bars, casinos, etc. (This will be monitored by Compliance Officer).

ASSIGNMENTS

Develop Continuing Care Plan with a counselor. Clients must have their Continuing Care Plans approved by Program Director before being eligible for graduation.

PROGRAM COMPLETION

GRADUATION

A participant who has successfully completed all tasks assigned to each phase of treatment, as outlined in the “Phase Advancement Tasks” and has paid all fees owed to the courts, probation and treatment provider is eligible to graduate from the program. A graduation ceremony is held at the Iberia DWI Court Clinic in New Iberia, Louisiana, and certificates of completion and medallions are awarded to each graduate. The decision concerning probation dismissal and dismissal of charges (Article 893 for felony charges and Article 894 for misdemeanor charges) rests with the Court. Some graduates, although successfully discharged from the treatment component of the drug court program may remain on probation and dismissal of charges may come at a later date.

Graduates of our program are also encouraged to attend AA/NA meetings. Helping graduates maintain recovery after they leave treatment is an important goal at DWI Court. Clients should continue to readjust their behavior to the ongoing reality of a pro-social, sober lifestyle.

REVOCACTION

Once a participant has passed the initial opt out period, he/she may be unsuccessfully discharged from the drug court program due to the following conditions:

- < Re-arrest for a new crime, such as, a serious drug charge or commission of a violent crime, with or without a weapon.
- < A hold from another jurisdiction not previously discovered.
- < A pattern of failure to maintain sobriety.
- < Serious non-compliance with program rules.
- < A pattern of nonattendance to treatment and/or status hearings.

ANCILLARY SERVICES

The DWI court program relies heavily on outside services provided in the community. We have met with and continue to work with agencies to provide services for the client such as education, parenting, housing, medical services and job skills. The client’s needs are assessed at intake and appointments are scheduled to access those services. The Iberia DWI Court Outpatient Clinic has entered into cooperative agreements with the respective agencies. The agencies are listed in the section entitled “Qualified Service Organization Agreements.”

PART IV

DRUG SCREENING

The policy of the Iberia DWI Court Outpatient Clinic with respect to drug screening is based on a random color-coded system. Additional tests such as oral swabs are used with GCMS confirmation available.

A. RANDOM UA AND BREATH TESTING

Clients are given the UA line telephone number to call daily for their urine screen color. Each phase is given a color suiting to LHSC requirements for the randomness of its urine screens. Clients are given a color specific to their phase and/or counselor. Each client is given a handbook that outlines specific information for days and times to contact the UA line for urine screens and breath tests. Clients are also informed that they may be asked to provide a urine specimen or breath test on days when their color is not called. **Please note, any UA test will be accompanied by an alcohol breath test.**

Amount of times colors are called:

- Phase I—2-4 times per week
- Phase II—2-3times per week
- Phase III—1-3 times per week
- Phase IV—1-4 times per month

B. URINANALYSIS

During the screening at the Clinic, the defendant is required to submit a full panel drug screen and a breath test. A positive test result does not exclude a defendant, but is used to determine first course of treatment, which may be medical or social detox or inpatient care. Additional drug screening that may be used includes oral swabs (saliva testing) and breath tests. A recommendation is made to probation based on the results of the total screening.

This drug screen includes testing for the following drugs of abuse:

- | | |
|--------------------------|--------------------|
| ○ Amphetamines | ○ Marijuana |
| ○ Barbiturates | ○ Methadone |
| ○ Benzodiazepines | ○ Opiates |
| ○ Cocaine | ○ PCP |
| ○ Ethanol | ○ Soma |

C. ORDERING TESTS

Full panel drug screens or breath tests will be ordered on any prospective client that comes to the Clinic to be screened for admission to the program. Full panels and breath tests will also be ordered on every client entering the program and on clients that have been absent for a week or more. Any positive tests must be repeated at each testing until 2 consecutive negative screens or breath tests have been recorded. From that point on, only 2 panels should be ordered for each client being tested. These 2 panels should vary depending upon reasonable suspicion or client's drug of choice.

D. THE COLLECTOR

SECON provides the Iberia Parish DWI Court with a trained collector. A collector is a trained individual who instructs and assists a donor at a collection site, receives and makes an initial inspection of the urine specimen or breath test provided by a donor and initiates and completes the Drug Testing Chain of Custody Form.

A collector should have appropriate identification. The collector is required to provide his or her identification (or collection company identification) if requested by the donor. There is no requirement for the collector to have a picture I.D. or to provide his or her driver's license with an address. Also, the collector is not required to provide any certification or other documentation to the donor proving the collector's training in the collection process.

E. COLLECTION SITE

1. A collection site is a facility (permanent or temporary) where a donor provides a specimen for a drug or drug test. A collection site must have:
2. A restroom/stall with a toilet for the donor to have privacy while providing the urine specimen. The presence of a toilet is not absolutely necessary when a single-use collection container is used that has sufficient capacity to contain the entire void. Whenever available, a single toilet restroom is preferred. All types of restrooms including a mobile facility (e.g., a vehicle with an enclosed toilet) are acceptable.
3. A source of water for washing hands that, if practical, is external to the restroom/stall where urination occurs. If a water source is not available, providing a moist towelette outside the restroom/stall is an acceptable alternative.
4. Security features to prevent unauthorized access to the site during the collection.
5. Clients will be admitted into the clinic and the collection area in a controlled manner. Only 5 clients per staff member will be permitted at any one time in the collection area.

6. Features to prevent the donor or anyone else from gaining unauthorized access to the collection materials/supplies. The collector must ensure that the donor does not have access to items that could be used to adulterate or dilute the specimen (e.g., soap, disinfectants, cleaning agents, water).
7. Features to provide for the secure handling/storage of specimens from collection until shipment.

F. COLLECTION SUPPLIES

The following items must be available at the collection site to conduct proper collections:

1. Single-use plastic collection containers. Each collection container must be individually sealed using a tamper-evident system (such as, sealed plastic bag, shrink wrap, or another easily visible tamper-evident system), be large enough to easily catch and hold at least 55 mL urine, and have graduated volume markings clearly noting levels of 45 mL and above.
2. Single-use plastic specimen bottles. Each specimen bottle with cap must be sealed using a tamper-evident system (such as, sealed plastic bag, shrink wrap, or another easily visible tamper-evident system), be large enough to hold at least 35 mL (or they may be two distinct sizes of specimen bottles providing that the bottle designed to hold the primary specimen holds at least 35 mL of urine and the bottle designed to hold the split specimen holds at least 20 mL), have screw-on or snap-on caps that prevent leakage, have markings clearly indicating the appropriate levels (30 mL for the primary specimen and 15 mL for the split specimen) of urine to be poured into each bottle, be designed so that the required tamper-evident bottle label/seal on the CCF fits with no damage to the seal when the employee initials it nor with chance that seal overlap would conceal printed information, and be leak-resistant.
3. Drug Testing Chain of Custody Forms (CCF).
4. Tamper-evident seals. Occasionally, the tamper-evident label/seal provided with the CCF will not properly adhere to the specimen bottle because of environmental conditions (e.g., moisture, temperature, specimen bottle material). If this occurs, the collector should have a separate tamper-evident label/seal that can be used to seal the specimen bottle.
5. Leak-resistant plastic bags. The plastic bag must have two sealable compartments or pouches (i.e., one large enough to hold two specimen bottles and the other large enough to hold the CCF).

