

INTRODUCTION:

The St. Mary Parish Reentry Drug Court has been created in order to help cope with the problems emanating from the nearly 60% of arrestees whose crimes are associated with drugs and/or alcohol. Like most other areas, the 16th Judicial District's major substance abuse problem centers around cocaine/crack and alcohol. However, the district has seen a significant increase in the abuse of all major drugs including alcohol within the past five years.

The Reentry Drug Court is the latest in a line of forward-thinking rehabilitation oriented drug courts in the 16th Judicial District. The first was the St. Mary Adult Drug Court Outpatient Clinic that was begun on January 6th, 1997. There is also a Juvenile Drug Court and like the adult and reentry courts is located in Franklin, LA while the clinics are located in Bayou Vista, LA at 1101 Southeast Blvd. The programs can be reached by phone at 985-399-5777, by fax at 985-399-5778, or by email at llevy@drugcourt.com. The adult programs are modeled after the Pensacola Drug Court Program and utilize the 12 Step recovery principles of Alcoholics Anonymous. The 16th Judicial District is also served by an Outpatient Drug Court Clinic in New Iberia, LA which was opened in 1998.

The Reentry Court has been designed to facilitate successful reintegration of ex-offenders into the law-abiding world. This goal will be achieved through an intensive in-prison treatment program focusing on both substance abuse and criminality issues. An important aspect of this program will be the seamless transition into an outpatient program following release.

Honorable William D. Hunter, District Judge was instrumental in the planning and implementation of these programs. For the Reentry Court, Judge Hunter has assembled a program team consisting of representatives from of the DA's office, Probation and Parole, the Sheriff's office including the corrections staff, and a treatment team headed by Lars Levy. The Louisiana Supreme Court and the Office for Addictive Disorders for the Louisiana Department of Health and Hospitals have also been a great help in the creation of this program.

St. Mary Parish Reentry Drug Court operates under the

licensing standards set forth by the Louisiana Department of Health & Hospitals, Office of Addictive Disorders. This manual is not an attempt to duplicate the Licensing Standards Manual, but only to address the policies specific to operating a treatment component of a reentry drug court program.

The Office of Justice Assistance, Drug Court Program Office has funded the Reentry Drug Court through a substantial grant and we sincerely appreciate all their help.

MISSION STATEMENT

The criminal population has been shown to engage in drug and alcohol abuse, and that abuse can be a causative factor in the commission of criminal acts. Through an intensive in-prison treatment program followed by post-release outpatient treatment, the Reentry Court can successfully reintegrate ex-offenders into law-abiding society. This will be accomplished by focusing on the offenders' substance abuse problems, criminal thinking, and continuity of care as they transition into the free-world. The ultimate objective of this program is to reduce recidivism and allow the clients to free themselves from addictive disorders.

PROGRAM PHILOSOPHY

Alcohol and drug dependency are regarded as diseases with multiple causative factors which may involve emotional, physiologic, environmental and maladaptive issues. Individuals facing incarceration or already incarcerated will be referred to the Reentry Drug Court by various entities. Once accepted into the program, a client will complete group, individual, and family counseling, as well as lectures, homework, and tests. Through the implementation of this intensive program the client will learn to utilize adaptive mechanisms, accessing the resources of family, friends, community, and treatment to live free from drug and alcohol dependency. The Reentry Drug Court is designed to rehabilitate the client cognitively, emotionally, and behaviorally. The treatment modalities used to accomplish this are concepts similar to methods used by most recognized programs for substance abusers. Involved is the utilization of therapies, self help programs

like AA/NA, and case management in a highly structured environment.

PROGRAM GOALS

GOAL 1: REDUCE SUBSTANCE ABUSE AND RECIDIVISM OF CLIENTS WHILE ENHANCING THEIR QUALITY OF LIFE.

1. Objective: Lower the level of use of alcohol and mood altering drugs by program clients to below that of non-clients upon release from prison.
2. Objective: Reduce re-arrest rates of clients to below that of non-clients. Post-release intervals of 6, 12, and 24 months will be monitored.
3. Objective: Provide services to family members of clients.
4. Objective: Improve social functioning and communication skills of clients

GOAL 2: DEMONSTRATE THE EFFECTIVENESS OF THE REENTRY DRUG COURT IN REDUCING RECIDIVISM.

1. Objective: Collect data to measure post-release re-arrest rates among clients.

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

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

GOAL 4: ENHANCE AND INCREASE TRAINING FOR

COUNSELORS FOCUSING ON CHEMICAL DEPENDENCY.

1. Objective: In-house training by experienced staff
2. Objective: Increase attendance at seminars and workshops

ELIGIBILITY STANDARDS

Admission/Referral Criteria

- 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 dealings.
- Criminal history may include crimes other than drug charges.
- When the arrest is for drug possession, the amount must be consistent with personal use.
- A weapon cannot be used in the commission of crime.
- There cannot be other felony crimes pending or charged in the same instrument that remain unresolved at the time of admission.
- The defendant must be eligible for early release.

