

MONTGOMERY COUNTY COURT OF COMMON PLEAS

MONTGOMERY COUNTY COURT HOUSE

POLICY AND PROCEDURE MANUAL

Drug Treatment Court

Pathway to a Productive, Substance-Free Future since April 2006

MONTGOMERY COUNTY BOARD OF COMMISSIONERS

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TABLE OF CONTENTS

Drug Treatment Court Introduction, Mission, Goals and Beliefs	1
Drug Treatment Court Team	2
Drug Treatment Court Team Roles and Responsibilities	2
Eligibility Principles and Application Process	3
Ineligibility Standards and Reconsideration Process	5
The Program	6
Length and Phases of the Program	7
Daily Expectations	8
Drug Treatment Court Standards on Medications	9
Treatment Providers	9
The Role of Sanctions and Incentives	9
Voluntary and Involuntary Discharge from Drug Treatment Court	10
Graduation and the Requirements	10
Diversion and Recovery Case Discharge	10
Restrictive Intermediate Punishment Discharge	10
Graduation and the Requirements	10
Training	11
Confidentiality	11
Data Collection	11
Sustainability and Partnerships	12

APPENDICES

Appendix A – Traditional Court Characteristics vs. Treatment Court Characteristics	15
Appendix B – Application and Referral Form	17
Appendix C – Rules and Conditions Governing Drug Treatment Court	23
Appendix D – Phase Requirements	27
Appendix E – Incentive Response Model	29
Appendix F – Sanction Response Model	31
Appendix G – Drug Court Weekly Verification	33
Appendix H – Phase Promotion Consideration	35
Appendix I – Graduation Requirements	37

Appendix J – Application for Graduation39
Appendix K – Alumni Phase Agreement43
Appendix L – Graduation Survey for Drug Treatment Court Participants45

DRUG TREATMENT COURT INTRODUCTION, MISSION, GOALS AND BELIEFS

Introduction

The Montgomery County Drug Treatment Court began operation in April 2006 as an alternative to traditional methods of disposition for offenders struggling with substance abuse disorders. The program identifies eligible candidates, assesses risk/need, and develops a treatment plan. It is not a traditional probation/parole approach; utilizing evidence based practices, providing intensive treatment, intensive supervision, and regular judicial interaction.

In April of 2010, the community supervision component of Restrictive Intermediate Punishment was merged with the Montgomery County Drug Treatment Court; adding proven rehabilitative strategies to changing offender behavior. Through increased drug testing, access to long term treatment, and judicial oversight the Adult Probation Department witnessed an increase in successful completions and a further reduction in recidivism.

(In 1997, Pennsylvania's Sentencing Guidelines include a mechanism by which the sentencing court may consider the use of Treatment-based Restrictive Intermediate Punishment (R.I.P.) as an alternative to incarceration for non-violent offenders assessed to be dependent on alcohol and/or drugs. When an offender is targeted and identified as a potential candidate for R.I.P, a comprehensive diagnostic assessment is conducted to determine the appropriateness and necessity of treatment. If the offender gets approved without objection by the Judge or District Attorney, the offender is diverted from incarceration and begins intensive drug and alcohol treatment.)

In November 2016, The Montgomery County Drug Treatment Court was awarded Accreditation by the Pennsylvania Supreme Court. The Accreditation Program for Adult Drug and DUI Treatment Courts initiated in 2011 by the Administrative Office of Pennsylvania Courts as a way to assess a court's adherence to the "Ten Key Components" and best known practices of Problem Solving Courts.

Mission

The mission of the Montgomery County Drug Treatment Court is to enhance the safety of the community by providing intensive substance abuse treatment, education, and related services to offenders while under criminal justice supervision. Our method provides comprehensive treatment of the offender and factors that drive their addiction, empowering the offender to overcome barriers which interfere with their ability to make behavioral and life change possible.

Drug Treatment Court Goals And Beliefs

Multidisciplinary Team Approach:

The multidisciplinary team approach involves collaboration among judiciary, supervision, and treatment services to help the participant achieve life changing goals.

Promote Community Safety:

The program's goal is to reduce recidivism rates among offenders and make the community a safer place by treating the underlying addiction.

Conserve Resources:

The program utilizes various community services (i.e. treatment services, sober support networks) to provide participants with the ability and knowledge to lead crime and substance free lives; in return reducing further impact to community resources.

Provide a Framework for Better Lives:

The program allows the participant the opportunity to learn not just about their addiction but about themselves, what and what not to do in high-risk situations, and ways to improve their life skills. This results in better, more productive lives for the participant and those around them.

DRUG TREATMENT COURT TEAM

The Montgomery County Drug Treatment Court team consists of a Judge, District Attorney, Public Defender, Coordinator, Probation Officer Supervisor, Probation Officers, Law Enforcement, and Treatment Service Providers. The team holds weekly conference meetings to discuss the progress and formulate methods to help allow a successful outcome for each participant. The weekly meeting also allows the opportunity for information sharing, discussing imposing incentives and sanctions, and team members to hear perspectives on a participant from those filling other roles on the treatment team.



Administrative meetings are held quarterly to review policy and procedures, the memorandum of understanding (MOU), trends in the field, as well as to develop new program strategies. Pending Referral/Application meetings are held weekly to review pending applications for admission to the program. Drug Treatment Court Treatment Coordination meetings are held quarterly to review treatment and funding policy and procedures.

DRUG TREATMENT COURT TEAM ROLES AND RESPONSIBILITIES

Judge

The Drug Treatment Court Judge's role provides leadership and direction to the team, judicial supervision of participants, and directs the weekly status conference meetings. The Judge is the final arbiter in any decision on which there is not agreement of the team. During the court process the judge administers graduated sanctions and incentives, based on input from the team, to increase each participant's accountability and to enhance the likelihood of long-term participation in treatment and recovery.

District Attorney

The Assistant District Attorney's (ADA) role is to review all applications for legal eligibility. The eligibility assessment includes a review of the participant's criminal history, consultation with victims, and appropriate dispositions upon the participant's entry into the program.

As part of the collaborative team, the ADA monitors the participant's progress and can make recommendations regarding incentives and sanctions. If a participant is re-arrested, the ADA investigates the new criminal charges and assesses the appropriateness of continued participation in the program.

Public Defender

The Assistant Public Defender/Defense Counsel's role is to represent and advise the participant in all court proceedings and protect the participant's constitutional rights and civil rights.

Coordinator

The Coordinator's role it is to oversee the overall function of the program including budgetary issues, administrative documentation of program policy and procedure, concerns related to treatment provisions, and serves as liaison to government and community agencies. The Coordinator reviews all referrals for initial eligibility and coordinates the assessment process. In addition, the Coordinator organizes all information for referrals to present to the team and gathers relevant information for the weekly status conferences.

Probation Officers

The Probation Officer's role is to provide intensive supervision and uphold the program standards while keeping the participant accountable to meeting goals. A Probation Officer Supervisor oversees the Probation Officers and addresses supervision issues. The Probation Officer focuses on community involvement including meeting with the participant in the field, interacting with community-based organizations, overseeing restitution, and collaborating with treatment providers. Probation Officers provide insight at the weekly status conferences.

Law Enforcement

The Deputy Sheriff's role is to serve as liaison between the program and law enforcement agencies. The liaison may also assist with background investigations of potential participants, providing inter-county transports to treatment facilities, and follow-up on warrants issued through the Court. The liaison is responsible for dissemination of information to law enforcement agencies that come in contact with drug court participants to assure reasonable and appropriate measures are used when checking the participants for compliance.

Treatment Service Providers

The treatment provider's role is to provide treatment services through evidence based practice to the participant as clinically recommended. Treatment providers are responsible to work consistently with the Probation Officers and the court to provide weekly updates on the participant's progress, challenges that have been encountered, and to keep the Court aware of any concerns. Treatment providers obtain necessary releases of information from the participant to allow sharing of information. Treatment service providers offer clinical insight at the weekly status conferences.

