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QUALIFIED SERVICE ORGANIZATION AGREEMENTS
The Iberia Parish Adult Drug Court Outpatient Clinic began operation on April 14, 1998 as a drug treatment court program and serves the Parish of Iberia with a population of 68,000. The court is located in New Iberia, Louisiana. The treatment clinic address is 211-B West St Peter Street, New Iberia, LA. 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. The intensive outpatient program is modeled on the Pensacola Drug Court Program and utilizes the 12 Step recovery principles of Alcoholics Anonymous and other Cognitive-Behavioral Treatment approaches.

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 drug court Judge for both the adult and juvenile programs. This manual addresses the policies and procedures of the adult drug court program.

When Judge Wattigny began to assemble the team for the drug court program, he called upon Lars Levy, the Administrator for Fairview Treatment Center and Claire House for Women & Children, 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 Supreme Court and the Office for Addictive Disorders for the Louisiana Department of Health & Hospitals. The Iberia Parish Adult Drug Court Outpatient Clinic is a not for profit agency that provides treatment for individuals diagnosed with chemical dependency or substance abuse. The Iberia Parish Adult Drug Court Outpatient Clinic operates under the licensing standards set forth by the Louisiana Department of Health & Hospitals, Office for Addictive Disorders. 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 drug court program.

**MISSION STATEMENT**

*The Iberia Parish Adult Drug 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 substance abuse and 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 Adult Drug Court Outpatient Clinic is an outpatient program for the rehabilitation of chemical – abusing and dependent adults who are referred by the 16th Judicial District Court.

The philosophy of the program is that, utilizing appropriate mechanisms, availing the client to the resources of family, friends, community and treatment, and structuring a suitable recovery environment, all people would be capable of living free from abuse or dependency on alcohol or other drugs. The Iberia Parish Adult Drug 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 or 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.
STANDARD I

A. PROGRAM GOALS AND OBJECTIVES

GOAL 1: REDUCE 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 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 DRUG 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: Continue to input and track client data into the Supreme Court Drug Court Offices “MIS” Internet base program.

GOAL 3: MEET THE NEEDS OF MINORITY CLIENTS MORE EFFECTIVELY.

Objective: Reduce recidivism of offenders who are minorities through participation in drug court program.

Objective: Provide services to minority clients in the form of culturally-specific therapy group.
Objective: Continue to provide female-specific therapy groups to enable female clients to address female-only issues.

GOAL 4: 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) Psychologist and MD.

Objective: Increase attendance at seminars and workshops.

Objective: Provide a minimum of one contact hour per 20 hours counseling time in training and supervision by the Program Director to all counselors seeking certification in Substance Abuse Counseling.

GOAL 5: TO CONTRACT WITH AND ESTABLISH AN ONGOING CONSULTATION WITH PSYCHOLOGIST FOR CLIENT EVALUATION, MEDICATION MANAGEMENT, AND FOLLOW UP CARE.

Objective: These services will be utilized for those clients with a suspected dual diagnosis.

B. THE DRUG COURT TEAM

The Judge is the “leader,” he oversees the entire program. He works with all other players from admission to discharge. He monitors progress of clients, meets with clients on a regular basis at status hearings. The frequency of these meetings is as follows:

- Phase I: Weekly
- Phase II: Bi-weekly
- Phase III: Tri-Weekly
- Phase IV: Monthly

Status hearings are held each Wednesday afternoon at 4:30 p.m. to give clients an opportunity to attend without disrupting work and school.

The Judge has the final word on sanctions and incentives.

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

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

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. The Officer is available daily should problems arise. The Officer is assigned exclusively to the drug court program. The Officer reports to the court on a regular basis concerning status of clients and attends all status hearings.

The Police Liaison acts as a conduit between the Court and treatment provider, working with all parties to assure client compliance. She works closely with the Judge, relaying information obtained in the field such as; clients’ 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 supervises the Program Director and all administrative functions of treatment for the 16th Judicial District Drug Court including financial and budgetary responsibilities. He establishes policy and procedure in accordance with the Louisiana Department of Health & Hospitals and reports to the Regional Administrator for that agency.