Individuals that meet the above criteria will then be referred to the Reentry Court by any of the following stakeholders:

Judge
District Attorney
Sheriff
Parole & Probation
Warden/corrections staff

Treatment team

After the referral the case manager will complete a SASSI, SMAST, and psycho social history. DA Probation Officer will complete the risk assessment screening. The results will be forwarded to the Judge, DA, and Sheriff/corrections staff to give approval for entry into program. The DA will indicate if the treatment team must also contact the police and/or victim for their approval.

SUBSTANCE ABUSE AND MENTAL HEALTH SUITABILITY STANDARDS

Admission/Referral worksheet (see page 6) will be completed by the one of the stakeholders. They will then refer the offender to the treatment team at which point the offender submits to a screening process by St. Mary Reentry Drug Court's treatment staff. When necessary, release forms are signed and sent to previous treatment providers including mental health professionals. This information is assessed to determine appropriateness for treatment.

Below is a list of forms utilized during the screening process:

- SASSI
- SMAST
- Psycho social history (includes family, medical, military, emotional, legal, and drug abuse histories)
- Consent for drug screen
- Notification of patient rights
- Release of information form
- DA screening sheet w/ risk assessment

(See folder A for examples of each)

After completion, the results of the screening packet plus a summary by the treatment team will be distributed to the stakeholders for their final approval/disapproval of offender. If all stakeholders approve of entry into program by offender, the

offender will go before the judge then into the segregated pod and receive a client handbook. The treatment team will then complete the following forms in preparation for admission.

- ASI
 - Intake summary
 - Referral review
 - Initial treatment plan
 - All required releases and treatment agreements
- (See folder B for examples of each)

On page 7 is a flow chart of the process described above.

CASE PROCESSING AND MANAGEMENT

Case Processing

The following will describe the progression of the offender from entry into the criminal justice to admission into the program.

Admission/Referral Check:

Offenders who will ultimately be housed within or entering the 16th Judicial District criminal justice system via conviction, arrest due to bench warrant, plea bargain, transfer from another district, or who are currently housed in the district can be screened by any of the stakeholders.

Name:

DOB:

SS#:

**ST. MARY PARISH REENTRY COURT
ADMISSION/REFERRAL WORKSHEET**

	YES	NO	N/A
Age 17 or older.....	<input type="checkbox"/>	<input type="checkbox"/> ineligible	
History of chemical dependence and addiction.....	<input type="checkbox"/>	<input type="checkbox"/> ineligible	
History of violent crimes, gang affiliation.....	<input type="checkbox"/> ineligible	<input type="checkbox"/>	
Significant drug dealings.....	<input type="checkbox"/> ineligible	<input type="checkbox"/>	
Drug possession amount consistent with personal use.....	<input type="checkbox"/>	<input type="checkbox"/> ineligible	<input type="checkbox"/>
Weapon used in the commission of crime.....	<input type="checkbox"/> ineligible	<input type="checkbox"/>	
Felony pending or unresolved in same instrument at the time of admission.....	<input type="checkbox"/> ineligible	<input type="checkbox"/>	
More than 10 years incarceration time remaining.....	<input type="checkbox"/> ineligible	<input type="checkbox"/>	
Defendant eligible for early release.....	<input type="checkbox"/>	<input type="checkbox"/> ineligible	

Stipulate holds from other jurisdictions below:

Please indicate on the space provided below whether the offender is approved or denied and any additional comments such as conditional approval or why the offender was denied approval.