ELIGIBILITY PRINCIPLES AND APPLICATION PROCESS

The Montgomery County Drug Treatment Court receives referrals from a variety of sources including the applicant, arresting officers, probation/parole officers, District Justices, District Attorneys, and the defense bar. The Court allows a onetime admission into the program notwithstanding of a participant's completion or non-completion. An applicant must meet eligibility requirements including; a resident of Montgomery County, a clinical diagnosis of Substance Use Disorder, and pending conviction or Gagnon violation of an eligible criminal offense. Referrals are categorized into four types:

Diversion Cases: New criminal cases to the Criminal Justice System. The District Attorney has sole discretion over eligibility. They require a written admission of guilt and waiver for speedy trial rights (Rule 600) to the charges prior to being admitted to the program. No plea is entered and upon successful completion of program requirements, including alumni phase the charges may be dismissed and record expunged.

Recovery Cases: (Violation of Probation and/or Parole) Offenders currently under the supervision of the Montgomery County Adult Probation and Parole Department. Upon successful completion of program, including alumni phase they may earn the termination of their periods of supervision if all program conditions are met and all financial obligations to the Court are satisfied. They do not qualify for record expungement. If the financial obligation is not satisfied during the program period, administrative supervision is continued until payment in full is made.

While the majority of Recovery cases are facing violation charges, the program has accepted several offenders who volunteered for the program as an aid in their attempt to maintain a substance free lifestyle. In Recovery cases, the District Attorney's role is more limited than in Diversion cases. In the event of a case involving technical violations, the District Attorney can object to an admission at the committee meeting but cannot block the admission. If the District Attorney has an objection, the sentencing Judge on the offender's violation case is notified of the objection. If there are new charges and the District Attorney has an objection, the probation/parole violation (recovery case) can be admitted but the new charge must be entered post plea and there is no agreement regarding dismissal or expungement of the new charge.

Hybrid Cases: These are offenders who have both a Diversion case (new arrest) and a recovery case (current sentence of probation/parole/intermediate punishment). Hybrid cases are subject to the same admittance procedure of the Recovery and Diversion cases explained above.

Restrictive Intermediate Punishment Cases: New criminal case where the offender is a level 2, 3 or 4 offender under PA state guidelines. An offender can be admitted on their current probation case if they are in violation of their probation case, statutorily eligible, and have 3 years of sentence exposure. The new case or violation case will be referred to Drug Treatment Court for an assessment. Upon successful completion of the program, including alumni phase they may earn the termination of their periods of supervision if all program conditions are met and all financial obligations to the Court are satisfied. If the financial obligation is not satisfied during the program period, administrative supervision is continued until payment in full is made.

If deemed eligible by the Assistant District Attorney, the offender undergoes a multiple step screening process. Initially, the offender is interviewed by the Coordinator who explains the program's requirements and conducts a risk/needs assessment using Ohio Risk Assessment System (ORAS); a fourth generation validated risk assessment tool. Research indicates the use of a validated risk tool is a prerequisite for effective management of offenders in problem solving courts. The Coordinator also assesses the offender's motivation for the program and consults with the assigned Probation Officer in order to receive feedback to the offender's suitability for the program. If applicable, the offender is required to observe a Judicial Status Conference as part of the application process. Once considered appropriate by the Coordinator, the offender is referred for a comprehensive drug, alcohol, and psycho/social assessment by the program's clinical evaluator. Once the application is processed the committee will review their findings and make a decision to the offender's admission or denial to the program. Recovery cases are only admitted with the Probation/Parole Judge's permission.

INELIGIBILITY STANDARDS

For Diversion, Recovery, and Hybrid cases, there are certain types of offenses and behaviors which are deemed to be inappropriate for the Drug Treatment Court for reasons of public safety. The following is a list of ineligible offenses and behavior:

Drug Sales	Manufacture of a controlled substance	Simple Assault
A history of violence	Possession with Intent to Deliver	Aggravated Assault
Sex Offenses	An offense involving firearm(s)	

This list includes any instant offense(s) or prior offense(s) that include these charges or behavior(s). The District Attorney's Office holds the responsibility to deny or object to an admission based on the nature of the present or past offense. The circumstances and details of all offense(s) are taken into consideration along with any victim impact.

For Restrictive Intermediate Punishment cases, the eligibility criteria for Levels 2, 3, and 4 Sentencing Guideline Offenders applies to sentences for certain offenses committed on or after June 3, 2005 as per the 6th Edition of the Sentencing Guidelines Implementation Manual with substance abuse as a causative factor. An offender who meets the following criteria is eligible:

- The offender must be a Level 2, 3 or 4 Sentencing Guideline Offender.
- The offender must be drug and/or alcohol dependent.
- The offender must be a Montgomery County resident.
- The offender must be convicted of an eligible offense.

The offender's diagnosis of a Serious Mental Illness (SMI) may limit their ability to participate in the program and may be referred to Behavioral Health Court or another specialty Court.

Based on applicable statutes on June 3, 2005 of the Sentencing Guidelines, an offender with a current conviction or prior conviction within the past ten years for any of the following offenses is ineligible for county restrictive intermediate punishment:

Murder	Sexual Assault	Assault by a Prisoner
Voluntary Manslaughter	Aggravated Indecent Assault	Arson and Related Offenses
Aggravated Assault	Indecent Assault	Kidnapping
Assault by a Life Prisoner	Burglary	Robbery
Rape	Theft by Extortion	Statutory Sexual Assault
Incest	Involuntary Deviant Sexual Intercourse	Escape

Reconsideration Policy

The Montgomery County Drug Treatment Court will consider all appropriate referrals on a case-by-case basis. If a relevant party to the offender's case (attorney, Judge, treatment provider, police officer, etc.) feels the Drug Treatment Court Team failed to consider a particularly important factor, he/she may make a request for the case to be reconsidered in writing.

The reconsideration request must be submitted in writing to the District Attorney for Diversion cases and Drug Treatment Court Coordinator for Recovery cases. The request must include supportive reasoning for reconsideration. Supportive reasoning is defined as mitigating circumstances pertaining to the crime, psychiatric/psychological reports that may not have been available for the initial consideration, or any other relevant information that can be placed in written format.

THE PROGRAM



Treatment: Through a team approach, Probation Officers work in collaboration with clinicians for the benefit of the participant. This aids in forming treatment strategies and identifying issues currently affecting the participant's recovery. Anyone significant to the participant's life such as family members, employers, friends, etc. is significant to the treatment process. Treatment needs are determined during the clinical assessment completed prior to admission to the program. Needs are reviewed on a weekly basis and are often adjusted during the program as more information is learned about the individual's risks and needs.

The **American Society of Addiction Medicine (ASAM)** instrument is used to determine the appropriate level of care. The full continuum of treatment modalities is available including detoxification, in-patient, halfway house, and out-patient at varying levels. Both individual and group therapies are employed since the aim of the program is to treat the whole addict not just the addiction. Funding for treatment is provided by private insurance, Single County Authority (SCA) funding, Medical Assistance, and Drug Treatment Court funding. Confidentiality is maintained except where the continuum of care principle requires information to be shared.

It is a requirement for participants to engage in pro-social sober activities as recommended by treatment service providers. The participant is encouraged to obtain a home group and sponsor in order to help understand the 12-step program. The 12-step program and other pro-social sober support activities are designed to help the participant create a new life in recovery which includes a healthy and sober lifestyle.

Supervision: Supervision contacts with Probation Officers are made frequently in the beginning of the program to help create a feeling of inclusion, assess attitude, and also to monitor compliance with program rules and regulations. (Appendix C). As the participant moves through the program behavior becomes the chief indicator of the appropriate frequency of supervision. While the program has minimum contact requirements in each phase, the participant is seen more often, if and when, circumstances dictate.

In order to eliminate participant triangulation or manipulation, there is on-going communication between supervision and treatment. This approach is vital in maintaining accountability for the offender and is important in building responsibility which is lacking in the lifestyle of the addict.

Judicial Supervision: A key component in the supervision of the participant is the judicial supervision. Court appearance is essential in keeping the participant focused on the ultimate goal of long-term sobriety. In the beginning of the program the participant is scheduled for court appearance weekly. To best serve the participant's treatment and other program requirement schedule Drug Treatment Court is held twice a week, Wednesday night and Friday afternoon. Judicial supervision lessens or increases based on the participant's performance in the program.

