

ACKNOWLEDGEMENTS

The Blueprint has been developed over many months with the multi-disciplinary commitment and involvement from members of the Maryland Judiciary and the Maryland Child Support Administration. Members of the workgroup responsible for drafting this Blueprint include:

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INTRODUCTION

The civil enforcement of child support orders is a common and recurring issue brought to the attention of every Circuit Court throughout Maryland. Typically, petitions for constructive civil contempt are filed against delinquent support obligors. These adversarial contempt actions may result in a sanction and purge established by the Court to motivate the obligor into making payments. However, if there are long-standing barriers to regular payment of child support, simply setting a sanction and purge may not adequately remedy the issue of non-payment. One approach that is becoming more common across the country is for a problem-solving court program to be established to more effectively identify and address the root causes of non-payment.

The Maryland Judiciary has defined a "problem-solving court program" to mean "a specialized docket or program that addresses matters under a court's jurisdiction through a multi-disciplinary and integrated approach incorporating collaboration by the court with other governmental entities, community organizations, and parties." See Maryland Rule 16-207(a).

This Blueprint has been developed to guide jurisdictions that may be interested in planning and implementing a child support problem-solving court program. It is not intended to be an exhaustive list of actions required for such a program but an advisory tool that can help guide the planning and implementation of such a program. The authors of this Blueprint recognize that an effective problem-solving program is tailored around the existing resources available in a particular jurisdiction. Consequently, jurisdictional ingenuity, creativeness and individuality are encouraged.

Before discussing the technical recommendations of how a child support problem-solving court program might be established, the authors of this Blueprint would like to propose the following strategic planning statements. These statements communicate the authors' best understanding of the overall vision and mission of child support problem-solving court programs.

In support of these vision and mission statements, it will be incumbent upon any local child support problem-solving court planning team to develop relevant program objectives to achieve these ends. The remainder of this Blueprint is devoted to providing local planning teams with the resources necessary to achieve these ends.



VISION

Maryland will have a robust and dynamic problem-solving court program dedicated to addressing and remedying the challenges that prevent consistent payment of court-ordered child support obligations using innovative and collaborative methods, thereby advancing the best interests of children.

MISSION

Instead of exclusive reliance on traditional adversarial methods of civil enforcement, a child support problem solving court in Maryland will provide successful, coordinated, and targeted case management using innovative and collaborative methods to identify and remedy any obstacles that prevent consistent payment of court-ordered child support obligations.

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CONSIDERATIONS FROM PRACTICE

As noted in Maryland's Guidelines for Planning and Implementing Drug Treatment Court Programs, "treatment courts are dependent upon the creation of a non-adversarial courtroom atmosphere where a single judge and dedicated team of court officers and staff work together toward the common goal of breaking the cycle of drug abuse and criminal behavior." In the context of child support enforcement, the common goal is remedying the barriers to regular and consistent payment of court-ordered child support obligations.

Identifying Reasons for Program Participation -

Planning teams for a child support problem-solving court program will need to identify reasons why potential participants would voluntarily agree to participate in such a structured and demanding program. After all, the prospective participant could learn about the work involved in participating in such a program and decide it would be easier to have the case remain on a traditional civil contempt docket. Here is a non-exhaustive list of possible reasons to generate participant engagement with a child support problem-solving court program:

- Dismissal of civil contempt action if the participant successfully completes the program. If the participant agrees to enter the program, they could be promised that if they are successful, the Petition for Contempt against them will be dismissed. The successful compliance with the rehabilitative efforts of the program, including their individual case plan, will resolve the contempt action at a graduation ceremony by entry of a dismissal. This helps them avoid any other type of potential civil sanction and purge requirement that could be imposed, including the possibility of incarceration, if their case remained on a more traditional contempt docket.
- Increases access to supportive services As discussed further in this Blueprint, there
 could be any number of supportive services that are made available exclusively to
 program participants including assistance with mediating increased parenting time,
 referrals for family law legal assistance including custody and visitation, and subsidized
 employment support such as purchasing work clothing or help with driver's license
 fines. These subsidized services are a tremendous financial incentive for program
 participation as the services help spare personal expense from the participant.
- Ensures the participant does not have IV-D agency administrative sanctions while in program. A local IV-D child support agency is authorized by law to impose a number of

¹ Maryland's Guidelines for Planning and Implementing Drug Treatment Court Programs, Office of Problem Solving Courts, Maryland Judiciary.

administrative sanctions against a support obligor who is in arrears. Those sanctions could include driver's license suspensions, recreational license suspensions, and referral to credit reporting agencies among others. The problem-solving court program could make arrangements with the local IV-D agency to ensure that while a participant is participating in a child support problem-solving court program, some or all administrative sanctions will be held in abeyance.