Judge _____

District Attorney (indicate if the police or victim need to be contacted) _____

Police _____

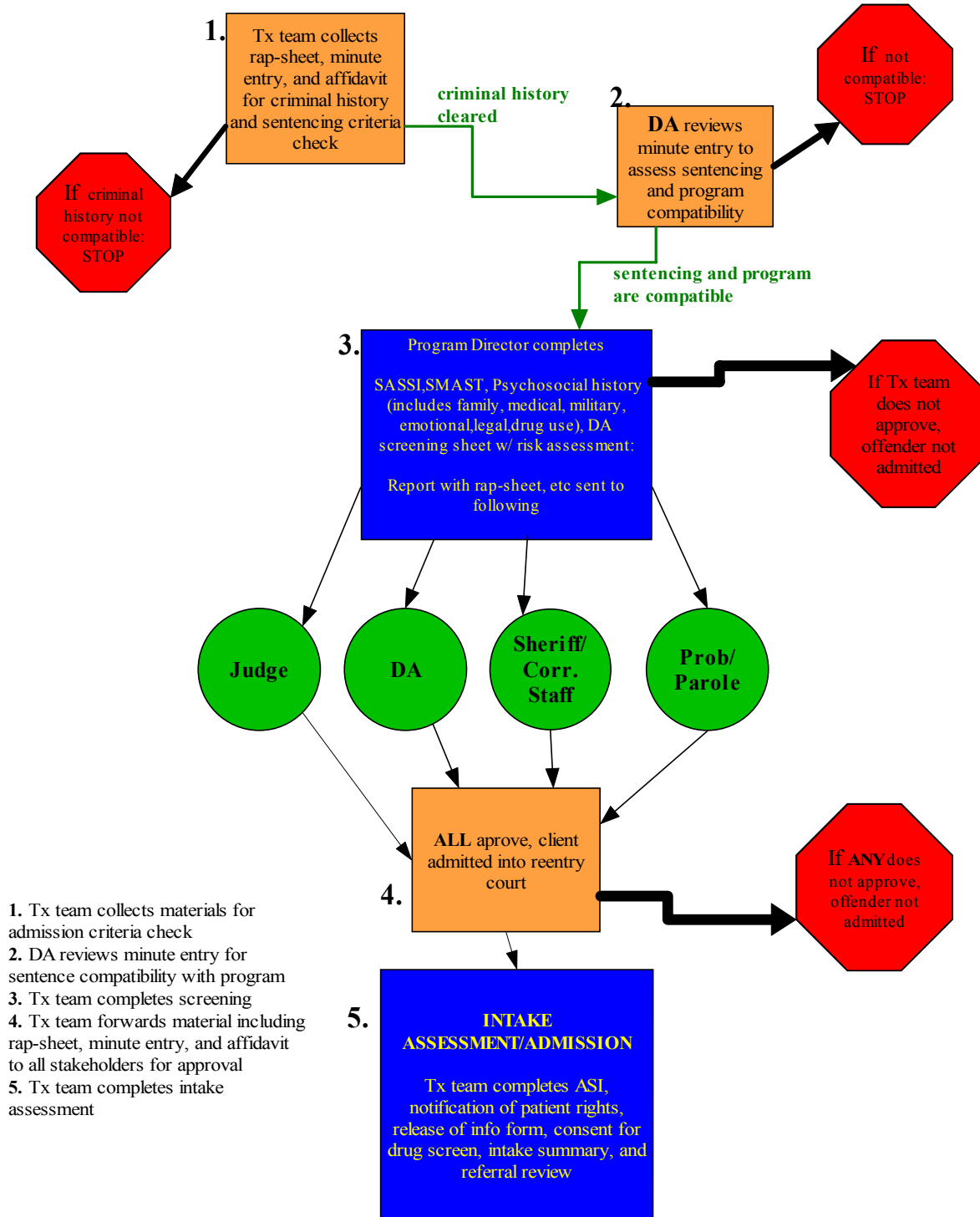
Victim _____

Sheriff/correctional staff _____

Probation/Parole _____

Reentry Court Flow-Chart for Screening/Admission Process

The Judge, DA, Sheriff, Warden, Probation/Parole, or Tx team can refer individual to Reentry Program



The Judge, DA, Sheriff, Warden, Probation & Parole, or the treatment staff can individually or in concert with other stakeholders refer an offender to the treatment program. It is the responsibility of the referring stakeholder to complete the Admission/Referral Worksheet in order to ascertain if the offender is eligible. Once the offender has cleared the admission/referral criteria, the stakeholder will alert the Program Director in writing by forwarding a copy of the completed Admission/Referral Worksheet.

Screening Packet:

The Program Director will then assign a member of the treatment team to complete a screening packet with the offender who will be informed of the programs structure and expectations. The treatment team will then disseminate the results to all stakeholders who will then give their approval/disapproval in writing. If all stakeholders approve admission, the offender will be housed at a segregated pod in the St. Mary Parish Law Enforcement Center at 9311 Hwy 90 West, Centerville, LA 70522.

Urinalysis:

An additional aspect of the screening process will require the offender to submit to a full panel drug screen. A positive result does not exclude an offender. Additional drug screening which may be used include hair testing, sweat patches and oral swabs (saliva testing). Treatment recommendations and course will utilize the information gathered from the initial drug screen that will test for the following drugs of abuse:

Cannabis	Cocaine	Amphetamine
Meth-Amphetamine	Benzodiazepines	Barbiturate
Opiates	PCP	Ethanol
Soma		

Admission Packet:

When the offender is admitted into the reentry program he will from then on be known as a client. This will help ensure that the client, treatment staff, and corrections staff view the individual as someone actively involved in their own rehabilitation and treatment.

The treatment team will complete an admission packet and

will start a client chart with the results from the Admission/Referral Worksheet, Screening Packet, and Admission Packet.

An important aspect of the reentry program is the seamless transition by the client from Level I- prison-based treatment program into Level II- St. Mary Parish Adult Drug Court Outpatient Clinic. This policy and procedures manual utilizes some of the information found in the outpatient program policy and procedures manual.

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 Hospitals.

Each chart will include the following:

Referral Forms	Physical Exam Results
Court Reports	Drug Screen Results
SASSI	Group Therapy Rules
Releases of Information	ASI
Intake Forms	Progress Notes
Client Contracts	Treatment Plan
Client Evaluation	Drug Screen Consent
Patient Rights	Client Data
Emergency Information	Case Activity Sheet
Phase Advancement Form	Client Termination &
Discharge Summary	
Family Attendance Calendar Log	Consent for Blood Work & TB
Testing	

These records will be kept by the treatment team, as well as additional referrals including mental health recommendations or psychiatric evaluations.