Testing and Accountability: Substance abuse testing is considered a cornerstone of the program. The program's substance abuse testing policy is based on a random and frequent testing system. Each participant is directed to call a random testing phone line daily between 4 am and 9 am to hear if they are directed to report for testing. Upon finding they are directed to report for testing, the offender is to report to Adult Probation Department's Norristown office during the designated hours. All testing will be observed by a Probation Officer or drug

technician. If the participant fails to appear, submit a sample, and/or dilutes a sample it will be considered a positive test for program purposes. All positive test results will be sent to the lab for confirmation and could result in further sanction. The program has a zero tolerance policy for attempting to submit an adulterated or a fake urinalysis sample.

LENGTH AND PHASES OF THE PROGRAM

Participation in the Drug Treatment Court program is a minimum of fifteen (15) months with the exception of the Restrictive Intermediate Program (RIP) where participation in the program is a minimum of eighteen (18) months. Program progression is awarded to those who are active in their recovery, meeting treatment goals, and compliant with all program requirements.

The participants' length of time in the program consists of five phases. Drug Treatment Court phases are a minimum of three (3) months. The Restrictive Intermediate Punishment (RIP) phase I, II, and III are a minimum of four (4) months. Phase IV and V are a minimum of three (3) months. The Drug Treatment Court participant and RIP participant adhere to the same phase requirements. Phase I is highly structured and demanding as it is when internal motivation is often at its weakest and the most support is necessary. As the participant progresses in the phases, requirements gradually lessen.

PHASE I

- Participant is required to meet with the Probation Officer a minimum of one face-to-face contacts per week.
- Frequent and random drug/alcohol testing.
- Attend and participate in treatment as directed.
- Attend 12-step program/pro-social sober activities as designated by treatment recommendations.
- Establish a home group and a sponsor.
- Seek and maintain full-time employment or education.
- Appear weekly for a Judicial Status Conference.

PHASE II

- Participant is required to meet with the Probation Officer a minimum of three face-to-face contacts per month.
- Continued frequent and random drug/alcohol testing.
- Continue treatment.
- Continue 12-step program/pro-social sober activities as designated by treatment recommendations.
- Maintain employment or education.
- Appear biweekly for a Judicial Status Conference.

PHASE III

- Participant is required to meet with the Probation Officer a minimum of two face-to-face contacts per month.
- Continued frequent and random drug/alcohol testing.
- Continue treatment.
- Continue 12-step program/pro-social sober activities as designated by treatment recommendations.
- Maintain employment or education.
- Appear at their Judicial Status Conference every three weeks.

PHASE IV

- Participant is required to meet with the Probation Officer a minimum of one face-to-face contact per month.
- Continued frequent and random drug/alcohol testing.
- Continue treatment.
- Continue 12-step program/pro-social sober activities as designated by treatment recommendations.
- Maintain employment or education.
- Appear for their monthly Judicial Status Conference.

PHASE V

- Participant is considered “On Call” during this phase and may be required to meet with the Probation Officer anytime requested.
- Frequent and random drug/alcohol testing.
- Continue treatment.
- Continue 12-step program/pro-social sober activities.
- Maintain employment or education.
- “On Call” Judicial Status Conference as requested.

To advance in phases the participant must be compliant with all program requirements and have at minimum thirty (30) consecutive days of negative drug and alcohol tests. The participant must submit a phase change petition to the Probation Officer one week prior to the scheduled phase change.

To be eligible for graduation, the participant must be compliant with all program requirements and have at minimum three (3) consecutive months of negative drug and alcohol tests. The participant must submit an application for graduation one month prior to the scheduled graduation. (Appendix H)

Following graduation, the participant is required to comply with a six (6) month Alumni Phase.

ALUMNI PHASE

- Participant is considered “On Call” during this phase and may be required to meet with the Probation Officer anytime requested.
- Frequent and random drug/alcohol testing.
- Continue 12-step program/pro-social sober activities.
- Maintain employment or education
- (See Appendix D for additional phase requirements)

To complete Alumni Phase, the participant must comply with all rules and regulations of the Alumni Phase Contract.

**Phase requirements are subject to change.*

DAILY EXPECTATIONS

A typical day for a Phase 1 participant will include: awaken between 4 am and 9 am to call the testing hotline to hear if they are directed to report for testing, report for drug testing; go to work or school; if not in school

or employed, attend a combination of job training, community service, and actively apply for employment; attend a 12-step meeting; attend therapy (group and/or individual); appear in front of the Drug Court Judge in order to discuss his/her progress and compliance with the program on either Wednesday or Friday. This schedule is repeated daily during the Phase 1 in order to maintain the participants focus on sobriety. The aim is to fill the participant's day with positive, recovery related requirements so that there is no time to revert back to negative former thought patterns.

DRUG TREATMENT COURT STANDARDS ON MEDICATIONS

The Montgomery County Drug Treatment Court prohibits the use of narcotics or other prescribed drugs with potential for abuse. Prior to use the participant must have all prescribed medications, over the counter medications, dietary supplements, and vitamins approved by the Probation Officer in order to avoid any cross reactions that may result in positive drug tests. The participant is advised of these prohibitions prior to entering the program and is responsible for notifying their physician when being treated. It is necessary that the physician treating the participant understand and recognize their patient's addiction issues. The program will work with the physician to meet the needs of the participant while accomplishing the goals of the program. The program has a zero tolerance policy for unauthorized distribution, sharing, and/or consumption of medications.

The Montgomery County Drug Treatment Court allows participants to voluntarily elect Medication Assisted Treatment (MAT) as part of their treatment plan as long as medically recommended by medical professionals, approved by the treatment team, and funding is available through Medicaid, private insurance or private pay. The program does not provide direct medical treatment however; participants who select MAT as part of their recovery plan must adhere to MAT protocols listed in the participant handbook.

TREATMENT PROVIDERS

Upon admission in the program the participant will enter and participate in treatment as recommended in the initial clinical assessment. The level of care is determined through the completion of the **American Society of Addiction Medicine** (ASAM). The treatment plan and level of care is clinically determined by the treatment provider based off goals and needs and are re-assessed on an on-going basis. The participant will be referred for treatment at one of the Court's approved agencies. For a current list, please contact the Coordinator.

The treatment providers contract with private insurance companies for treatment when possible. A participant that does not possess private insurance is directed to go to the Department of Welfare and apply for Medical Assistance. The participant may also qualify for funding through the county SCA or Drug Treatment Court.

THE ROLE OF INCENTIVES AND SANCTIONS

The Drug Treatment Court utilizes a series of incentives and sanctions in response to participant behavior. Initially, a highly structured and comprehensive program may be difficult as the participant has struggled with their addiction for some time and as a result experienced few periods of success. By marking the participant's success, the program promotes a sense of accomplishment that has been lacking in their lives. Sanctions imposed for non-compliant behavior are to instill a sense of responsibility and accountability for one's actions.

Incentives are clearly positive motivators for the participant however; a sanction should equally serve to increase the participant's likelihood of success in the program. For example, while increased attendance at treatment or reporting to the Probation Officer is listed as a sanction, this can be seen as a way of increasing the support the participant needs to allow them to succeed.

The program Incentive Response Model (Appendix E) and Sanction Response Model (Appendix F) are determined by a variety of factors including: proximal/distal goals, participant's performance in the program, severity of participant behavior, and magnitude of response.

VOLUNTARY AND INVOLUNTARY DISCHARGE FROM DRUG TREATMENT COURT

Drug Treatment Court is a voluntary program. The decision to discharge an offender either voluntarily or involuntarily is the Judge's to make after consultation with the entire team.

DIVERSION AND RECOVERY CASE DISCHARGE

Voluntary Discharge: A participant is free to request a voluntary discharge from the program at any time. All Diversion cases are relisted for sentencing. Recovery cases are scheduled for sentencing on the outstanding charge of probation, parole, and/or intermediate punishment violation.

Involuntary Discharge: A participant may also be discharged involuntarily for violation of program rules and regulations and/or for new criminal charge(s). New criminal charges above summary level either waived by the offender or held for court at the preliminary hearing stage will be grounds for discharge and added as a new violation to Recovery cases. The team may request a clinical reassessment to be completed to determine if a participant is clinically appropriate to remain in the program. In the event of an involuntary discharge, Diversion cases are listed for sentencing. Recovery cases are scheduled for sentencing on the outstanding charge of probation, parole, and/or intermediate punishment violation.