The Program Director reports to the Administrator. The Director is responsible for the day-to-day operations of the Clinic including the training and supervision of all counseling staff. The Director is also responsible for the supervision and training of the drug testing component as well as the case management staff. The Director attends all staff meetings and status hearings. The Director 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, as well as groups specifically targeted to cultural and women’s issues. The counselor will be responsible for maintaining accurate and complete case records on each client. Counselors will attend status hearings 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. Detoxification or inpatient treatment services may also be included. He also follows up on 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 clients’ 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.

The Support Staff includes Licensed Practical Counselors, Licensed Social Workers, Licensed Addictions Counselors, SECON Technicians, Administrative Assistant, Contract Therapists, Psychologist and Clerical employees.

The Evaluator The Supreme Court is currently collecting monthly data that will be used to evaluate the effectiveness of the program. The program also compiles data such as the Addiction Severity Index at intake and provides Discharge Summary data at completion.

STANDARD II

A. ELIGIBLE PARTICIPANTS

ARREST

The probation officer assigned to Drug Court by the District Attorney’s Office screens defendants 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 Drug Court and the District Attorney’s Probation Department then screen all referrals for eligibility.

The attached chart (6a) shows the progression of the defendant from arrest to admission.
B. CRITERIA FOR ADMISSION

! Adults age 17 and older with a history of chemical dependence and addiction.

! Persons charged with misdemeanor or felony crimes with no history of violence, gang affiliation or significant or substantial drug dealing.

! 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.

! The defendant is not on probation or parole from previous activity.

! There cannot be other felony crimes or misdemeanors pending or charged in the same instrument that remain unresolved at the time of admission.

! 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 drug court program, defendants submit to a screening process by The Iberia Adult Drug 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 - Substance Abuse Questionnaire

$ 5b - Alcohol Stages Index

$ 5c - Gamblers Anonymous Gambling Screen

$ 5d - Mental Health Questionnaire

$ 53 - Consent for Drug Screen

$ 5f - Consent to Release Information to Court and its Officers
$ 5g - Medical History

$ 5h - Intake Screening

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 drug court program. Much attention is made to be very inclusive as to admission procedures.

D. ARRRAIGNMENT

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 drug court program. The Drug Court Judge imposes sentencing and set aside post adjudication. Plea-ins takes place on Tuesday mornings at 8:30 am. The defendant is issued an appointment card at court with an assigned counselor, time, and date to appear at The Iberia Parish Adult Drug 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 drug 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

All clients sign a “Consent to Release Information to Court and its Officers” form to allow communication about confidential information and participation and progress in treatment in compliance with 42 CFR, Part 2, HIPAA and La. R. S. 13:5301.
STANDARD III

PROGRAM STANDARDS

TREATMENT REQUIREMENTS AND METHODS

Substance abuse treatment services will be provided by a multi-disciplinary team including a 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. The team will participate in the provision of treatment and aftercare services for up to 200 clients. The Iberia Parish Adult Drug 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 and the Office for Addictive Disorders Monitoring Plan.

< 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 4 “Eligibility Standards”, the following services will be performed when appropriate to that client’s treatment plan:

< Intensive Outpatient; Clients will participate at four times per week in Phase I, at least two times per week in Phase II, at least once per week in Phase III, and group once a week for three months, and monthly individual sessions in Phase IV. Each contact with clients in treatment will, regardless of Phase, last at least 3 hours in duration. Group sessions are scheduled during the evening to accommodate work and school schedules.

< Three staffings will include Initial, Treatment Planning and Discharge. Staffing shall be required within 30 days of admission into the program and at least every 90 days thereafter until discharge.

< 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 12 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 12.
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 psychologist. Pending the outcome of such an evaluation, clients may see by the staff or be referred for on-going treatment to New Iberia 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 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. Color Codes and a toll-free number are utilized.

< The provider will provide an aftercare 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 $15.00 weekly
< Phase II $12.00 weekly
< Phase III $10.00 weekly
< Phase IV $5.00 weekly

< 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.
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:

- Referral Forms
- Physical Examination Results
- Medical History
- SASSI (not currently used in Iberia Parish)
- Gambling Assessment
- Alcohol Stages Index
- Substance Abuse Evaluation
- Addiction Severity Index
- Treatment Plan
- Client Evaluation
- Client Data
- Emergency Information
- Case Activity Sheet
- Phase Advancement Form
- Family Attendance Calendar Log
- Court Reports
- Correspondence
- Drug Screen Results
- Group Therapy Rules
- Releases of Information
- Proof of Income
- Statement of Income
- Intake Form
- Progress Notes
- Client Contract
- Drug Screen Consent
- Patient Rights
- Client Termination & Discharge Summary
- Drug Screen Result Form
- Consent For Blood work and TB Testing

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.