REENTRY DRUG COURT TEAM

The Judge is the "leader" who oversees the entire program. He works with all others involved from admission to discharge. He monitors the progress of clients and meets with clients when necessary.

The Warden aids public safety through maintaining the security of the parish jail. He oversees the day to day operation of the jail and all programs within it. The warden makes the necessary arrangements allowing the reentry program the physical space and time needed to operate and succeed. He and his staff are instrumental in referring offenders to the program as the jail staff knows the offenders extremely well.

The Sheriff also aids public safety as the official ultimately responsible for the safety and security of those in the parish including the jail. He also has assistance due to his desire to see the program succeed and will refer individuals to the program.

The District Attorney or Assistant District Attorney assigned to the reentry court, meets with all staff to discuss client issues. He refers clients for admission, and can recommend appropriate sanctions. He monitors probation officers and police officers to assure client compliance with court instructions. He attends status hearings, and is needed to obtain the victim's approval for admitting the offender into the program.

The Probation/Parole Officer screens candidates and makes referrals for assessment to the treatment provider. The officer will also assist in recommending appropriate sanctions if needed and be available should problems arise.

The Treatment Team is responsible for the design, implementation, and monitoring of the program.

- Lars Levy as the Administrator will monitor and supervise the Program Director and other treatment staff.
- The Program Director will oversee the day to day operations including supervision of counseling and case management staff. He attends all staff meetings and status hearings. The Program Director also conducts therapy and lecture sessions and will be responsible for approving treatment screening and admission assessments. He directs activities and reporting to ensure quality and care to all clients.
- The Primary Counselor is responsible for facilitating the clients' recovery through intensive treatment. The treatment

will include education in chemical dependence and relapse groups. The counselor will be responsible for maintaining accurate and complete case records, and will attend status hearings and make recommendations to the court.

- The Case Manager is involved in screening clients and will address client needs for ancillary services. These services include but are not limited to; medical, educational, and employment needs. The case manager also prepares reports and maintains complete and accurate records. He/She may also be required to follow up on status of client once the client is referred to an outpatient facility. The case manager is responsible for compiling all the relevant data presented at status meetings. The case manager is responsible for completing treatment screening.
- The Support Staff may also include Licensed Practical Counselors, Licensed Social Workers, Board Certified Substance Abuse Counselors, lab technicians, an administrative manager, van drivers, compliance officer, contract therapists or Psychiatrist, and clerical employees.

The Evaluator will do an independent process and outcome evaluation on the effectiveness of the program. The program compiles data such as the Addiction Severity Index and MIS as indicated by the Louisiana Supreme Court Drug Court Program Office.

OUTPATIENT DRUG COURT TEAM

The Judge is the "leader " who 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	Monthly
Phase IV	Monthly
Aftercare	Every two months

Status hearings are held each Monday afternoon at 4:00 pm. 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. He refers all clients for admission. He recommends appropriate sanctions for non-compliance. He monitors probation officers and police officers to assure compliance with court instructions. He attends status hearings.

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

The Police Liaison acts as a conduit between the Court and treatment provider, working with all parties to assure client compliance. He works closely with the Judge, relaying information obtained in the field such as; clients' home 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 the 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 or Clinical Supervisor is employed by the treatment provider and reports to the Administrator. He is responsible for the day to day operations of the Clinic including the training and supervision of all counseling staff. He is also responsible for the supervision and training of the drug testing component as well as the case management staff. He attends all staff meetings and status hearings. He directs activities and reporting to ensure quality and care to all clients.

The Primary Counselor is responsible for facilitating the clients' 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 issues. The counselor will be responsible for maintaining accurate and complete case records on each client. He 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. They may also include detox and/or inpatient treatment. 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 days docket, what happened at the last court appearance, what the current status 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 Professional Counselors, Licensed Social Workers, Board Certified Substance Abuse Counselors, lab technicians, an administrative manager, van drivers, compliance officer, Psychiatrist and clerical employees.

PROGRAM STANDARDS

TREATMENT REQUIREMENTS AND METHODS

Prison Based Treatment (PBT)

Substance abuse treatment services will be provided by a multi disciplinary team that may include licensed practical counselors, licensed social workers, board certified substance abuse 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 24 clients. St. Mary Reentry Drug Court 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, the following services will be performed when appropriate to that client's treatment plan:

- Intensive Prison-Based; Clients will participate every day during each of the three phases. Clients will be required to complete assignments on their own during off-work hours. See page 15.