6. Absorbent material. The absorbent material is placed with the specimen bottles inside the leak-resistant plastic bag in case a specimen bottle leaks during shipment.
7. Shipping containers. Boxes or bags that are used to transport specimens to the laboratory and can be securely sealed to prevent the possibility of undetected tampering. A shipping container/mailed is not necessary if a laboratory courier hand-delivers the sealed leak-resistant plastic bags containing the specimen bottles directly from the collection site to the laboratory.
8. Secure temporary location. If the sealed leak-resistant plastic bag containing the specimen bottles is not immediately placed in a shipping container, the sealed plastic bag must always be maintained within the line of sight of the collector to ensure that no one has access to the specimen until it is placed in a shipping container or it must be placed in a secured temporary location (e.g., inside a refrigerator that can be secured, inside a cabinet that can be secured). If the collector always places the sealed plastic bags immediately into shipping containers, there is no need to have a secure temporary location available at the collection site.

G. DRUG TESTING CHAIN OF CUSTODY FORM (CCF)

All urine specimens must be collected using chain of custody. Chain of custody is the term used to describe the process of documenting the handling and storage of a specimen from the time a donor gives the specimen to the collector to the final disposition of the specimen. SECON provides the chain of custody. The chain of custody form is completed by the DWI court staff and provided to the SECON staff during time allotted for client urine screens.

H. COLLECTION PROCEDURE

The following steps describe a typical urine collection procedure. **PLEASE NOTE THAT A BREATH TEST WILL ALSO BE TAKEN AT THIS TIME.**

STEPS

1. The collector prepares the collection site to collect urine specimens. All collection supplies must be available, the area properly secured, water sources secured, and bluing agent placed in all toilets.
2. The collector begins the collection without delay after the donor arrives at the collection site.

Note: Do not wait because the donor is not ready, is unable to urinate, or an authorized employer or employee representative is delayed in arriving.

3. The collector requests the donor to present an acceptable form of identification as described above.
4. The collector reviews the instructions on the CCF with the donor.
5. The collector begins entering information and/or ensures that the required information is provided at the top of the CCF (the laboratory name and address and a pre-printed specimen ID number) and in Step 1 of the CCF (employer's name, address, and I.D. number (if applicable), donor SSN or employee ID number, reason for test, drug test to be performed, collection site information).
6. The collector asks the donor to remove any unnecessary outer clothing (e.g., coat, jacket, hat, etc.) and to leave any briefcase, purse, or other personal belongings he or she is carrying with the outer clothing. The donor may retain his or her wallet.
7. The collector directs the donor to empty his or her pockets and display the items to ensure that no items are present that could be used to adulterate the specimen. If nothing is there that can be used to adulterate a specimen, the donor places the items back into the pockets and the collection procedure continues.
8. The collector instructs the donor to wash and dry his or her hands, preferably under the collector's observation and must not wash his or her hands again until after delivering the specimen to the collector.

Note: The donor must not be allowed any further access to water or other materials that could be used to adulterate/dilute the specimen.

9. The collector either gives the donor or allows the donor to select the collection container from the available supply. Either the collector or the donor, with both present, then unwraps or breaks the seal of the collection container.

Note: Do not unwrap or break the seal on any specimen bottle at this time.

Note: Do not allow the donor to take anything except the collection container into the room used for urination.

10. The collector directs the donor to go into the room used for urination, provide a specimen of at least 30 mL.

Note: Pay close attention to the donor during the entire collection process to note any conduct that clearly indicates an attempt to substitute or adulterate a specimen.

11. After the donor hands the specimen to the collector, the collector must check the specimen volume, and inspect the specimen for adulteration or substitution.
12. The collector and donor complete the chain of custody form, seal the specimen, and prepare the specimen for shipping.

I. SHIPPING PROCEDURE

1. All specimens shall be prepared for shipping to the laboratory via overnight courier. The laboratory will provide the necessary shipping materials and air bills.
2. The laboratory will document receipt of each specimen delivered by the overnight courier.

J. LABORATORY PROCEDURE

1. The laboratory personnel accession the specimens, review the chain of custody forms for accuracy, and inspect the specimen seals to ensure integrity of the sample. If there are no discrepancies, the specimen is prepared for testing. If the specimen numbers on the CCF and the security seal do not match, or the CCF is improperly completed, or the security seal is broken, the laboratory will issue a “No Test” for this specimen.
2. The screening procedure used is immunoassay technology for the following five drug groups: cannabinoids, amphetamines, cocaine metabolite, opiates, and phencyclidine. In addition, to determine specimen integrity a urine creatinine concentration is assayed on all samples. If the creatinine is abnormal, the specific gravity is determined with a refractrometer and the color, clarity and odor are noted. These measures of specimen character constitute the adulterant test. Samples suspected of chlorine, gluteraldehyde or soap adulteration are also tested further
3. After each run, the analyst must review and sign the printout and aliquot chain of custody after determining the quality control acceptability. A “negative batch report” of each test specimen is generated from the host computer, followed by a review of the run data by another technologist. The certifying officer will review and sign the accompanying forms and enter the results into the computer. All suspect positive and adulterants are held in the computer to be released at a later time.
4. Positive screened specimens are held in frozen storage, and/or submitted to GC/MS confirmation testing, when requested.

K. RESULT REPORTING

Final reports are submitted by SECON via their website. Urine screen results are stored on their secure website and available for viewing daily.

L. POSITIVE RESULTS

Any client that has been identified as having provided a positive result is given the opportunity to admit or deny using alcohol or drugs. If the client admits to using, it is addressed therapeutically as part of the client's addiction and reported to the court for appropriate sanction. A review of the client's relapse prevention plan will be conducted. A decision will be made as to whether the client is in need of referral for services outside the scope of this clinic, such as detox, inpatient treatment, or halfway house placement.

If the client denies using he or she is offered the opportunity to have the sample in question sent to the state contracted lab for GC/MS confirmation testing. The Judge offers the client the opportunity to have a GC/MS performed.

M. GCMS TESTING

The Iberia Parish DWI Court Outpatient Clinic recognizes that samples are not confirmed positive until tested and confirmed by GC/MS testing procedures. All positive results are presumptive until the judge orders GC/MS testing and the client pays the fee for the GCMS to be performed.

The prices for **GCMS Testing** are as follows:

\$25.00	Alcohol	\$25.00	Marijuana
\$25.00	Barbiturates	\$30.00	Amphetamines
\$25.00	Benzodiazepines	\$50.00	Opiates
\$25.00	Cocaine	\$52.00	Soma

Positive urine samples will remain under the control of the Lab Tech once they are collected for up to 6 months.

Every effort must be made to avoid the possible risk of contamination of any sample to be tested. Should contamination be suspected, the sample in question will be disposed of and any results derived from sample will be disregarded and deleted from the clients' record.

N. CUTOFF LEVELS

The cutoff levels established are those that have been agreed to with Louisiana Reference Labs (or other state contracted independent lab) as being detectable by GC/MS confirmation testing at the lowest levels possible in accordance with the "zero tolerance" policy of the drug court

philosophy.