RESTRICTIVE INTERMEDIATE PUNISHMENT DISCHARGE

R.I.P. Discharge: R.I.P. is only voluntary when being admitted to the Drug Treatment Court. Participants sentenced under R.I.P. can only be discharged from the program through a violation, which may result in them being sentenced to a state correctional institution.

GRADUATION AND THE REQUIREMENTS

Graduation from Drug Treatment Court comes after a participant has been promoted through the five phases and successfully completed the requirements of the program. The decision to allow phase changes and ultimately graduation is made by the entire team and must be approved to by the Judge. The requirements for graduation are: remain substance free for at minimum three (3) consecutive months; successfully complete all treatment goals and create an approved relapse prevention plan; be employed or involved in a productive daily activity;

reside at an approved residence; up to date on payment of all fines, costs, restitution, and treatment costs; have not incurred any new arrests; and completed all special conditions of their sentence. (Appendix I)

Upon graduation, all participants are required to participate in the six (6)-month Alumni Phase. (Appendix J)

TRAINING

The Montgomery County Drug Treatment Court team is committed to staying current with trends by attending trainings in addiction, recovery, evidence based practices, supervision, and related topics. Team members attend the annual Pennsylvania Association of Drug Court Professionals (PADCP) and National Association of Drug Court Professionals (NADCP) conferences to be knowledgeable of advances in the treatment of addictions. In addition team members attend local trainings (DVAPPTC, PBPP, and Magellan Behavioral Health) as well as utilize web based trainings through National Drug Court Institute, National Drug Court Resource Center, and a host of other sources. The Probation Officer's require a minimum of 40 hours annually of training in the field. The program utilizes a treatment court introductory PowerPoint training for all new team members.

CONFIDENTIALITY

The Montgomery County Drug Treatment Court confidentiality policy states all information regarding the participant shall be kept confidential unless otherwise ordered by the Court. In addition, no information disclosed shall be the basis for prosecution of new crimes and the participant shall not be required to testify to any information discussed or disclosed during Drug Treatment Court hearings. During the weekly status conferences all team members are required to sign the Montgomery County Drug Treatment Court participant status review meeting confidentiality statement, which is retained by the Coordinator.

The following Court proceedings are held on the record: admission, guilty plea, sentencing, discharge/termination, and contested sanction hearings.

Upon admission, the participant is required to sign a consent/waiver authorizing the transfer of information among Drug Treatment Court participating agencies and court-approved observers for the duration of program participation. The participant could be denied services if they refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. The participant will not be denied services if they refuse to consent to a disclosure for other purposes. Should the participant refuse to consent to disclosure or attempt to revoke consent prior to the expiration of the consent, such action is grounds for immediate termination from the program.

DATA COLLECTION

The Montgomery County Drug Treatment Court maintains various data systems to measure the program's performance outcomes. Quantitative and qualitative data is reviewed on a quarterly and annual basis and used to give insight to any necessary program implementations and/or modifications. Currently the program uses the following data systems to assist with maintaining data: Pennsylvania's Problem Solving Adult and Juvenile Courts Information System, Connectrex-Monitor, Pennsylvania's Commission on Crime and Delinquency County Intermediate Punishment Program database, various excel databases.

The program currently maintains data on the following: ethnicity, gender, marital status, employment, education, community service, terminations, successful offenders, violations (new arrest and technical), and withdrawals, admissions, urinalysis, officer contacts and field work, risk and needs evaluations, incarceration days saved, and offenders in program phases, drug free birth's, medically assisted treatment.

SUSTAINABILITY AND PARTNERSHIPS

The Montgomery County Drug Treatment Court's funding is provided by the following:

Montgomery County Board of Commissioners, Montgomery County Adult Probation & Parole Department, and Pennsylvania's Commission on Crime and Delinquency County Intermediate Punishment Program. The program continuously works to identify new resources and options to support the court including sources of monetary and non-monetary resource.

The Montgomery County Drug Treatment Court has developed numerous community partnerships that provide invaluable support for the program. Partnerships include the following: Montgomery County Adult Probation and Parole Department, Montgomery County Correctional Facility, Montgomery County Drug and Alcohol Services, Magellan Behavioral Health of Pennsylvania, National Association of Drug Court Professionals, Administrative Office of the Pennsylvania Commonwealth, Council of Southeast Pennsylvania-Montgomery County, Southeast Pennsylvania Parenting Support Group.

The Judge, Coordinator, or designees often speak at various community, legal, and educational events about the program. The goal is to help others understand the program functions, connect with possible resources, and express how the program not only benefits the community but also contributes in reducing recidivism and improving the lives of the participants.

APPENDICES

APPENDIX A

TRADITIONAL COURT CHARACTERISTICS VS. TREATMENT COURT CHARACTERISTICS

Traditional Court	Treatment Court
Court Team of Judge, Assistant District Attorney, Defense, Counsel, etc.	Drug Court Team Judge, Assistant District Attorney, Public Defender, Coordinator, Probation Officer, Treatment Service Providers
Adversarial	Non-adversarial
Goal = Process case; apply the law	Goal = Connect participant to intensive supervision and treatment to become a productive, non-criminal member of society
Judge exercises limited role in supervision of defendant	Judge plays central role in monitoring participant's progress in treatment
Interventions for substance abuse at discretion of the Judge	Formalized and structured treatment interventions
Relapse may lead to increased sentence	Progressive sanctions used in response to violations of Drug Treatment Court conditions

APPENDIX B

MONTGOMERY COUNTY DRUG TREATMENT COURT APPLICATION AND REFERRAL FORM

I am making an application/referral to the following Treatment Court *(Please select only one)*:

Drug Treatment Court Behavioral Health Court Veterans Treatment Court

DEFENDANT INFORMATION:

Date: _____

Docket Number: _____

Inmate Number: _____

Request Date: _____

Social Security Number: _____

Client Name: _____

Phone Number: _____

Aliases/Maiden Name: _____

Date of Birth: _____

Current Address *(Street/City/State/Zip)*: _____

Permanent (last known) Address: _____

County: _____ Sex: Male Female

REFERRAL SOURCE:

_____	_____	_____	_____
Probation Officer	Prison	Judge	Other Agency
_____	_____	_____	_____
Phone Number	Phone Number	Phone Number	Phone Number
_____	_____	_____	_____
E-Mail	E-Mail	E-Mail	E-Mail

IS COMPETANCY AN ISSUE: YES NO

ISSUES SURROUNDING REQUEST:

Drugs Alcohol Mental Health Sexual Issues
 Abuse Medical Reasons Anger Housing

Briefly explain issues checked above: _____

History of trauma? YES NO If yes, explain: _____

In a mental health crisis? YES NO If yes, explain: _____

Emergency Contact Information:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Who else resides in the household:

Name	Relationship	Criminal Record	+/- Influence

Are you a Veteran? YES NO

If yes, what were your dates of service? _____

What Branch of the military did you serve? _____

Where did you serve? _____

What was your rank? _____

What was your military discharge? _____

Did you serve in combat? _____

Highest level of education completed: 11th Grade or below High School Grad College Grad

Do you have a valid driver's license: YES NO

If YES, Operator's License Number _____

Occupation or Employer:

Employer	Address	Phone Number	Supervisor

Marital Status: _____ Are you presently involved in a relationship: YES NO
 If YES, with Whom: _____ Date of Birth: _____
 Address: _____ Are they in recovery: YES NO

How many children do you have: _____

Name	Age	Other Parent's Name	Address

Do you have an AXIS I Diagnosis? YES NO

If yes, complete the following:

AXIS I Diagnosis: _____ Physician: _____

Attached Psychiatric Evaluation (completed within last 6 months is required for consideration)

Current Medications:

Medication	Dosage	Prescribing Doctor

CASE MANAGER:

Name: _____

Agency: _____

Address: _____

Phone Number: _____

Please attach (if possible) any additional Mental Health information (Psychological/Psychiatric Evaluations), Medical Report, Criminal Complaint, Court paperwork and/or other information or comments.