- Three staffings will include Initial (within 48 hrs.), Treatment Planning (within 30 days) and Discharge. Staffings shall be required at least every 90 days thereafter until discharge.
- The provider agrees to provide four phases of treatment, each varying in length of stay and intensity. The course of treatment in all four phases will culminate in the successful completion of the treatment program after a minimum of twelve months. Each client is required to complete the tasks assigned during each phase of treatment. These phase advancement tasks are outlined in the client handbook that is given to the client at intake.
- Provider agrees to report to the 16th Judicial District Court and its officers on the status of all participants whenever requested. Treatment will provide an educational series of lectures consisting of topics including, but not limited to;
 - Relapse Prevention
 - Disease Concepts
 - Criminal Thinking
 - Anger and Conflict Resolution
 - Vocational and Educational Enhancement
 - Relationship Skills
 - Family Dynamics
 - Parenting Skills
 - Cultural Issues
 - Cross Addiction
 - Spirituality
 - Prevention of Sexually Transmitted Diseases
 - HIV Education
 - Coping Skills
 - Life Skills
 - Gambling
 - Character Development
 - Program Orientation Series

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 each client 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. In the case of a dual-diagnosed client, the client may see the mental health counselor and/or case worker, LPC or LCSW as well as their primary substance abuse counselor simultaneously.
- All outside treatment will be monitored by the case manager until the client 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 lecture during Phase I.
- All clients are required to participate in AA /NA 12-step groups.
- The provider will perform urine drug testing on all clients throughout program participation on a random basis.
- The provider will provide an aftercare component to clients that have completed both prison-based and outpatient programs. 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, and all graduates are encouraged to enroll. Clients will attend weekly, and drug testing is random.

LEVEL ONE

PHASE ADVANCEMENT

PRISON-BASED TREATMENT

Phase I -minimum of 4 weeks

Phase goals/advancement tasks:

1. Complete and process Drug History-1st week
2. Complete and process Criminal History-2nd week
3. Complete and process Family Tree w/ History-3rd week
4. Complete and process Significant Others History-4th week
5. Maintain drug-free living
6. Participate in AA/NA meetings
7. Participate in therapy sessions
8. Attend and participate in lectures and pass lecture-based quizzes
9. Work toward GED

Attendance:

Each client must complete all assigned materials of educational/experiential work as found on the lecture schedule. Clients are expected to pass quizzes relating to lecture material. Failure to pass quizzes or attend these lectures for any reason may affect a client's ability to advance to Phase II.

Maintaining Sobriety/Drug and Sanction Free Status:

Any positive drug screen/ breath test will result in sanctions and delay advancement to Phase II. If a client receives any sanction while in Phase I, that client must remain sanction-free for a period of two weeks before advancing to Phase II.

AA Meetings:

Clients must attend 1AA/NA meetings per week.

Assignments:

Clients must complete written work on a personal histories. Clients may get a copy and directions from a counselor. Help is available if needed. Histories must be completed, turned into a counselor, and processed in group sessions before advancement to Phase II.

GED:

Clients who do not have a high-school diploma or GED must be actively working toward completion of their GED.

Phase II -minimum of three months

Phase goals/advancement tasks:

1. Complete and process Education/Vocation History
2. Complete and process Life Skills Development
3. Complete Journaling Skills
4. Complete and process Risks/Needs for Sobriety
5. Complete and process Long-term Treatment Plan
6. Maintain drug-free living
7. Participate in AA/NA meetings
8. Participate in therapy sessions
9. Participate in lectures and pass lecture-based quizzes
10. Work toward GED
11. Complete and present Relapse Prevention Packet

Attendance:

Each client must complete all sessions of educational/experiential work as found on the lecture schedule. Clients are expected to pass quizzes relating to lecture material. Failure to pass quizzes or attend these lectures for any reason may affect a client's ability to advance to Phase III.

Family Attendance:

Clients are required to have family attend the family group therapy sessions. Clients must attend all assigned family sessions in

order to advance to Phase III. If clients have trouble getting family members to attend, staff or the judge will help.

Maintaining Sobriety/Drug and Sanction Free Status:

Any positive drug screen/ breath test will result in sanctions and delay advancement to Phase III. If a client receives any sanction while in Phase II, that client must remain sanction-free for a period of one month before advancing to Phase III.

AA Meetings:

Clients must attend 1 AA/NA meetings per week.

Assignments:

Clients must complete written work on all assignments. Clients may get a copy and directions from a counselor. Help is available if needed. Assignments must be completed, turned into a counselor, and processed in group sessions before advancement to Phase III.

GED:

Clients who do not have a high-school diploma or GED must be actively working toward completion of their GED.

Phase III -minimum 8 weeks

Phase goals/advancement tasks:

1. Complete and process Job Placement/Continuing Education Plan
2. Complete and process Transition Plan
3. Complete and process Continuing Treatment Plan
4. Maintain drug-free living
5. Participate in AA/NA meetings
6. Participate in therapy sessions
7. Participate in lectures and pass lecture-based quizzes
8. Work toward GED
9. Complete Discharge Plan of Action

Attendance:

Each client must complete all sessions of educational/experiential work as found on the lecture schedule. Clients are expected to pass quizzes relating to lecture material.

Failure to pass quizzes or attend these lectures for any reason may affect a client's ability for Level Advancement.

Family Attendance:

Clients are required to have family member attend the family group therapy sessions. Clients must attend all assigned family sessions for Level Advancement. If clients have trouble getting family members to attend, staff or the judge will help.