Amphetamines	500 ng/ml	Ethanol	20 mg/dl	Opiates	300 ng/ml
Barbiturates	200 ng/ml	Marijuana	50 ng/ml	PCP	25 ng/ml
Benzodiazepines	200 ng/ml	Methadone	300 ng/ml	Soma	100 ng/ml
Cocaine	150 ng/ml				

O. ADULTERATED SAMPLES

Any client suspected of providing adulterated samples will be asked to provide a second sample immediately. If the results of the second sample differ significantly from the results of the first sample, a third sample may be requested. Once all test results have been obtained, the client may be cleared of suspicion or face sanction for this violation.

P. INFECTION CONTROL

Any staff member involved in the collection, handling and testing or has contact in any way with urine specimens is required to wear protective gloves while working in this environment. In the event that a urine specimen comes in contact with anyone, the following safety precautions will be implemented:

- < *Eye Contact:* The eye should be flushed immediately with cold water and reported to the nurse's station on the 2nd floor of Fairview Treatment Center. An incident report must be completed and reported to the program director.
- < *Skin Contact:* The skin should be washed immediately with soap and water and an incident report completed. Notify the program director.
- < *Clothing Contact:* The clothing should be removed immediately if possible. If not, the affected area should be soaked and diluted immediately. The clothing should be changed at the earliest possibility. An incident report must be completed and the program director notified.

No food or drink is allowed in the Lab at any time.

PART V

The Judge is the “leader,” of the entire program serving as a linkage between clients and the criminal justice system. He works with all entities from admission to discharge. He monitors progress of clients, meets with clients on a regular basis at status hearings. The Judge has the final word on sanctions and incentives.

The DWI court team meets weekly to discuss the status of the clients. The DWI court team consists of the district attorney, probation, indigent defender, and the treatment team. All parties offer information concerning the client’s progress in treatment. The judge is open to all feedback given by the team and use the information for issuing suitable incentives and/or sanctions.

A. INCENTIVES

Incentives are a vital “tool” in the DWI court program. They vary, depending on circumstance, from simple encouragement and praise from the Judge to the graduation ceremony upon program completion. Many of our incentives are provided by the local businesses in the community. The incentives utilized are as follows:

INCENTIVES

- Phase advancement
- T-Shirts
- Travel out of state for special occasions
- Graduation
- Reduction in status hearings
- Sanction free recognition at graduation ceremonies (receive a special certificate and AA Big Book)
- Urine screen payment certificates
- Extend curfew hours
- Serenity Prayer Medallions

B. SANCTIONS

Sanctions are used whenever non-compliance becomes an issue. This schedule is an effort to achieve consistency and uniformity. The schedule is included in the client handbook. The idea is that if a client knows “up-front” what is expected and what the consequences of non-compliance are he will be more compliant. The perception of the program is likely to be viewed as fair and consistent. The sanctions utilized are as follows:

SANCTION SCHEDULE

Sanction means that if you fail to follow through with your responsibilities, there will be consequences. There are a wide range of sanctions available that the Judge could impose, ranging from a verbal reprimand to dismissal from the program and serving your jail sentence.

I. Drug Screen Sanctions (DSS)—Positive Urine Screens, Breath Tests, Un-excused No Show for Urine Screens, Stalls, and Diluted Urine Screens after the 3rd dilute are all counted together as DSS sanctions.

- | | |
|----------------------------|------------------------------|
| 1. First Positive | 24 Hours Jail |
| 2. Second Positive | Weekend in Jail |
| 3. Third Positive | 2 Weekends in Jail |
| 4. Fourth Positive | 3 Weekends in Jail |
| 5. Fifth Positive | 1 Week in Jail |
| 6. Sixth Positive | 1 and ½ Weeks in Jail |
| 7. Seventh Positive | 14 Days Jail |
| 8. Eighth Positive | 2 and ½ Weeks in Jail |
| 9. Ninth Positive | 3 Weeks in Jail |
| 10. Tenth Positive | Revocation |

II. Dilute Urine Screen

- | | |
|---------------------------------|----------------------------------|
| 1. 1st Dilute | Warning |
| 2. 2nd Dilute | 8 Hours Community Service |
| 3. 3rd Dilute | Weekend in Jail |
| 4. 4th Dilute | 2 Weekends in Jail |
| 5. 5th Dilute | 1 Week in Jail |

III. No Show for Treatment (Unexcused)

- | | |
|------------------------------------|-----------------------------------|
| 1. 1st No Show | 8 Hours Community Service |
| 2. 2nd No Show | 10 Hours Community Service |
| 3. 3rd No Show | 15 Hours Community Service |
| 4. 4th No Show | 20 Hours Community Service |
| 5. 5th No Show | 25 Hours Community Service |
| 6. 6th No Show | 30 Hours Community Service |
| 7. 7th No Show | 7 Days Jail |
| 8. 8th No Show | 1 and ½ Weeks in Jail |
| 9. 9th No Show | 2 Weeks in Jail |
| 10. 10th No Show | Revoke |

IV. Falsify AA Meetings and/or Community Service

- | | |
|----------------------------------|--------------------------------------|
| 1. 1st Falsify | 14 Days in Jail or Revocation |
|----------------------------------|--------------------------------------|

V. Missed AA Meeting or Failure to Turn In AA Meetings

- | | |
|--------------------------|----------------------------------|
| 1. 1st | 8 Hours Community Service |
|--------------------------|----------------------------------|

- 2. 2nd 16 Hours Community Service
- 3. 3rd Weekend in Jail
- 4. 4th 4 Days Jail
- 5. 5th 1 Week Jail
- 6. 6th 1 and ½ Weeks in Jail

VI. No Show Monthly Probation Meeting

- 1. 1st No Show 8 Hours Community Service
- 2. 2nd No Show Weekend in Jail
- 3. 3rd No Show 2 Weekends in Jail
- 4. 4th No Show 1 Week in Jail
- 5. 5th No Show 1 and ½ Weeks in Jail

VII. No Monthly Individual and/or Sponsor Letter

- 1. 1st No Show 4 Hours Community Service
- 2. 2nd No Show 8 Hours Community Service
- 3. 3rd No Show 12 Hours Community Service
- 4. 4th No Show 16 Hours Community Service
- 5. 5th No Show 8 Hours Jail
- 6. 6th No Show 16 Hours Jail

VIII. Inpatient Treatment or Halfway House

- 1. Leave or Discharge 15 Days in Jail

IX. Falsify Drug Screens

- 1. 1st Falsify 14 Days Jail
- 2. 2nd Falsify Revoke

X. No Show for Lab Work and Physicals

- 1. 1st No Show Verbal Warning
- 2. 2nd No Show 4 Hours Community Service
- 3. 3rd No Show 8 Hours Community Service
- 4. 4th No Show 12 Hours Community Service
- 5. 5th No Show 8 Hours Jail

XI. Unemployed

- 1. After 30 days in program 25 Hours Community Service per week
- 2. After 60 days in program 40 Hours Community Service per week
- 3. After 90 days in program 40 Hours Community Service weekly and weekends in jail
- 4. After 15 days of losing job 25 Hours Community Service per week