What is the name of your Health Insurance Company: _____

Insurance Policy Number: _____

Where have you attended treatment (*please list all inpatient, outpatient facilities, and halfway houses*):

Agency	Address	Therapist/Doctor

Substance Abuse:

Substance	Frequency	Age When I Began Use	Last Use

Have you ever been arrested, charged, convicted/adjudicated, cited (including Vehicle Code violations) or held by any law-enforcement or juvenile authorities in the United States regardless of whether the citation or charge was dropped or dismissed or you were found not guilty or whether the record has been “sealed” expunged or otherwise stricken from the court records on any occasion other than this arrest: YES NO

Are you presently on probation or parole: YES NO

If yes, where and who is your Probation Officer and assigned Judge?

State/County: _____

Probation Officer: _____

Judge: _____

Are you **presently** on bail or do you have any **other** outstanding criminal charges outside of Montgomery County, what are the charges and from where: YES NO

Where do you think you would be in life (career, family, employment, etc.) if you had never had a substance abuse or mental health issue? _____

What do you think has led to your most recent involvement in the criminal justice system? Any traumatic life events?

Why are you applying for a Treatment Court?

By signing, I have read or had read to me the Treatment Court description and acknowledge that I will commit my time and effort to create in me behavioral and life change if accepted. I have been truthful, to the best of my knowledge, with regard to all my answers in this application.

Signature: _____ Date: _____

If you have any questions as to the program you are applying for, please read the policy and procedure manual on our web page. If you need further assistance, please contact the following program coordinator:

BEHAVIORAL HEALTH COURT AND VETERAN'S COURT Kasey Lauro 610-992-7707	DRUG TREATMENT COURT Megan Thomas 610-992-7773
---	---

**IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA
CRIMINAL DIVISION**

**RULE 600
WAIVER DUE TO TREATMENT COURT APPLICATION**

NAME: _____

DOCKET Number(s): _____

I understand that under Rule 600 of the Pennsylvania Rules of Criminal Procedure my trial in Montgomery County Court must begin on or before the 180th day from the filing of the Criminal Complaint if I am incarcerated. I understand that my trial must begin on or before the 365th day from filing of the Criminal Complaint if I am not incarcerated. I further understand that the charges against me may be dismissed if my trial does not commence within the time allowed under Rule 600.

I understand that by filing an application for acceptance into a Treatment Court program, I am requesting that my case be removed from normal scheduling of my criminal case(s) in the Montgomery County Court of Common Pleas, so that it may be considered for Treatment Court. I further understand that my Treatment Court Application may delay my case being brought to trial, should my application be denied. I understand that time will be required to review my case and to procure necessary information and materials.

I hereby waive my speedy trial rights under Rule 600 from the time I submit my Treatment Court Application until either: 1.) I am admitted into a Treatment Court program or 2.) Until the first available court listing after my Treatment Court Application has been denied or withdrawn.

I have not been made any promises, nor have I been forced to sign this waiver. I read and write the English language, or this waiver has been explained to me in a language that I understand.

Signature of Defendant: _____ Date: _____

APPENDIX C

ADULT PROBATION
PAROLE AND DUI SERVICES
OF
MONTGOMERY COUNTY



PARTNERING FOR A BETTER TOMORROW

MICHAEL P. GORDON
CHIEF
TODD BERGMAN
DEPUTY CHIEF
KATHLEEN SUBBIO
DEPUTY CHIEF
STEPHANIE LANDES
DEPUTY CHIEF
ROBIN ELLIOTT
OFFICE MANAGER

408 CHERRY STREET, P.O. BOX 311, NORRISTOWN, PA 19404
Office 610-992-7777 Fax: 610-992-7778

MONTGOMERY COUNTY DRUG TREATMENT COURT RULES AND CONDITIONS GOVERNING DRUG TREATMENT COURT

You have been admitted as a participant in the Montgomery County Drug Treatment Court. You are therefore placed under the supervision of the Adult Probation and Parole Department and must comply with the following rules and conditions.

1. I agree to participate in the Montgomery County Drug Treatment Court for a period specified by the Court. I agree to participate at a minimum of 15 months for Pre-Trial Diversion and Probation/Parole Recovery cases. I agree to participate at a minimum of 18 months for Restrictive Intermediate (RIP) cases.
2. I will report, in person, as directed and follow any instructions of my probation/parole officer. I must make all court appearances as ordered by the Court.
3. I must comply with all local, state, and federal criminal laws. I will notify my probation/parole officer immediately if arrested (with an incident date occurring on or after admission) or have any police contact by any law enforcement agency. I will notify my probation/parole officer immediately if I am cooperating with any law enforcement agency. I will abide by the rules and conditions imposed by the Court and the Montgomery County Adult Probation/Parole Department. I will conduct myself in a manner that will not create a danger to myself or the community.
NOTE: If new criminal charges are held/waived at the preliminary hearing I understand I will be subject to a range of sanctions including discharge from the Montgomery County Drug Treatment Program. The new criminal charges may be added to my list of violations being brought on my underlying violation as a Probation/Parole Recovery case.
4. I will allow my probation/parole officer to make supervision visits to my residence. I am required to obtain permission from my probation/parole officer prior to changing my residence.
5. I understand my daily travel is limited to adjoining counties. I understand any travel beyond those counties, out of state, or overnight must be approved by my probation/parole officer 72 hours prior to the event. A travel permit must be obtained from my probation/parole officer prior to my departure.
6. I am required to obtain permission from my probation/parole officer prior to changing employment. If I lose my job, I must notify my probation/parole officer within 72 hours. If I am not gainfully employed, I must actively seek employment. The Court may also order attendance in employment counseling, GED prep course, further education as part of the program and/or any treatment program or other condition deemed necessary by the court.
7. I will pay all fines, costs, restitution, and supervision fees in monthly installments as directed by the Court. Payments are to be sent to the **Clerk of Courts, Courthouse, P.O. Box 311, Norristown, PA 19404. Please be**

advised that in order to get proper credit for your payment, your name and docket number should appear on your check or money order. I am advised that all amounts over \$ 1,000 will cause a lien and filing fees to be placed against me. Further, that my failure to pay my fine, costs, restitution, and supervision fee as directed by the Court may result in my account balance being submitted to a collection agency. An additional 25% collection charge will be added to my account balance.

8. I will abstain from the unlawful possession, use, or sale of narcotics, other dangerous drugs, and drug paraphernalia. I will not possess or consume alcoholic beverages. I will not attempt to smuggle or conceal contraband of any type into the Montgomery County Correctional Facility or any other holding cell, jail, or prison. I understand that if I do so I will be subject to a range of sanctions including discharge from the Montgomery County Drug Treatment Program and could lead to criminal charges being filed.
9. I will avoid medications and/or topical gels containing alcohol. I will not take any prescribed narcotic medication, any prescribed pain medication, or any medication that may become addictive. I will request that prescription medication be non-narcotic and non-addictive. I am required to obtain permission from my probation/parole officer prior to consuming and/or using any prescribed medication or any over the counter medication. I will not consume poppy seeds or any food products containing poppy seeds. I will not consume diet pills or any weight loss medications. I will not use salvia, morning glory seeds, or any other mood altering or hallucinogenic substance.
10. I will submit to witnessed urinalysis, chemical testing, and/or other types of testing that may be randomly administered to ensure compliance with these conditions. I will be required to call the Adult Probation Department every morning, seven days a week to learn if I must report for testing. I will not interfere or tamper with any testing or tracking device administered by the Drug Court Treatment Program. I will submit authentic, unadulterated urine samples every time requested. I will not attempt to conceal, pass a drug test sample that is not my own, or substitute any substance for my own urine. I will not unnaturally store personal or another's urine at any time with the intention of passing it as a negative sample. I understand that if I do so I will be subject to a range of sanctions including discharge from the Montgomery County Drug Treatment Program and could lead to criminal charges being filed.
11. I will cooperate and participate in any medical, psychological, and/or psychiatric examination, test, treatment and/or counseling as directed by my probation/parole officer or the Court. I agree to complete any treatment program to the satisfaction of the Court.
12. I agree to sign any and all releases necessary for further the treatment aims of the Drug Treatment Court. I further agree to sign releases that will allow the Drug Treatment Court to review any diagnostic and treatment information.
13. I agree that if I test positive for any illegal drugs, non-approved medications, and/or alcohol, fail to appear in court as directed, fail to timely attend and/or participate in all treatment sessions, fail to abide by any condition imposed by the Court, or arrested on new criminal charges, the Court can impose sanctions within Drug Treatment Court rather than terminate my participation. These sanctions may include, but are not limited to the following:
 - a. Modify my treatment program to include more intensive counseling or a residential program;
 - b. Order medical detoxification;
 - c. Community service;
 - d. Incarceration;
 - e. House arrest/electronic monitoring, GPS monitoring, and/or electronic monitoring indicating alcohol consumption;
 - f. Psycho educational or cognitive behavioral groups;
 - g. Extend the amount of time I am to be in the program;
 - h. Issue a warrant for my arrest;