PHASE ADVANCEMENT TASKS (a detailed listing is in the Client Handbook)

PHASE I ADVANCEMENT TASKS

ATTENDANCE

Each client must complete 8 weeks (4 sessions per week total of at least 32 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 2 individual counseling sessions per month (with assigned primary counselor).

**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. 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.

During Phase I, clients are expected 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 the family group therapy on Tuesday nights. Family members must be **18 years old or older to attend**, unless pre-approved by the counselor. If family members cannot or will not attend, clients are given two (2) additional AA/NA meetings to attend for the week. Family sessions continue for the first twelve (12) weeks of the clients program.

**EMPLOYMENT/EDUCATION**

Every client must get a full-time job or enroll in an educational program. An appointment with the Employment Case Manager for job referrals and educational placement is made at the time of intake. 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 of the need to attend meetings and be available for drug testing etc.

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

**FEES**

Clients are eligible for advancement if UA fees do not exceed One Hundred (100) dollars.
ASSIGNMENTS

1. Complete written work on a “Drug History.”
   - This assignment must be checked by the 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).

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

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. AA sheets are due the Tuesday 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. 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 attendance at Family Group therapy on Tuesday nights. If clients have trouble getting family to attend, they are encouraged to talk with the counselor to find ways to get family involved. Family members must be 18 years old or older to attend, unless pre-approved by the counselor.
EMPLOYMENT/EDUCATION

Clients must keep a full-time job or be enrolled in an educational program. The Employment Case Manager can help 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. Clients must sign an Offshore Contract with their primary counselor stating they understand the rules of working offshore and the procedure for making up missed groups and AA/NA meetings. Clients must notify their counselors or the Employment Case Manager before going offshore. Upon return from offshore, clients must provide a valid work excuse and return to treatment. 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 are eligible for advancement if UA fees do not exceed One Hundred (100) dollars.

TREATMENT ISSUES

Each client will develop a plan for his/her recovery with the help of a Counselor. This plan will include short-term goals for each client’s specific needs and plans. A minimum of 5 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 “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.”
   - These assignments must be checked by the 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.

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 attendance at family groups on Tuesday nights until twelve (12) sessions of family education are completed. If this has been satisfied in Phase II, no further family involvement is required or expected. Family members are always welcome to continue their attendance with permission of the Family Education Counselor.
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 are eligible for advancement if UA fees do not exceed One Hundred (100) dollars.

TREATMENT ISSUES

An updated Plan of Recovery with a counselor to include new short-term goals individualized to each client’s specific needs and plans is expected. 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.
   ➢ These assignments must be checked by the 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 one Phase IV group counseling session per week for 12 sessions. After 12 weeks, clients are eligible to graduate but all clinic and UA fees must be paid in full. 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 assigned primary counselor) and all assigned random drug screens.

Phase IV will last a minimum of 12 weeks or 12 sessions.

**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 or 12 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. Clients 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 not required to continue having family attendance at family therapy groups. Family members must be **18 years old or older to attend**, unless pre-approved by the counselor.

**FEES**

All fees owed to probation for fees and fines and to the clinic for treatment or drug screens should be current at the time of 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.

Additional Therapies:

Additionally, a therapist conducts specialty groups for Relapse on Friday nights to assist client who have relapsed during the course of the program. Specialty individual sessions with a Licensed Professional Counselor on Anger Management, Parenting and Relationships are also offered at various times or on an as needed basis.

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 is current on 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 Parish Drug 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 District Attorney. 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.

REVOCATION

Once a participant has passed the initial opt out period, he/she may be unsuccessfully discharged from the drug court program as per, but not limited 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 drug 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. St. Mary Adult Drug Court Outpatient Clinic has entered into cooperative agreements with the respective agencies. The agencies are listed in the section entitled “Qualified Service Organization Agreements”.

STANDARD IV

DRUG SCREENING

The policy of the Iberia Parish Adult Drug Court Outpatient Clinic with respect to drug screening is based on a random color-coded system.

URINANALYSIS

During the screening at the Clinic, the defendant is required to submit a full panel drug screen. A positive test result does not exclude a defendant, but is used to determine first course of treatment, which may be medical detoxification or inpatient care. Additional drug screening that may be used includes oral swabs (saliva testing).