XII. No Show for Job Interview

1. 1st No Show Verbal Warning
2. 2nd No Show 1 Weekend Jail

XIII. No Monthly Check Stub to Case Management

1. 1st No Check Stub Verbal Warning
2. 2nd No Check Stub 4 Hours Community Service
3. 3rd No Check Stub 8 Hours Community Service
4. 4th No Check Stub 12 Hours Community Service
5. 5th No Check Stub 16 Hours Community Service

XIV. No Show for Job Readiness (*St. Mary Parish only*)

1. One day in jail for each no show.

XV. Unauthorized Use of Prescription Medicine

1. Same as DSS sanction schedule.

XVI. AWOL

1. Judge's discretion

XVII. Re-entry Client Positive Urine Screen Schedule (*Not applicable for DUI Court*)

1. 1st Positive 5 Days Jail
2. 2nd Positive 10 Days Jail
3. 3rd Positive 15 Days Jail
4. 4th Positive Revoke

XVIII. Casinos, Truck Stops, Clubs, and/or Bars Violation

1. 1st 1 Weekend Jail
2. 2nd 2 Weekends Jail
3. 3rd 6 Days Jail

XIX. Curfew Violation

1. 1st 8 Hours Community Service
2. 2nd 16 Hours Community Service
3. 3rd 32 Hours Community Service
4. 4th 40 Hours Community Service
5. 5th Weekend in Jail
6. 6th 2 Weekends in Jail
7. 7th Week in Jail
8. 8th 1 and ½ Weeks in Jail
9. 9th 2 Weeks in Jail
10. 10th Judge's Discretion

Incentives are rewards for responsible and positive behaviors. These rewards could range from public praise in court from the Judge to advancements to the next treatment phase.

Phase Advancements:

Phase 2- Shirt

Phase 3- Hat

Phase 4- Coffee Mug

3 Consecutively Clean Scheduled Urine Screens and Breath Tests:

\$5.00 Urine Screen Bill Certificate

3 Sanction Free Status Hearings:

Receive Next Scheduled Status Hearing Off

Graduation/Sanction Free

Upon graduation, if a client has remained sanction free throughout the entire program, some court costs and fines will be waived on the order of the judge. Clients are still responsible to pay probation fees, treatment fees, restitution, worthless checks, and the District Attorney check-processing fee before graduation.

PART VI

STATUS HEARINGS

A. STATUS HEARINGS SCHEDULE BY PHASES

- ❖ Phase I - Status Hearing every week.
- ❖ Phase II - Status Hearing every 2 weeks.
- ❖ Phase III - Status Hearing every 3 weeks.
- ❖ Phase IV - Status Hearing every 4 weeks.

B. INCENTIVES AND SANCTIONS

As reported in Standard V, all clients are subject to incentives and sanctions in accordance with their behavior. The judge implies sanctions according to our sanction schedule. Incentives are given to reward the quality and improved behavior of the clients.

C. PROBATION

16th JDC District Attorney's Office supplies the Iberia Parish DWI Court with a Probation Officer. He/she is assigned exclusively to the drug court program. The probation officer collects all fees, fines, and restitution due to the court. Clients must schedule a monthly meeting with her to make payments. Clients are sanctioned if they do not attend their monthly appointment. She reports to the court on a regular basis concerning status of clients and attends all status hearings.

PART VII

MONITORING AND EVALUATION

A. PROGRAM GOALS AND OBJECTIVES

GOAL 1: REDUCE ALCOHOL AND SUBSTANCE ABUSE AND RECIDIVISM AMONG NON-VIOLENT OFFENDERS WHILE ENHANCING THEIR QUALITY OF LIFE.

Objective: Reduce the use of alcohol and mood altering drugs in 75% of the enrolled clients within 12 months of participation.

Objective: 75% of clients will not be rearrested for alcohol or drug related offenses while participating in the program.

Objective: Improve the physical health of 80% of the clients participating in the program.

Objective: Provide services to the family and children members of clients.

Objective: Improve the emotional, psychological, cultural and spiritual well being of 75% of the clients who complete the program.

Objective: Improve the social functioning and communication skills of 80% of the clients who complete the program.

Objective: 80% of the clients who have completed the program will not be arrested for new offenses for one year after their completion date.

GOAL 2: DEMONSTRATE THE EFFECTIVENESS OF THE IBERIA PARISH DWI COURT PROGRAM IN REDUCING RECIDIVISM.

Objective: Collect data to measure the effectiveness of the program on those who complete as compared to those who did not participate.

Objective: Management Information System

GOAL 3: ENHANCE AND INCREASE TRAINING FOR COUNSELORS, FOCUSING ON CHEMICAL DEPENDENCY.

Objective: In-house training by experienced staff, utilizing licensed contract counselors (LPC's & LCSW's) and Psychiatrist as appropriate.

Objective: Increase attendance at seminars and workshops.

Objective: Provide a minimum of one contact hour a week training and supervision by the Program Director all counselors seeking certification in Substance Abuse Counseling.

GOAL 4: TO CONTRACT WITH AND ESTABLISH AN ON GOING CONSULTATION WITH PSYCHIATRIST FOR CLIENT EVALUATION, MEDICATION MANAGEMENT, AND FOLLOW UP CARE.

Objective: The service will be utilized for those clients with a suspected mental health diagnosis.

B. ANNUAL FISCAL AND PROGRAM MONITORING

The LHSC, as a fiscal agent of Iberia Parish DWI Court, is responsible for monitoring program activities. Iberia Parish DWI Court maintains compliance with State and Federal statutes, regulations, policies, standards and/or guidelines. The LHSC reviews both fiscal and programmatic operations.

C. MANAGEMENT INFORMATION SYSTEM (MIS)

The Iberia DWI Court Outpatient Clinic has entered into an agreement with LHSC to assist this DWI court program in the implementation of an additional evaluation. The LHSC will monitor the evaluation implementation, develop process and outcome analysis as well as, cost effectiveness analysis. This process has begun with monthly data reports completed by our office and sent to the LHSC. The MIS provides DWI court and LHSC with information that can help assess drug court performance and impact.

As a secure system the MIS maintains two levels of integrity of stored data:

1. All client information is housed on a secure server where redundant systems and disaster recovery protocols have been established.
2. An employee's position and role within the drug court determines his/her rights to the MIS, including type and level of user access, i.e., screen access, data entry, and edit or view only capabilities.

All DWI Court employees and contract personnel must adhere to written policies, consistent with state and federal guidelines that protect against unauthorized disclosure of client records and personal identifying information.

PART VIII

CONTINUED INTERDISCIPLINARY EDUCATION

The Iberia Parish DWI Court Outpatient Clinic promotes continued education for our members so they may serve the best interest of their clients and the profession. Each licensed staff member, in accordance with their respective profession, must maintain a certain amount of CEUs each year for renewal of licensure. Staff members must turn in a copy of CEU certificates to the Administrative Manager to be filed in their personnel records as documentation of attaining these credits.

We pride ourselves in promoting continued education. The following organizations provide opportunities to learn about a variety of subjects pertaining to Drug Court:

LADCP (Louisiana Association of Drug Court Professionals)
NADCP (National Association of Drug Court Professionals)

PART IX

RECORD MAINTENANCE POLICY

In accordance with state policy, all client records are stored for 6 years after discharge from the program. All clients' records are shredded after those 6 years have expired.