Maintaining Sobriety/Drug and Sanction Free Status:

Any positive drug screen/ breath test will result in sanctions and delay Level Advancement. If a client receives any sanction while in Phase III, that client must remain sanction-free for a period of one month before Level Advancement.

AA Meetings:

Clients must attend 1 AA/NA meetings per week.

Assignments:

Clients must complete written work on all assignments. Clients may get a copy and directions from a counselor. Help is available if needed. Assignments must be completed, turned into a counselor, and processed in group sessions before Level Advancement.

GED:

Clients who do not have a high-school diploma or GED must be actively working toward completion of their GED.

The client who successfully moves through all three phases of Level One will advance to Phase One of Level Two. This 2-4 week reassessment period in Phase I of outpatient treatment will allow the treatment team to monitor the client's transition into the free-world.

**LEVEL TWO
PHASE ADVANCEMENT**

OUTPATIENT TREATMENT

(see page 22 for overview)

Phase I 8 weeks

Phase goals/advancement tasks:

1. Seamless transition from incarceration to outpatient program
2. Establish client into stable setting

The outpatient treatment team and reentry treatment team will use the two to four-week period to assess the client's adjustment to the new living situation. When both treatment teams complete their evaluation the client will be advanced to Phase II or be held in Phase I for continued training. If the client is held in Phase I, the treatment teams will evaluate him every four weeks for possible Phase Advancement. While the client is in Phase One, he must comply with all rules and regulations according to the following procedures.

Attendance:

Each client must attend educational/experiential work as found on the lecture schedule. Failure to attend these lectures for any reason (excused or unexcused) may affect a client's ability to advance to Phase II.

Maintaining Sobriety/Drug and Sanction Free Status:

Any positive drug screen/ breath test will result in sanctions and delay advancement to Phase II. If a client receives any sanction while in Phase I, that client must remain sanction-free for a period of one month before advancing to Phase II.

AA Meetings:

Clients must provide written proof of having attended 3 AA/NA meetings per week. AA/NA sheets are to be turned in at the first group meeting each week. During Phase I, clients are encouraged to attend OPEN AA/NA Meetings. OPEN AA/NA Meetings are meetings that are open to the general public. A counselor will help find times and locations of these meetings.

Family Attendance:

Clients are required to have family member attend the family

group therapy on Tuesday nights. If clients have trouble getting family members to attend, staff or the judge will help.

Employment/Education:

Every client must get a full-time job or enroll in an educational program. Clients make an appointment with the Case Manager for job referrals and educational placement. Clients are not allowed to work offshore or have an offshore-type of work schedule during Phase I because of the need to attend treatment and be available for drug testing, etc.

Fees:

Clients must have a minimum balance of \$50.00 on his drug screen bill in order to advance to Phase II. Fees are assessed at intake and are based on the clients' 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.

Assignments:

Clients must complete written work on assigned material. Clients may get a copy and directions from a counselor. Help is available if needed. Any assignments must be completed and turned into a counselor before advancement to Phase II.

Phase II (Phase II will last a minimum of 4 months.)

Phase Goals:

Achieve identified short-term goals;

1. Show that client's life and behavior have changed;
2. Teach and establish communication and coping skills;
3. Identify, address, and educate client and family on relapse prevention;

Provide Phase II services;

4. Group counseling at least 2 times per week

5. Weekly Family Group (mandatory attendance once per month).
6. Status Hearings every 2 weeks.
7. Random drug testing 2-3 times per week.
8. Individual counseling at least 2 times per month.
9. Family Individuals/ collaterals as needed.

Attendance:

Clients must attend 2 group counseling sessions per week and all assigned random drug screens. Failure to appear for these sessions and drug screens for any reason (whether excused or unexcused) will affect a client's progress to Phase III.

Maintaining Sobriety/Drug and Sanction-Free Status:

Any positive drug screen/breath test will result in sanctions and delay progress to Phase III. Client must have at least 2 months of drug-free sobriety without any sanctions by the Judge in order to qualify for advancement to Phase III.

AA/NA Meetings:

Clients must provide written proof of having attended 3 AA/NA meetings per week. AA sheets are due at the first group meeting of each week. Clients will get a 12-Step (AA/NA) Sponsor during Phase II. 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.

Family Attendance:

Clients are required to have family attendance at family group therapy on Tuesday nights. Clients must have a minimum one documented family group attendance per month in order to advance to Phase III. If clients have trouble getting family members to attend, staff or the judge will help.

Employment/Education:

Clients must keep a full-time job or be enrolled in an educational program. The Case Manager can help with job referrals and educational placement. Clients may have offshore jobs or have

an offshore-type work schedule after 2 months of continuous success in Phase II. Clients' offshore privileges, however, are based on their participation in the program. Clients must notify their counselors or the compliance officer 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.

Treatment Issues:

Each client will develop a plan for his or 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.

Fees:

Clients must have a minimum balance of \$50.00 on his drug screen bill in order to advance to Phase III.