Initials: Offender _____ A.P.O. _____

- i. If the bench warrant issued for my arrest remains outstanding for more than 30 days I understand I will be discharged from the program without further notice. Furthermore, after the issuance of the warrant I understand that anytime absconded may be added to any sentence imposed by the court.
 - ii. I understand I will be immediately incarcerated to await removal and disposition of my original charges and/or my original probation, parole, or intermediate punishment violation. NOTE: I understand if I am arrested on new criminal charges I will be subject to incarceration to await disposition of my original charges, and/or my original probation, parole, or intermediate punishment.
14. I will support my dependants, if any, and assume all my legal obligations for them. I shall associate with only law abiding persons and refrain from engaging in relationships with other drug court participants as determined by the Drug Court Team. I shall refrain from frequenting unlawful or disreputable places as well as any establishments whose primary function is to serve alcohol.
15. I will not knowingly supply false information to the Adult Probation/Parole Department and/or the Court.
16. I will not own, use, and/or possess any firearms, any type of lookalike firearm, lethal weapon, explosive, and/or ammunition. I will notify my officer of any firearms registered to me. Hunting is prohibited. Firearms and/or lethal weapons are prohibited in my residence and/or on my property.
17. I understand that if I am terminated or withdraw from the program I will only receive credit for jail time sanctions that I served during my participation in the program toward any current or future sentence of incarceration.
18. I understand that no matter what the circumstance I am not to drive or get behind the steering wheel of a motor vehicle without a valid driver's license. I understand that if I am either witnessed by any member of the Drug Court Team or charged with Driving Under Suspension I will be subject to a range of sanctions including discharge from the Montgomery County Drug Treatment Program.
19. I understand that anytime a sanction is to be imposed I may withdraw from the Program to avoid imposition of the sanction. However, if I do so, I will not be permitted to reapply to participate in Drug Treatment Court. **I AGREE THAT VOLUNTARY WITHDRAWAL FROM THE PROGRAM IS MY SOLE REMEDY FOR ANY SANCTION AND THAT I WILL NOT CHALLENGE THE LEGALITY OF A SANCTION IN ANY OTHER MANNER. THE ONLY EXCEPTION TO THIS CONDITION IS THE TESTING CHALLENGE PROCESS SET FORTH IN THE COLLOQUY. (RULE NOT APPLICABLE FOR R.I.P. CASES.)**
20. I understand that at any time during my participation the Drug Treatment Court Team may recommend re-assessment for program appropriateness. I further understand that as a result of that re-assessment I could be recommended for removal from the Drug Court Program. I understand I will be given written notice of the recommendation and notice of the scheduled recorded court review session. At the review session it will be determined by the Drug Treatment Court Judge whether to follow the removal recommendation. I may have counsel with me to assist me in responding to the treatment team recommendation, but, consistent with Drug Treatment Court philosophy, I must communicate directly with the Drug Treatment Court Judge.
21. I understand that should I be removed from Drug Treatment Court I may not file a legal challenge to that removal until my charges are finally resolved in this Court.
22. I understand upon successful completion of the Drug Treatment Court Program and successful completion of the 6-month Alumni Phase the following will occur; for approved Pre-Trial Diversion cases the court will dismiss my open charges in this action and will expunge that record. This means that public records of my arrest will be destroyed with the exception that the District Attorney's Office will maintain a record of my participation in this Program in order to determine future eligibility for this or other Court programs. For approved probation, parole, or intermediate punishment revocation matters cases, the docket number(s) will be closed and the record will still exist.

Initials: Offender _____ A.P.O. _____

23. For the combined ARD – Drug Treatment Court; I understand that to earn dismissal of the charges and expungement of my record I must successfully complete both the ARD and Drug Treatment Court. Removal from either program will result in my automatic removal from the remaining program.
24. I understand that the Montgomery County Adult Probation and Parole Department has the authority to search my person, place of residence, or vehicle upon reasonable suspicion of any criminal activity or violation of the conditions of the Drug Treatment Court Program.
25. Other Special Conditions: _____

I understand that if I leave the Commonwealth of Pennsylvania at any time I may be directed to return to Pennsylvania. I know that I may have a constitutional right to insist that Pennsylvania extradite me from any state where I may be found. This is commonly called the right to extradition. I also understand and acknowledge that I agree to return to Pennsylvania when ordered to do so. Therefore, I agree that I will not resist or fight any effort by any state to return me to Pennsylvania and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTRILY AND INTELLIGENTLY.

ACKNOWLEDGEMENT OF PARTICIPANT

I hereby acknowledge that I have read or had read to me the foregoing conditions of the Drug Treatment Court Program and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them.

Furthermore, if I believe my rights have been violated or are about to be violated by an employee of the Montgomery County Adult Probation and Parole Department, I may file a written complaint to their immediate supervisor, who will investigate the complaint and respond in writing to the complainant. If I feel the need for further appeal, I am to proceed in a similar fashion according to the chain of command in the department.

Adult Probation Officer: _____ Date: _____

Signature of Offender: _____ Date: _____

APPENDIX D

MONTGOMERY COUNTY DRUG TREATMENT COURT PHASE REQUIREMENTS

Honorable Steven T. O'Neill, Judge

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
PROGRAM REQUIREMENTS	Clean urines	Clean urines	Clean urines	Clean urines	Clean urines
	Treatment-engaged and not missing any sessions	Treatment-engaged and not missing any sessions	Treatment-engaged and not missing any sessions	Treatment-engaged and not missing any sessions	Treatment-engaged and not missing any sessions
	APO Meetings	APO Meetings	APO Meetings	APO Meetings	APO Meetings
	F/C or CS (10 hours)	F/C - \$100 month	F/C - \$100 month	F/C - \$100 month	F/C - \$100 month
	Weekly Verification	Weekly Verification	Weekly Verification	Weekly Verification	Weekly Verification
	Court attending all required sessions Minimum of 1 time per week	Court attending all required sessions	Court attending all required sessions	Court attending all required sessions	Court attending all required sessions
	Job search/readiness programs, employment of 27.5 hours per week, therapeutic community service of 20 hours per week or enrolled in school	Employment/ Education (27.5 hours per week)	Employment/ Education (27.5 hours per week)	Employment/ Education (27.5 hours per week)	Employment/ Education (27.5 hours per week)
	Case Plan completed	Addressing behaviors tied to the Case Plan	Reassess the Case Plan and address behaviors	Addressing behaviors tied to the Case Plan	
RECOVERY REQUIREMENTS	12-Step/Prosocial Sober Activites	12-Step/Prosocial Sober Activites	12-Step/Prosocial Sober Activites	12-Step/Prosocial Sober Activites	12-Step/Prosocial Sober Activites
	Obtain Sponsor	Sponsor	Sponsor	Sponsor	Sponsor
	Home Group	Home Group	Home Group	Home Group	Home Group
	Familiarize self with the 12-step process	Start step-work	Active step-work/ verified with Sponsor	Active step-work/ verified with Sponsor	Active step-work/ verified with Sponsor
					**Graduation application due within 1 month of graduation



APPENDIX E

MONTGOMERY COUNTY DRUG TREATMENT COURT INCENTIVES RESPONSE MODEL

LOW

- Judicial Praise
- PO Praise
- Round of Applause
- Recovery Tokens
- Decreased APO Contacts (EBP)
- Reduce Community Restrictions
- Decreased Court Attendance
- Small Tangible Rewards
- Fishbowl Drawing