PART X

CONTINUITY OF OPERATIONS PLAN (COOP)

In compliance with the emergency practices we have put into place for different types of emergency events. See COOP in Index.

PART XI

QUALIFIED SERVICE ORGANIZATIONS

The Iberia DWI Court Outpatient Clinic and the following organizations or persons have entered into a cooperative agreement to provide ancillary services for our clients:

J.B. Falterman Sr., M.D.	To provide medical examinations and referrals for additional medical treatment
Louisiana Supreme Court	To provide program evaluation
Louisiana Rehabilitative Services	To assist clients in acquiring job skills and training
PEPI	To assist clients in acquiring GED

La. Dept. of Labor Employment Security	To assist in verification of employment and income Referrals for employment
Iberia Comprehensive	Provides medical services including psychiatric as well as physical for clients based on an ability to pay
LA Technical College	Assists clients in continuing education to obtain an associate degree. Help clients access funding, transportation and child care issues
La. Dept. of Public Health	Provides follow up care including medications for clients that have been diagnosed with a sexually transmitted disease, tuberculosis, hepatitis or other communicable diseases
United Way of Iberia	Assists clients in accessing community-based services such as job training, parenting classes and educational workshops for quality of life issues
S.N.A.P.	Provides services to women and children who have been victimized by domestic abuse
Claire House for Women & Children	Provides services for addicted women and their children under age 12

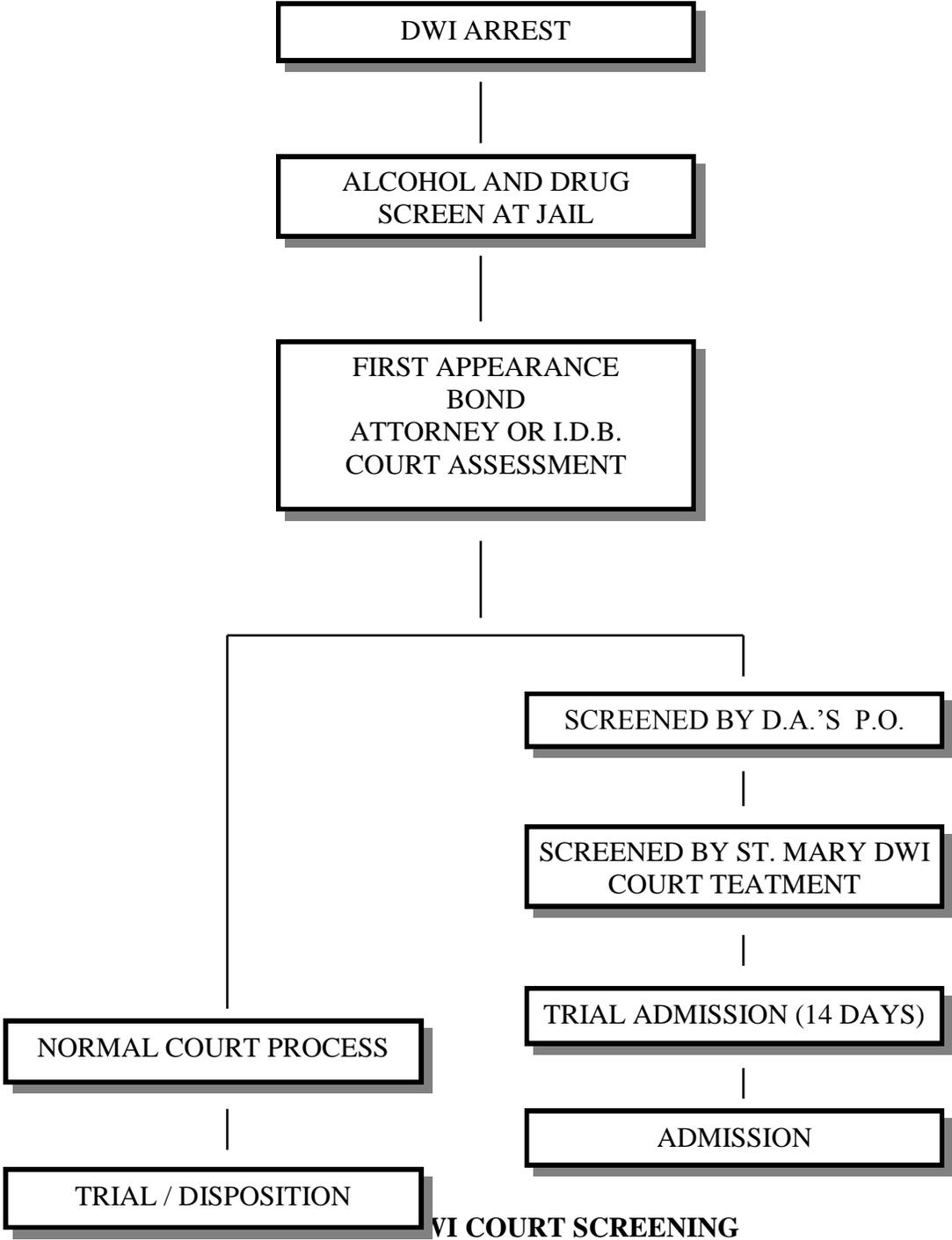
The Iberia Parish DWI Court Outpatient Clinic has also met with area employers and many have agreed to hire our recovering clients. We maintain a relationship with these employers once the client has been hired to verify continuing employment and job performance. Employers also contact us whenever they are experiencing problems with one of their employees in the program to try to resolve the matter quickly and to retain that employee. This relationship has proven to be very successful and is a tremendous support to the program.

Due to the continuing support of the employers and the agencies listed above, we have been able to greatly affect the quality of life for our clients and their families.



INDEX

PROGRESSION OF THE CLIENT IN THE IBERIA DWI COURT PROGRAM



DRUG HISTORY

<u>Drug</u>	<u>Age at First Use</u>	<u>Last Time Used</u>	<u>Amount & Frequency</u>
<input type="checkbox"/> Acid	_____	_____	_____
<input type="checkbox"/> Alcohol	_____	_____	_____
<input type="checkbox"/> Barbiturates	_____	_____	_____
<input type="checkbox"/> Benzodiazepines	_____	_____	_____
<input type="checkbox"/> Cocaine (Crack)	_____	_____	_____
<input type="checkbox"/> Cocaine (Powder)	_____	_____	_____
<input type="checkbox"/> Cocaine (I.V.)	_____	_____	_____
<input type="checkbox"/> Crystal Meth.	_____	_____	_____
<input type="checkbox"/> Ecstasy	_____	_____	_____
<input type="checkbox"/> Hallucinogens	_____	_____	_____
<input type="checkbox"/> Heroin	_____	_____	_____
<input type="checkbox"/> LSD	_____	_____	_____
<input type="checkbox"/> Marijuana	_____	_____	_____
<input type="checkbox"/> Methadone	_____	_____	_____
<input type="checkbox"/> Meth. (Ice, Crank)	_____	_____	_____
<input type="checkbox"/> Mushrooms	_____	_____	_____
<input type="checkbox"/> Opiates	_____	_____	_____
<input type="checkbox"/> PCP	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____

Have you ever had blackouts? Yes No If yes, explain: _____

Have you ever had withdrawals? Yes No If yes, explain: _____

Are you an IV drug user? Yes No

Have you had prior substance abuse treatment? Yes No If yes, how many attempts? One Two Three or more
 If yes, where and when? _____