Assignments:

- Each client will present his or her written "Drug History" in group therapy;
- Each client will reflect on and write about the "Consequences I've paid due to my use of alcohol and/or other chemicals" and present this in group therapy;
- Each client will consider and write out "15 ways my alcohol and/or drug use has negatively affected my family and/or loved ones" and present that list in group therapy;
- Each client will make a list of "Personal Defense Mechanisms" and present that list in group therapy;
- Each client will obtain a "12-Step Sponsor;"
- Each client will have sponsor write at least one letter per month about the client and the client is responsible for giving that letter to his or her Counselor each month.

All assignments must be checked by the Counselor and marked as completed on the group roster in order for the client to be eligible to advance into Phase III.

Phase III (Phase III will last a minimum of 3 months.)

Program goals/advancement tasks:

1. Assess client's ability to apply positive behaviors in the home, work, and community settings;
2. Complete a detailed follow-up assessment of educational and vocational needs;
3. Establish clearly developed long-term goals;
4. Slowly reduce length and frequency of direct treatment services;
5. Provide Phase III services:
6. Group counseling at least once per week.
7. Weekly Family Groups (Mandatory attendance once per month).
8. Status hearings once per month.
9. Random drug screens 1-2 times per week.
10. Individual therapy at least once per month.
11. Family Individuals/collaterals as needed.

Attendance:

Clients must attend one 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 progress to Phase IV.

Maintaining Sobriety/Drug and Sanction-Free Status:

Any positive drug screen/breath test will result in sanctions from the Judge and delay advancement to Phase IV. Clients must have at least 2 months of continuous sobriety and no punishments (sanctions) from the Judge in order to progress to Phase IV.

AA/NA Meetings:

Clients must provide written proof of having attended 3 AA/NA meetings per week. AA/NA sheets are due the first group meeting of each week. Clients' 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.

Family Attendance:

Clients are required to have family attendance at family groups on Tuesday nights. Clients must have a minimum of one documented family group attendance per month in order to progress to Phase IV.

Treatment Issues:

- Each client will update his or her Plan of Recovery with the Counselor to include new short-term goals for his or her specific needs and plans. A minimum of 5 short-term goals must be identified and completed in order to progress. These goals are to be developed by the client and the Counselor together and approved by the Clinical Supervisor or Program Director;
- Each client must maintain full-time employment or school attendance;
- Each client must develop a Continuing Care Plan with his or her Counselor.

Fees:

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

Assignments:

- Each client must produce in writing a list of “My Identification of Relapse Warning Signs and Triggers” and present this in group therapy;
- Each client must write out “My Specific Plan to Address my Relapse Warning Signs and Triggers” and present this in group therapy.
- Each client will have sponsor write at least one letter per month about the client and the client is responsible for giving that letter to his or her Counselor each month.

All assignments must be checked by the Counselor and marked as completed on the group roster in order to be eligible to advance to Phase IV.

Phase IV (Phase IV will last a minimum 3 months.)

Program goals/advancement tasks:

1. Provide ongoing court supervision to support of independent life functioning.
2. Enable clients to have individualized, short-term, or intensive treatment services as needed;
3. Support clients in continued use of skills developed during intensive treatment process;
4. Provide support and supervision to clients as they display positive behaviors;
5. Achieve previously-developed long term goals;
6. Reduce and eventually terminate treatment services to each client while ensuring that the client has the skills and motivation to maintain sobriety and a drug-free lifestyle;
7. Provide Phase IV services:
8. Individual counseling at least once per month. (Note: it is the client's responsibility to contact his or her Counselor to schedule appointments.)
9. Attend Phase IV Therapy Groups;
10. Weekly home visits are made by the Compliance Officer;
11. Educational/Vocational and employment monitoring every 2 weeks;
12. Random drug screens 1-3 times per month.

Attendance:

Clients must attend one individual counseling session per month (with his or her assigned primary Counselor) and all assigned random drug screens. Also, clients must attend one group counseling session per week. Until graduation, clients must still follow U/A guidelines and make individual sessions. Failure to appear for these sessions for any reason (whether excused or unexcused) will affect ability to graduate.

Maintaining Sobriety/Drug and Sanction-Free Status:

Any positive drug screen/breath test will result in sanctions from the Judge. Clients must have at least 3 months of continuous sobriety and not have any sanctions from the Judge in order to qualify for graduation.

AA/NA Meetings:

Continuing to attend AA/NA meetings has been shown to help people stay sober and drug-free. Continuing to attend meetings is important to continued recovery. For the first 3 months, clients are to attend two AA meetings weekly and bring meeting verification to group.

Family Attendance:

Clients are encouraged to continue having family attendance at family therapy groups, however this is not mandatory in Phase IV.

Treatment Issues:

- Client will discuss with Counselor during Phase IV group therapy and monthly individual therapy how the client's "Continuing Care Plan" is working. Make adjustments as needed;
- Each client will maintain employment or school attendance (monitored by Case Manager);
- Client will obey all conditions of probation including curfew and drug rules as well as staying away from bars, casinos, etc. (monitored by Compliance Officer and Probation Officer).