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

- Cannabis
- Cocaine
- Amphetamine
- Propoxyphene
- Benzodiazepines
- Methadone
- Opiates
- Barbiturates
- PCP
- Ethanol

A recommendation is made to probation based on the results of the total screening.
Ordering Tests

Full panel drug screens will be ordered on any prospective client that comes to the Clinic to be screened for admission to the program. Full panels are standard for all clients throughout their tenure in the program.

Collection

All urine samples must be supervised and collected by staff or trained SECON personnel. Collections will be performed on a same-sex basis only.

The collection bottles used are sterilized with lids on in sealed bags. The staff opens the bags at the time the labels are being attached to the bottles. The lids are not to be removed until the sample is ready to be collected from the client.

The client is required to wash and thoroughly dry their hands prior to urine collection. The staff member present will hold the collection bottle until the client is actually ready to provide the sample. The staff member holds the lid and places it back on the bottle when the client provides the sample. The client folds the label on the lid over onto the bottle and places it on the collection tray. Clients are not allowed to run water in the sink during the collection of urine specimens. 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.

Testing Urine Samples

The Iberia Parish Adult Drug Court Outpatient Clinic utilizes SECON Labs for testing urine specimens for drugs of abuse.

The Iberia Parish Adult Drug 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 and client pays the fee for the GCMS.

The urine samples will remain under the control of the Lab Tech once collected.

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.

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.

**Positive Results**

Any client that has been identified as having provided a positive result is given the opportunity to admit or deny using drugs. If the client admits to using, it is addressed therapeutically as part of the client’s treatment 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 detoxification, inpatient treatment, or halfway house placement.

If the client denies using he 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.

**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.

**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 Program Director. 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 collection areas at any time.
STANDARD V

INCENTIVES AND SANCTIONS (Client Handbook pgs. 29-31)

Incentives are a vital “tool” in the drug 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:

Extend curfew hours, travel out of state for special occasions, phase advancement, reduction in status hearings, urine screen payment certificates, T-Shirts, baseball caps, mugs, serenity prayer medallions, sanction free recognition at graduation ceremonies (receive a special certificate and AA Big Book)

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.

STANDARD VI (see pg. 1 for status hearing frequency)

DATA COLLECTION AND EVALUATION

Addiction Severity Index

The Iberia Parish Adult Drug Court Outpatient Clinic utilizes the Addiction Severity Index (ASI), a public-domain format incorporated into the Drug Court Case Management System by the Supreme Court, State of Louisiana. The DCCM is used at the intake and assessment process and throughout treatment and discharge. All charts are computerized. The ASI is used to identify problems and set goals and objectives to address those issues in a treatment plan that is updated every 90 days. All charting and progress notes are typed into the database. The DCCM also maintains a database on clients with respect to race, sex, age, social security number, medical status, employment status, drug/alcohol use and history, legal status, family history, family and social relationships and mental health history. The database may be queried to obtain varied information on any client or group of clients. The database is the property of the Supreme Court Drug Court Office.
STANDARD VII

Louisiana Supreme Court MIS

The Iberia Parish Adult Drug Court Outpatient Clinic has entered into an agreement with Louisiana Supreme Court to assist this drug court program in the implementation of an additional evaluation. The La. Supreme Court 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 Supreme Court.

STANDARD VIII

CONTINUING STAFF EDUCATION

Iberia Parish Drug 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)

QUALIFIED SERVICE ORGANIZATIONS

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

<table>
<thead>
<tr>
<th>Service Provider</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Medicine Clinic</td>
<td>To provide medical examinations and referrals for additional medical treatment</td>
</tr>
<tr>
<td>Louisiana Supreme Court</td>
<td>To provide program evaluation</td>
</tr>
<tr>
<td>Louisiana Rehabilitation Services</td>
<td>To assist clients in acquiring job skills and training</td>
</tr>
</tbody>
</table>
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 Health Provides medical services including psychiatric as well as physical for clients based on an ability to pay

New Iberia Mental Health DHH clinic providing mental health treatment and medications to clients on a sliding scale basis

Henry LaGarde, Ph.D. Provides psychological evaluations and treatment recommendations

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

Safety Net for Abused Persons 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

Acadiana C.A.R.E.S. Referrals for confidential HIV testing and counseling

The Iberia Parish Adult Drug 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.