FAMILY HISTORY

Marital Status: Single Married Divorced Separated Widowed Cohabiting

Are you a parent? Yes No If yes, answer the following:

Number of minor children (17 years or younger) in the home: _____

Number of minor children (17 years or younger) not in the home: _____

Total number of minor children: _____

Do you have any children in foster care? Yes No

Reared by: Mom/Dad/Stepmom/Stepdad/Grandparent _____

Parents Marital Status: _____

Parents: Mother _____ Use Alcohol/Drugs _____ Drug Free _____ Unknown

 Father _____ Use Alcohol/Drugs _____ Drug Free _____ Unknown

Siblings: _____ Sisters _____ Use Alcohol/Drugs _____ Drug Free _____ Unknown

 _____ Brothers _____ Use Alcohol/Drugs _____ Drug Free _____ Unknown

HEALTH INFORMATION

Chronic Medical Conditions? Yes No If yes, what? _____
Major Surgeries? Yes No If yes, what? _____
Do you have any disabilities? Yes No If yes, explain: _____
Are you on any medications? Yes No
If yes, what? _____
Prescribed by whom? _____

Are you presently pregnant? Yes No N/A
If yes, have you received pre-natal care? Yes No If yes, where? _____
Have you been emotionally abused? Yes No If yes, by whom? _____
Have you been sexually abused? Yes No If yes, by whom? _____
Have you been physically abused? Yes No If yes, by whom? _____
Suicide Attempts? Yes No If yes, explain: _____

Homicide Attempts? Yes No If yes, explain: _____

MENTAL HEALTH INFORMATION

Have you ever been for counseling at a Mental Health Clinic or private counseling? Yes No
If yes: Who? _____ When? _____
How Long? _____ Diagnosis? _____
Has anyone in your family had a "nerve" or mental health problem requiring medication? Yes No
If yes: Who? _____ Diagnosis? _____
Have you ever or do you receive a check for a mental disability, (i.e. SSI or disability)? Yes No
If yes, explain: _____
Have you ever heard voices or seen things that are not there? Yes No
If yes, explain: _____
Have you ever taken a "nerve" medication (i.e. Xanax, Valium, Kolonipin, Zoloft, Paxil, Prozac, Lithium)?
If yes: Prescribed What? _____ By Whom? _____
When? _____ Are you currently taking it? Yes No
 Street Use What? _____

OBSERVATIONS

Appearance: Jail Uniform Well-groomed Casual Poor Hygiene Tattoos
Relatedness: Cooperative Resistant
Speech: Normal Slurred Stutter Mumble Soft-spoken Loud
Formal Thought Disorder: Coherent/Rational Loose Flight of Ideas
Mood: Normal Depressed Irritable/Angry _____
Affect: Normal Angry Depressed Flat
Sleep pattern: Good Fair Poor

Appetite: Good Fair Poor
Weight Change: Yes No If yes, how many lbs? ____ lbs
Orientation: x_____ (Person, Place, Time, Situation)
Memory: Normal Fair Impaired
Intelligence: Normal Limited Impaired
Insight: Normal Limited Impaired
Judgment: Good Fair Poor
Delusions: Yes No If yes, explain: _____
Hallucinations: Yes No If yes, explain: _____
Impression: _____
Major Clinical Issues: _____
Strengths: _____
Weaknesses: _____
Transportation to Treatment on Regular Basis: Yes No
Intake By: _____
Program Director: _____
Date: _____

MICHIGAN ALCOHOL SCREENING TEST (MAST)

NAME _____ DATE _____

PLEASE CIRCLE YES OR NO TO THE FOLLOWING QUESTIONS:

- YES or NO 1. Do you feel you are a normal drinker? ("normal" - drink as much or less than most other people)
- YES or NO 2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?
- YES or NO 3. Does any near relative or close friend ever worry or complain about your drinking?
- YES or NO 4. Can you stop drinking without difficulty after one or two drinks?
- YES or NO 5. Do you ever feel guilty about your drinking?
- YES or NO 6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?
- YES or NO 7. Have you ever gotten into physical fights when drinking?
- YES or NO 8. Has drinking ever created problems between you and a near relative or close friend?
- YES or NO 9. Has any family member or close friend gone to anyone for help about your drinking?
- YES or NO 10. Have you ever lost friends because of your drinking?
- YES or NO 11. Have you ever gotten into trouble at work because of drinking?
- YES or NO 12. Have you ever lost a job because of drinking?
- YES or NO 13. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?
- YES or NO 14. Do you drink before noon fairly often?
- YES or NO 15. Have you ever been told you have liver trouble such as cirrhosis?
- YES or NO 16. After heavy drinking have you ever had delirium tremens (D.T.'s), severe shaking, visual or auditory hearing hallucinations?
- YES or NO 17. Have you ever gone to anyone for help about your drinking?
- YES or NO 18. Have you ever been hospitalized because of drinking?
- YES or NO 19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?
- YES or NO 20. Have you ever gone to any doctor, social worker, clergyman or mental health clinic for help with any emotional problem in which drinking was part of the problem?
- YES or NO 21. Have you been arrested more than once for driving under the influence of alcohol?
- YES or NO 22. Have you ever been arrested, even for a few hours because of other behavior while drinking? (If Yes, how

many times _____)

SCORING

- 1. NO
- 2. YES
- 3. YES
- 4. NO
- 5. YES
- 6. YES
- 7 through 22: YES

ADD UP THE SCORES AND COMPARE TO THE FOLLOWING SCORE CARD:

- 0-2 No Apparent Problem**
- 3-5 Early or Middle Problem Drinker**
- 6 or more Problem Drinker**

SCORE: _____

Name _____

SOUTH OAKS GAMBLING SCREEN (SOGS)

1. Indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer; "not at all," "less than once a week," or "once a week or more."

- | | Not
at
all | Less
than
once a
week | Once a
week
or
more | |
|----------|------------------|--------------------------------|------------------------------|------------------------------------------------------------------------------------------------|
| a. _____ | _____ | _____ | _____ | a. played cards for money |
| b. _____ | _____ | _____ | _____ | b. bet on horses, dogs, or other animals (in off-track betting, at the track or with a bookie) |
| c. _____ | _____ | _____ | _____ | c. bet on sports (parley card, with a bookie, or at jai alai) |
| d. _____ | _____ | _____ | _____ | d. played dice games (including craps, over and under, or other dice games) for money |
| e. _____ | _____ | _____ | _____ | e. went to casino (legal or otherwise) |
| f. _____ | _____ | _____ | _____ | f. played the numbers or bet on lotteries |
| g. _____ | _____ | _____ | _____ | g. played bingo |
| h. _____ | _____ | _____ | _____ | h. played the stock and/or commodities market |
| i. _____ | _____ | _____ | _____ | i. played slot machines, poker machines or other gambling machines |
| j. _____ | _____ | _____ | _____ | j. bowled, shot pool, played golf or played some other game of skill for money |

2. What is the largest amount of money you bet (gambled with) in any one day?

- _____ never have gambled
- _____ more than \$100 up to \$1000
- _____ \$10 or less
- _____ more than \$1000 up to \$10,000
- _____ more than \$10 up to \$100
- _____ more than \$10,000