MODERATE

- Phase Promotion
- 100% Club
- Above and Beyond Recognition
- Wings
- Reduced Supervision Requirements
- Meeting with Judge

HIGH

- Graduation
- Certificate of Completion
- Alumni Pin

APPENDIX F

MONTGOMERY COUNTY DRUG TREATMENT COURT SANCTION RESPONSE MODEL

(List is not limited to following)

LOW

- Verbal Admonishment
- Written Assignment
- Letter of Apology
- Daily Activity Logs
- Increase Court Attendance
- Increases Community Restrictions
- Increased Drug and Alcohol UA Testing
- Meet with PO and PO Supervisor
- Team Round Table

MODERATE

- Impose Daily Check In
- Electronic Monitoring/GPS
- Sober Link/Tether
- Phase Extension
- APO contract

HIGH

- Issuance of Bench Warrant
- Flash Jail Sanctions (1-3 days)
- Increased Incarceration (FOC)
- Program Termination

APPENDIX G

ADULT PROBATION
PAROLE AND DUI SERVICES
OF
MONTGOMERY COUNTY



MICHAEL P. GORDON
CHIEF
TODD BERGMAN
DEPUTY CHIEF
KATHLEEN SUBBIO
DEPUTY CHIEF
STEPHANIE LANDES
DEPUTY CHIEF
ROBIN ELLIOTT
OFFICE MANAGER

PARTNERING FOR A BETTER TOMORROW

408 CHERRY STREET, P.O. BOX 311, NORRISTOWN, PA 19404
Office 610-992-7777 Fax: 610-992-7778

MONTGOMERY COUNTY DRUG TREATMENT COURT DRUG COURT WEEKLY VERIFICATION

Due every Monday by 8:00am, text a clear picture to your PO or fax it to 610-992-7778

Adult Probation Officer: _____

Your Name: _____ Home Phone: _____

Your Address: _____ Cell Phone: _____

Employer: _____

Employer Address: _____ Employer Phone: _____

Fines – Last Payment Date and Amount: _____

Medication (Prescribed or OTC) _____

Home Group and Sponsor: _____

Step: _____ Therapist: _____

Week 1	Work Hours	Treatment Hours	12-Step – Location/Time	Chair Initial
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

BY SIGNING BELOW I AM VERIFYING THE ABOVE INFORMATION IS ACCURATE AND TRUE. I UNDERSTAND THAT I MAY BE SANCTIONED IF THIS FORM IS INACCURATE, INCOMPLETE, LATE OR IF I FAIL TO SUBMIT IT WEEKLY BY 8:00AM EACH MONDAY.

Signature: _____ Date: _____

Week 2	Work Hours	Treatment Hours	12-Step – Location/Time	Chair Initial
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

BY SIGNING BELOW I AM VERIFYING THE ABOVE INFORMATION IS ACCURATE AND TRUE. I UNDERSTAND THAT I MAY BE SANCTIONED IF THIS FORM IS INACCURATE, INCOMPLETE, LATE OR IF I FAIL TO SUBMIT IT WEEKLY BY 8:00AM EACH MONDAY.

Signature: _____ Date: _____

APPENDIX H

MONTGOMERY COUNTY DRUG TREATMENT COURT PHASE PROMOTION CONSIDERATION

(To be reviewed by your therapist and submitted to your PO 1 week prior to Phase Promotion)

A. IDENTIFYING INFORMATION:

Name: _____ Date: _____
Admission Date: _____ Current Phase: _____
Probation Officer: _____ Treatment Provider: _____
Therapist: _____ Clean Date: _____
Home Group: _____ Sponsor: _____
Last Fines/Costs/Rest. Payment & Amount: _____ Employer: _____

B. GOALS/OBJECTIVES YOU COMPLETED IN THE LAST PHASE:

1. _____
2. _____
3. _____

C. POSITIVE RESPONSES:

(Discuss how these goals have made a positive adjustment to your life/recovery)

D. LIST AT LEAST THREE GOALS OR OBJECTIVES YOU PLAN TO ADDRESS AND WORK ON WITHIN YOUR NEXT PHASE:

1. _____
2. _____
3. _____

E. WHAT STEPS ARE YOU TAKING TO PREPARE YOURSELF FOR COMPLETION OF THE PROGRAM AND A LIFE IN RECOVERY:

ATTACH: Relapse prevention plan and essay explaining the most important thing you learned during current phase.

APPENDIX I

MONTGOMERY COUNTY DRUG TREATMENT COURT GRADUATION REQUIREMENTS

I understand the following requirements are necessary for my successful completion of Drug Treatment Court:

1. DRUG AND ALCOHOL TESTS:

For the last three months of Drug Treatment Court, I will submit only negative test results.

2. TREATMENT:

I will successfully complete all treatment goals and create an approved Relapse Prevention Plan.

3. EMPLOYMENT:

I will be employed or involved in an approved, productive, daily activity for at least the last three months of Drug Treatment Court.

4. HOUSING:

For the last three months of Drug Treatment Court, I will reside at an approved residence that is not likely to promote relapse.

5. FINANCIAL OBLIGATION:

I will pay in full all my fine, costs, restitution, supervision fees and treatment costs before the completion of Drug Treatment Court.

6. NEW ARRESTS:

I will not incur any new arrests while in Drug Treatment Court.

7. SPECIAL CONDITIONS:

I will complete any and all special conditions ordered by Drug Treatment Court (i.e: GED, parenting classes, community service, etc), including the completion of the Phase 4 Presentation.

I understand and agree that failing to complete the above requirements will delay my graduation and may lead to termination from Drug Treatment Court.

Adult Probation Witness: _____ Date: _____

Signature of Participant: _____ Date: _____

APPENDIX J

MONTGOMERY COUNTY DRUG TREATMENT COURT APPLICATION FOR GRADUATION

Name: _____ Date: _____

Please answer the following questions in as much detail as possible.

How long have you been clean and sober?

Do you have a permanent 12-step sponsor/sponsor's name?

How long have you had this sponsor?

When did you begin working the 12 steps? What step are you working on currently?

Has having a sponsor been helpful to you?

If so, how was your sponsor helpful?

Besides your sponsor, describe your support systems?

What and where is your home group in AA/NA/GA? Do you plan to continue with that home group?

Are you in service, and if so, in what capacity?

How long have you been employed? Where are you employed?

What kind of work do you do?

Were you required to obtain your GED while in drug court? YES NO
If so, when? _____

Did you obtain it? YES NO

Is there room for advancement where you work?

What is your plan for remaining clean and sober?

Describe your life prior to entry into Drug Treatment Court:

Describe how your life is different today at the end of Drug Treatment Court:

Describe how your recovery has changed your relationship with others (including your husband/wife, boyfriend/girlfriend, children, parents, brothers/sisters and close friends)?

How do you cope with stressful situations? _____

What future goals have you planned for yourself in the following areas:

Home Life/Family: _____

Recovery: _____

Employment: _____

Education: _____

Please attach your relapse prevention plan with this application.

Additional comments/suggestions:

PROBATION OFFICER USE ONLY

- Drug and alcohol tests negative for the past 3 months.
- Completed all treatment goals and have created an approved relapse prevention plan.
- Employed or involved in productive activity the last 3 months.
- Lived at an approved residence for the last 3 months.
- Paid all fines, costs, restitution, and supervision fees on all cases.
- No new arrests.
- Completed all other special conditions.

Probation Officer: _____

Date: _____

Coordinator: _____

Date: _____

APPENDIX K

ADULT PROBATION
PAROLE AND DUI SERVICES
OF
MONTGOMERY COUNTY



PARTNERING FOR A BETTER TOMORROW

MICHAEL P. GORDON
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ROBIN ELLIOTT
OFFICE MANAGER

408 CHERRY STREET, P.O. BOX 311, NORRISTOWN, PA 19404
Office 610-992-7777 Fax: 610-992-7778

MONTGOMERY COUNTY DRUG TREATMENT COURT ALUMNI PHASE AGREEMENT

I, _____ am aware that I am currently in a (six) 6 month Alumni Phase for Drug Court cases and a (six) 6 month Alumni phase for RIP cases. During this phase I understand I am to comply with the following:

1. I will report as directed and follow any instructions of the Montgomery County Monitor Connect System.

Recovery, Supervision and RIP Cases: I understand a warrant will be issued if I fail to call Monitor Connect or fail to report, in person, as directed. Once apprehended I will be subject to a full violation of probation and parole.