Fees:

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

Assignments:

Each client will develop a Continuing Care Plan with the help of his or her Counselor.

Important Note:

If client or family members have any questions about any phase of the Drug Court Program or requirements of the program, or if there is anything you do not understand, they are encouraged to as

Counselor, Case Worker, or the Judge during your hearings.

Additional Therapies:

Additionally, a therapist conducts speciality groups for Relapse on Wednesday nights to assist client who have relapsed during the course of the program.

Another group is available for Cultural Issues on Wednesday nights. Both of these group are conducted by very qualified therapist in their field.

Speciality Individual sessions on Anger Management, relationship building and Parenting are also offered at various times or on an as needed basis.

It is also important to note that gender specific group are in place as women are treated together in their phase groups.

PROGRAM COMPLETION AND AFTERCARE

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 treatment provider is eligible to graduate from the program. A graduation ceremony is held at the 16th Judicial District Courthouse in Franklin, 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.

AFTERCARE -CONTINUING CARE

St. Mary Adult Drug Court Outpatient Clinic offers an aftercare program for all graduates. This program is voluntary and meets weekly with a counselor in a group setting. Individual counseling sessions are also available if requested.

REVOCAATION

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 not attending 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 clients' 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".

INCENTIVES AND SANCTIONS

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;

Movie tickets, bowling passes, passes to health club, free lunches and dinners.

Extend curfew hours and travel out of state for special occasions

Phase advancement, reduction in status hearings

T-Shirts, baseball caps and coffee mugs.

Sanctions are used whenever non-compliance becomes an issue. A sanction schedule is attached (14a) based on a point system. 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.

DRUG SCREENING

The policy of St. Mary Adult Drug Court Outpatient Clinic with respect to drug screening is based on a random color coded system. Addition tests such as hair testing and sweat patch tests are used with GCMS confirmation available. The Reentry Drug Court will test randomly while in prison and according to outpatient rules once client is admitted into that program.

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 nurses’ 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.

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 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 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 clients' drug of choice.

Collection

All urine samples must be supervised and collected by staff. Staff members will observe and collect from same sex clients only.

The collection bottles used are sterilized with lids on in sealed bags. The bags are opened by the staff 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. When collecting specimens from female clients, colored water is to be added to the toilet bowl prior to the client entering the restroom in order to minimize falsified samples.

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

St. Mary Reentry Court and Adult Drug Court Outpatient Clinic utilize Secon Laboratories for testing urine specimens for drugs of abuse.

St. Mary Reentry Court and Adult Drug Court Outpatient Clinic recognize that samples are not confirmed positive until tested and confirmed by GC/MS testing procedures. All positive results are presumptive until GC/MS is performed.

The urine samples will remain under the control of the Lab Tech once they are 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 philosophy.

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 clients’ addiction and reported to the court for appropriate sanction. A review of the clients’ 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 or inpatient treatment.

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. If the GC/MS test confirms the positive result the cost of that test will be borne by the client. If the GC/MS fails to confirm the positive result, the clinic will pay for that test.

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.

DATA COLLECTION AND EVALUATION

Addiction Severity Index

St. Mary Reentry Court and Adult Drug Court Outpatient Clinic utilize the Addiction Severity Index (ASI), a software program designed by Accurate Assessments, Inc., Omaha, Nebraska. This software is used at the intake and assessment

process and throughout treatment and discharge. All charts are computerized and a follow up ASI is conducted at discharge. 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 ASI 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.

Louisiana Supreme Court MIS

St. Mary Reentry Court and Adult Drug Court Outpatient Clinic have entered into an agreement with Louisiana Supreme Court to assist this drug court programs 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. The Supreme Court has also been tasked to coordinate the statewide Management Information System that will be in full operation by April 1st.

Additional Evaluations

A process and outcome study has also been compiled by Dr. Ken Robinson of Memphis Tenn. and Dr. Faye Taxman. At this time the St. Mary Court has not seen the results of this four court comparison evaluation.

QUALIFIED SERVICE ORGANIZATIONS

St. Mary Adult Drug Court Outpatient Clinic and the following organizations or persons have entered into a cooperative agreement to provide ancillary services for our clients;

Dr. Earline Gadow, M.D.:	To provide medical examinations and referrals for additional medical treatment
Louisiana Supreme Court:	To provide program evaluation
Dr. Ken Robinson:	To provide program evaluation
Louisiana Rehabilitative Services:	To assist clients in acquiring job skills and training
Morgan City Adult Learning:	To assist clients in acquiring GED
Franklin Adult Learning:	To assist clients in acquiring GED
La. Dept. of Labor Employment:	To assist in verification of employment and income Security Referrals for employment
Teche Action Clinic:	Provides medical services including psychiatric as well as physical for clients based on an ability to pay
Dr. Douglas William Greve, M.D.:	Provides psychological evaluations and assists with staff training
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

Bayou Council of Louisiana:

Assists clients in accessing community-based services such as job training, parenting classes and educational workshops for quality of life issues

Chez Hope:

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

St. Mary Reentry Court and Adult Drug Court Outpatient Clinic have 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.