3. Do (did) your parents have a gambling problem?

- _____ both my father and mother gamble (or gambled) too much
- _____ my father gambles (or gambled) too much
- _____ my mother gambles (or gambled) too much
- _____ neither gambles (or gambled) too much

4. When you gamble, how often do you go back another day to try to win back money you lost?

- never
- some of the time (less than half the time) I lost
- most of the time I lost
- every time I lost

5. Have you ever claimed to be winning money gambling but weren't really? In fact, you lost?

- never (or never gambled)
- yes, less than half the time I lost
- yes, most of the time

6. Do you feel you have ever had a problem with gambling?

- no
- yes, in the past, but not now
- yes

7. Did you ever gamble more than you intended? Yes No

8. Have people criticized your gambling? Yes No

9. Have you ever felt guilty about the way you gamble or what happens when you gamble?

- Yes No

10. Have you ever felt like you would like to stop gambling but didn't think you could?

- Yes No

11. Have you ever hidden betting slips, lottery tickets, gambling money, or other signs of gambling from your spouse, children, or other important people in your life?

- Yes No

12. Have you ever argued with people you like over how you handle money?

- Yes No

13. (If you answered "yes" to question 12): Have money arguments ever centered on your gambling? Yes No

14. Have you ever borrowed from someone and not paid them back as a result of your gambling? Yes No

15. Have you ever lost time from work (or school) due to gambling? Yes No

16. If you borrowed money to gamble or to pay gambling debts, where did you borrow from? (Check "yes" or "no" for each)

- a. from household money Yes No
- b. from your spouse Yes No
- c. from other relatives or in-laws Yes No
- d. from banks, loan companies or credit unions Yes No
- e. from credit cards Yes No
- f. from loan sharks (Shylocks) Yes No
- g. your cashed in stocks, bonds or other securities Yes No
- h. you sold personal or family property Yes No

- i. you borrowed on you checking account (passed bad checks) Yes No
- j. by having a credit line with bookie Yes No
- k. by having a credit line with casino Yes No

Total = _____ (20 questions are counted)

****3 or 4 = Potential pathological gambler (Problem gambler)**

****5 or more = Probable pathological gambler**

Scoring Rules for SOGS

Scores are determined by adding up the number of questions that show an “at risk” response, indicated as follows. If you answer the questions above with one of the following answers, mark that in the space next to that question:

Questions 1-3 are not counted

- _____ Question 4: most of the time I lost, or every time I lost
- _____ Question 5: yes, less than half the time I lose, or yes, most of the time
- _____ Question 6: yes, in the past, but not now, or yes
- _____ Question 7: yes
- _____ Question 8: yes
- _____ Question 9: yes
- _____ Question 10: yes
- _____ Question 11: yes

Question 12 is not counted

- _____ Question 13: yes
- _____ Question 14: yes
- _____ Question 15: yes
- _____ Question 16a: yes
- _____ Question 16b: yes
- _____ Question 16c: yes
- _____ Question 16d: yes
- _____ Question 16e: yes
- _____ Question 16f: yes
- _____ Question 16g: yes
- _____ Question 16h: yes
- _____ Question 16i: yes

Questions 16j and 16 k are not counted

Total = _____ (20 questions are counted)

****3 or 4 = Potential pathological gambler (Problem gambler)**

****5 or more = Probable pathological gambler**

Iberia Parish DWI Court

211 B West St. Peter Street, New Iberia, LA 70560

Phone: 337-560-1666 ~ Fax: 337-560-4891

CONSENT FOR DRUG SCREEN

I, _____, agree to comply with the Iberia Parish DWI Court Clinic program requirement to submit a supervised urine specimen upon request., for the purpose of drug screening. I also agree to submit to other recognized drugs of abuse monitoring techniques such as sweat patches or saliva testing. I understand that if these tests either collectively or individually indicate the presence of drugs for which no acceptable reason can be offered, I may be dismissed from this program.

Client Signature

Date: ____ / ____ / ____

Witness

Date: ____ / ____ / ____

**16th Judicial District DWI Court
Consent to Release Information
Waiver of confidentiality form**

All information that has been gathered on an individual is personal and private, and you are not required to release this information. Such information cannot be released without authorized written permission, except as required by law.

This referral is made as a result of my agreement to participate in the DWI Treatment Court program:

Name _____ SS# _____

Address _____ City, State, Zip _____

I Hereby Authorize:

Iberia Parish DWI Court
211 B West St. Peter Street
New Iberia, LA 70560

To Disclose to:

16th Judicial District Court and its officers

The Following Specific Information:

All information reasonable necessary to accomplish the stated purpose including; date of entrance to program, attendance records, urine testing results, type/frequency/effectiveness of therapy, general adjustment to program, rules/contracts, type and dosage of medications, response to treatment, test results, data of and reason for withdrawal/dismissal from program, and program notes.

My Medical Record of the above listed information is to be released for the specific purposes of:

Enabling above referenced criminal justice agency to evaluate my compliance with treatment.

I am aware that my substance abuse treatment records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations/laws.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment.

or _____.

(Other time when consent can be revoked and/or expires.)

I also understand that any disclosure made in bound by Part 2 of Title 42 and HIPAA of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

(Date)

(Signature of defendant/client or authorized representative)

(Date)

(Witness)

(Date)

(Witness)

Driver Risk Inventory II

The Driver Risk Inventory II (DRI II) is a brief and easily administered psychological screening measure that helps identify individuals who have a high probability of having a substance use disorder and high risk behaviors associated with driver impairment.

LHSC
CONTUNITY OF OPERATIONS PLAN

EMERGENCY PREPAREDNESS
PLAN

FOR

IBERIA PARISH

DWI TREATMENT COURT

EMERGENCY PREPAREDNESS PLAN
FOR
IBERIA PARISH DWI TREATMENT COURT

PURPOSE

The Purpose of the Emergency Preparedness Plan is to establish a continuing state of readiness for the protection of the employees and visitors/clients of the Iberia Parish DWI Treatment Court, in the event of emergency conditions such as serious illness, fire, hurricane, tornado, bomb threat, enemy attack or explosion. This plan is designed to protect lives and property, preserve the organizational structure and ensure continuity or early resumption of essential services.

OBJECTIVE

The Objectives of the plan include:

- ! Ensure the continuous performance of the Court’s essential functions/operations during an emergency;
- ! Protect essential equipment, records and other assets;
- ! Reduce or mitigate disruption of operations;
- ! Identify and designate principals and support staff to be relocated;
- ! Facilitate decision-making for the execution of the Plan and the subsequent conduct of operations;
- ! Achieve a timely and orderly recovery from the emergency and resumption of full service to all customers.

AUTHORITY

The Iberia Parish DWI Treatment Court Emergency Committee shall be comprised of the Safety Coordinator and Alternates, designated by the Program Director. It shall be the responsibility of the Program Director to ensure that the Safety Coordinator and the Alternated positions are filled at all times.

The Iberia Parish DWI Treatment Court Safety Coordinator or Alternate shall be responsible for the development and the implementation of a plan for emergency situations. Control of emergencies such as fire, explosion or toxic chemical releases require the coordination of the following; disaster communication, facility shutdown, employee evacuation, utility control first aid and rescue, damage control and notification of police and fire departments and hospitals.