Diversión Cases: I understand that if I fail to call Monitor Connect or fail to report, in person, as directed the District Attorney's Office will NOT expunge my case.

2. I am required to attend (two) 2 Montgomery County Drug Court Graduations and (one) 1 Montgomery County Drug Court Admission.

3. I will pay all fines, costs, restitution, and supervision fees as directed by the Court. My monthly payment will remain the same during the Alumni Phase unless changed by my assigned probation officer.

Recovery, Supervision and RIP Cases: I understand that my case will not be closed if I fail to make monthly payments or if I owe any amount of restitution. I must continue to report as directed until I have satisfied this requirement and receive a termination letter in the mail.

Diversión Cases: I understand that my case will not be expunged if I fail to make monthly payments or if I owe any amount of restitution. I must satisfy all payment requirements to request expungement after my six month alumni phase.

4. I must comply with all local, state, and federal criminal laws. I will abide by the rules and conditions imposed by the Court and the Montgomery County Adult Probation/Parole Department. I will abide by all the rules and regulations that I originally signed when admitted into the DTC/RIP program. Furthermore, I will conduct myself in a manner that will not create a danger to the community or myself.

5. I will abstain from the unlawful possession, use, or sale of narcotics or other dangerous drugs, and drug paraphernalia. I will not consume poppy seeds or any food products containing poppy seeds. I will not possess or consume alcoholic beverages. I will avoid medications and topical gels for membranes containing alcohol. I will not take any prescribed narcotic medication, any prescribed pain medication, or any medication that may become addictive. I will request that prescription medication be non-narcotic and non-addictive. I will not consume diet pills. I will not use salvia, morning glory seeds or any other mood altering or hallucinogenic substance.

6. I will submit to urine sampling, other chemical testing, and/or other types of testing that may be randomly administered to ensure compliance with these conditions.

Recovery, Supervision and RIP Cases: I understand that two or more missed samples, two or more diluted samples and two or more positive samples will result in a full violation of probation and parole. I understand I will be detained and the Probation Department will submit a Gagnon Hearing Request.

Diversion Cases: I understand that if I have two or more missed samples, two or more diluted samples and two or more positive samples the District Attorney’s Office will NOT expunge my case.

7. I must mentor an active DTC/RIP participant and provide them with my name and contact information. I understand that I will find a participant to mentor if a mentee is not assigned by my probation officer.
8. I understand that in order to request an expungement or termination of my supervision I must remain in good standing with the Alumni Phase requirements. ***I also understand it is my responsibility to contact the Monitor Connect Officer once my alumni period is over and my fines, cost and restitution are paid in full. I understand that I will remain on Monitor Connect if my fines, cost and restitution are not paid in full and or any other requirements are not completed by the expiration of the period mentioned above. If fines, cost and restitution are not fully paid after the expiration please notify the Monitor Connect Officer once everything is paid in full.***

Recovery, Supervision and RIP Cases: I understand that my case is not terminated until I receive a Termination Letter in the mail. ONLY when I receive a Termination Letter will I stop calling the Redwood Urine Reporting System and Monitor Connect. If I fail to call either of these two systems prior to receiving a Termination Letter the probation Department will issue a warrant for my arrest.

Diversion Cases: I understand that my case is not terminated until I receive a Termination Letter in the mail. ONLY when I receive a Termination Letter will I stop calling the Redwood Urine Reporting System and Monitor Connect. If I fail to call either of these two systems prior to receiving a Termination Letter the District Attorney’s Office will NOT expunge my case.

I understand that I am subject to a Violation of Probation and / or denial of expungement, if I fail to abide by any of the above conditions during the Alumni Phase of the program.

Signature of Offender: _____

Date: _____

Adult Probation Officer: _____

Date: _____

Alumni Phase Travel is permitted if fines, cost and restitution are in good standing. Please do NOT request travel permission if you have not been making regular monthly payments towards your remaining balance. Travel permits are only required if the Adult Probation Department decides one is necessary. Please notify one of the Adult Probation Officers with all details related to the trip at least one full week prior to traveling. This includes the location of trip, dates of travel, method of transportation and names of people traveling with you. You must continue to call the Donor Code System while away and be prepared to submit a drug screen at a reputable lab if your code is selected to report. It is your responsibility to provide results of the drug screen upon return. The drug screen must include: Alcohol, THC, Opiates, Benzodiazepine, Cocaine, Buprenorphine, Methadone, PCP, Amphetamine and Barbiturates. It must also include a measurable Creatinine level. You must also report to the Adult Probation Office for a drug screen the day after you return from your trip. Failing to follow any of these directives may result in a violation or a denied request for travel.

APPENDIX L

MONTGOMERY COUNTY DRUG TREATMENT COURT GRADUATION SURVEY FOR DRUG TREATMENT COURT PARTICIPANTS

Please enter the month and year of your graduation: Month _____ Year _____

Directions: Please complete all of the following questions to the best of your ability. All responses are confidential.

Part I. Check the box that best describes how you feel about Judge: O’Neill in your case.

- | | | | | | |
|--|---|--------------------------------|----------------------------------|-----------------------------------|--|
| The Judge treated me with respect. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Judge was fair. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Judge was concerned about me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Visits with the Judge helped me to stay drug free. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Judge expected too much of me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

Part II. Check the box that best describes how you feel about your Probation Officer.

Probation Officer: _____

- | | | | | | |
|---|---|--------------------------------|----------------------------------|-----------------------------------|--|
| The Probation Officer treated me with respect. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Probation Officer was fair. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Probation Officer was concerned about me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Visits with the Probation Officers helped me to stay drug free. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Probation Officer expected too much of me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

Part III. Check the box that best describes how you feel about the Treatment Staff.

Treatment Agency: _____

- | | | | | | |
|--|---|--------------------------------|----------------------------------|-----------------------------------|--|
| The Treatment Staff treated me with respect. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Treatment Staff was fair. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Treatment Staff was concerned about me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| Visits with the Treatment Staff helped me to stay drug free. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| The Treatment Staff expected too much of me. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

Part IV. Check the box that best describes how you feel about the overall experience in drug treatment court.

- | | | | | | |
|--|---|--------------------------------|----------------------------------|-----------------------------------|--|
| It helped me organize my priorities. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |
| It helped me to report to my Probation Officer on a regular basis. | <input type="checkbox"/> Strongly Agree | <input type="checkbox"/> Agree | <input type="checkbox"/> Neutral | <input type="checkbox"/> Disagree | <input type="checkbox"/> Strongly Disagree |

It helped me to attend treatment on a regular basis.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Drug Treatment Court was easier than jail or prison.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
Drug Treatment Court was easier than regular probation.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
I think that my participation in Drug Treatment Court will help me avoid drug use in the future.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
In general, I am better off for participating in Drug Treatment Court, as opposed to other court sanctions.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
I was personally helped through participation in Drug Treatment Court.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
It helped bring structure and responsibility into my life.	<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree

Part V. Please rate each of the following programs by checking the box that best describes your opinion.
If you did not participate in the program as part of drug treatment court, check "Did Not Participate".

Inpatient Treatment	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Did Not Participate
Detox Program	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Did Not Participate
Intensive Outpatient Treatment	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Did Not Participate
Community Service	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Did Not Participate
Drug Testing	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Did Not Participate
Aa/Na	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Did Not Participate
Halfway House	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Did Not Participate
Recovery House	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Did Not Participate
Employment Assistance Program	<input type="checkbox"/> Poor	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Did Not Participate

Part VI. Please answer the remaining questions.

What did you like **best** about Drug Treatment Court? _____

What did you like **least** about Drug Treatment Court? _____

If you could change **one thing** about Drug Treatment Court, what would it be and why? _____

Would you recommend this program to others with substance abuse issues? YES NO

**Please complete at least one week prior to graduation and return to the Program Coordinator.
Your answers will remain confidential.**