ORGANIZATION

The following organizational list identifies the Iberia Parish DWI Treatment Court Safety Committee members and phone numbers.

Safety Coordinator: Michael J. Vidallier Phone: 337-364-8576 (h) 337-380-8466 (c)

Alternate S.C.: Walter Thibodeaux Jr. Phone: 337-577-0445(h) 337-519-7192 (c)

FUNCTIONS AND DUTIES OF THE SAFETY COMMITTEE

The Safety Committee shall be comprised of the Safety Coordinator and the Alternate Safety Coordinator.

Safety Coordinator: Responsible for the developing and disseminating an emergency preparedness plan for use in the Iberia Parish DWI Court by all employees and for organizing and training staff for emergency operations. The Alternate Safety Coordinator shall serve as principle assistant to the Safety Coordinator and serve in his/her absence.

MEDICAL & FIRST AID EMERGENCIES

In the event of **serious illness:**

1. Dial 911, if emergency medical help is required for such cases as heart attack, lack of breathing, excessive bleeding, or unconsciousness.
2. Obtain the nearest certified first-aid person.
3. Notify the Safety Coordinator or Alternate.
4. Do **not** move victim unless absolutely necessary!!!
5. Take the following action, as necessary:
 - A. Hospital Emergency Services
 - B. Doctor's Office Emergency Services.

In the event of **minor injuries:**

1. Initiate immediate first aid action necessary from the above certified first aid person. First aid kits are required for each office.
2. Notify the Safety Coordinator or Alternate.

HURRICANE AND TORNADO PROCEDURES

I. Condition 1

Official announcement on June 1 of each year that hurricane season has started

- A. Business as usual

II. Condition 2

Official announcement by weather bureau that there is a hurricane in the Gulf of Mexico.

- A. All personnel are kept informed of the progress of the storm.
- B. Personnel are expected to report to work until an evacuation order is issued by civil defense.

III. Condition 3

Iberia Parish area is included in Hurricane Warning regardless of where the hurricane is located at that time.

- A. Call Staff Together
- B. Staff will make arrangements to place clients on pass or to a local evacuation shelter until such time as they may return.
- C. Clients and staff will provide facility manager with contact number where they will be staying.
- D. Decisions are made as to how to secure:
 - 1. Clinic's computer server's back-up tapes.
 - 2. Clerk of Courts records regarding DWI Court Clients.
 - 3. District Attorney's probation records.

IV. Condition 4

General evacuation ordered by Civil Defense.

- A. Clients are to be evacuated
- B. Families/friends are to come to the facility to pick up clients.
- C. Evacuate facility and notify clients to use the **1-800-467-6146** urine screen phone line daily for updates.
- D. All client- related files are secured (i.e. Computer server back-up, Clerk of Court files, and District Attorney Probation files).

V. Condition 5

After the hurricane has passed

- A. The parish will inspect the building to see if it is safe for occupancy
- B. Personnel are advised to keep radios and TV tuned for information about when to return.
- C. Clients are directed to call the **1-800-467-6146** urine screen phone line daily to get directions to report for continuation of treatment.
- D. Personnel are advised to keep in contact with the facility manager for updates.
- E. Employees are expected to report to work on scheduled shifts when the "ALL CLEAR" is given.

After the parish clears the building

- A. The Safety Coordinator will make the determination if the clients should return to the facility.
- B. Facility manager will make contact with staff to return to work when the all clear signal is given by the parish.
- C. Clients will be scheduled to return to the Iberia Parish DWI Court.

ENEMY OR TERRORIST ATTACK PROCEDURE

The same procedures used for hurricane or tornado in the above shall be used for an enemy attack.

FIRE PROCEDURES

UPON DISCOVERING A FIRE, EMPLOYEES SHOULD DO THE FOLLOWING:

1. Dial "911:
This will link the employee with the emergency control who, in turn, will link the caller to the fire department.
STATE THE FOLLOWING:
"I want to report a fire at the Iberia Parish DWI Court Building located at 211-B West St. Peter Street in New Iberia".
2. Notify the rest of the building that there is a fire either by telephone or by shouting through the building after activating the fire alarm.
3. Notify the Safety Coordinator.
4. **IF FIRE IS EASILY EXTINGUISHABLE BY USE OF THE FIRE EXTINGUISHER, ATTEMPT TO DO SO.**
CAUTION: Make sure the fire extinguisher is appropriate for the job before use. For example, a Type-A (water) fire extinguisher should not be used on an electrical fire.

EVACUATION PROCEDURES FOR FIRE:

1. When employees are notified of the fire, all employees should evacuate and each employee is responsible for escorting the client or group that he/she is counseling. The clerical will be responsible for evacuating the lobby. Fire escape routes are posted in the drug court administrative suite, near treatment rooms, and UA lab.
2. The Safety Coordinators and Alternates shall be the last to leave the building, ensure that no one returns to the building until approval is given, and take a head count and the outside meeting area.

BOMB THREAT, SEARCH & EVACUATION PROCEDURES

EMPLOYEES RECEIVING A BOMB THREAT OR DISCOVERING A BOMB OR SUSPICIOUS OBJECT OR PACKAGE SHALL IMMEDIATELY NOTIFY SECURITY AND SAFETY COORDINATOR.

IF THE THREAT IS VIA TELEPHONE, ASK THE FOLLOWING:

1. When is the bomb set to explode?
2. Where is the bomb at this time?
3. What kind of bomb is it?
4. What does it look like?
IMMEDIATELY NOTIFY SECURITY AND EVACUATE THE BUILDING UNTIL BOMB AND CANINE SQUAD HAVE COMPLETED SEARCH.

RECORD THE FOLLOWING INFORMATION IF POSSIBLE:

1. Time of call
2. Date of call
3. Exact wording used by caller
4. Try to determine the age, sex, race, adult or child, speech patterns, accent, background noise, traffic, motors, aircraft, etc.

IF THE THREAT IS RECEIVED BY MAIL:

1. Do not handle the letter, package or envelope.
2. The employee should notify Security and Safety Coordinator.
3. Preserve any evidence which may have come with the threat.

IF A SUSPICIOUS OBJECT IS DISCOVERED, THE EMPLOYEE SHALL:

1. Not attempt to touch or move the object!!!
2. Notify Security and the Safety Coordinator.
3. Evacuate the area in an orderly manner.
4. Await further instructions from Security, the Program Director or the Safety Coordinator.

GENERAL PREPAREDNESS

It is the policy of the Iberia Parish DWI Court to issue a laminated emergency business card to each employee and client upon admission.

This card will have emergency contact information (i.e. 1-800 phone number and website info) so as to enable the staff and clients to be in continuous daily contact with drug court.

CONTINUING DRUG COURT FUNCTIONS

The adopted continuation of services for the St. Mary Parish DWI Court is as follows:

Since the 16th JDC compromised St. Mary, Iberia and St. Martin Parishes, it is very unlikely that a Hurricane/Tornado or other catastrophic events would affect all three Parish's Courthouses. Therefore, service for any affected court will be established ASAP in the closest functioning Court House immediately following any Catastrophic even.

Staff and Clients will be notified through the drug screen hotline (listed above) as to what to do as it pertains to the continuation of the DWI Court Services.