- Offer to temporarily suspend charging of support or collection on an arrearage, if
 circumstances warrant. Potential program participants may have any number of
 reasons to use the rehabilitative supports of the program. Some of those reasons,
 including temporary unemployment, recent re-entry from incarceration, temporary
 medical issues, or relapse into substance abuse to name just a few, may be a basis to
 temporarily suspend the charging of the support obligation while participating in the
 problem-solving court program. Planning teams will need to ensure due process is
 available to obligees prior to any modification of the support obligation.
- Avoid referral to criminal contempt or criminal non-support prosecution. As the Maryland Supreme Court noted in Arrington v. Dept. of Human Resources, 402 Md. 79 (2007), "[i]f the State wishes to punish a person for willfully failing to comply with a valid support order, it may institute constructive criminal contempt proceedings pursuant to Rule 15–205. [...] Such a proceeding may be brought only by a State's Attorney, the Attorney General, the State Prosecutor, or the court—not by a party to the domestic case—and, if the court institutes the proceeding, it may, and should, appoint one of those prosecutorial officials to file the petition and prosecute the charge. See Rule 15–205(b) and (c). A criminal contempt action must be docketed as a separate criminal action." Arrington, 98-99. Additionally, "[w]illful non-support of a minor child is also a direct criminal offense, carrying a penalty of up to three years in prison and a \$100 fine. See Maryland Code, Family Law Article, § 10–203." Id., footnote 8.

That Court listed a variety of directives that could be imposed on an alleged civil contemnor in a child support case including requiring pursuit of employment opportunities, pursing certain education opportunities, engaging in treatment services among others. As the Court observed, "If it appears that the defendant is willfully not complying with the directives, the court may cause a criminal contempt proceeding to be filed, aimed at punishing defiance of the directives." Arrington, at 106.

A planning team for a problem-solving program could determine, in collaboration with the local prosecuting authority, what resources are available for the prosecution of such offenses and whether avoidance of such prosecution could be an added incentive for participation in a child support problem-solving court program.

Target Population

Each problem-solving court planning team will need to determine what its target population for program participation includes. Some guidance from the Office of Problem-Solving Courts includes the following factors:

Initial considerations in developing the target population may include: ²

Parent Characteristics

- Abuse and neglect history
- Mental Health
- Physical Health
- Extent of substance abuse problem
- Criminal history

Community Resources

- Treatment availability
- Docketing limitations
- Case management/drug testing capacity

Policies

- Statutes
- Community impact
- · Political realities
- Geographical obstacles
- Cultural competence
- Language barriers



Program-specific eligibility or disqualification requirements should be clearly established. These may be tied to any available grant funding. Examples include whether there are geographic residence requirements (i.e. must be a resident of a certain county or region), or whether a certain criminal history (i.e. any violent offense or history of domestic abuse) would disqualify an obligor from participation in the program.

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² *Id.*, Chapter 2., p12.

Administrative Approval

In Maryland, the Judiciary's administrative process for final approval of a problem-solving court program is set forth in the Maryland Rules. "After initial consultation with the Office of Problem-Solving Courts and any official whose participation in the programs will be required, the County Administrative Judge of a circuit court...may prepare and submit to the Office of Problem-Solving Courts a detailed plan for a problem-solving court program in a form approved by the State Court Administrator." See Md.Rule 16-207(c). Once submitted, the plan will be reviewed by that office, the State Court Administrator and the Chief Justice of the Supreme Court for a decision on the final approval of the plan.

The authors offer the remainder of this *Blueprint* to assist in the preparation and drafting of such a plan for a child support problem-solving court program.

Comparison Locations

Any jurisdiction within Maryland that may be interested in learning more about how other jurisdictions have implemented the concept of a child support problem-solving court may be able to find additional information from the following programs:

Baltimore County, Maryland – Family Support Program (Lisa Gabriel)

Caroline County, Maryland – RISE Program (Glenn Anders)

Clay County, Missouri – Parenting Court Program (Commissioner Sherrill Roberts)

District of Columbia – Fathering Program (Angelisa Young)

Jefferson County, Colorado – Child Support Problem Solving Court (Katie Smith)

Wake County, North Carolina - Problem Solving Court (Judge Kristen Ruth (ret.))

Additional details about some of these comparison sites can be found in a chart included as an appendix to this Blueprint.

Ten Tips for Program Development

Based on a review of existing child support problem-solving court programs, the authors highlight the following points as you consider whether to create such a program in your jurisdiction:



There is no one way to establish or operate a problem-solving court program – but there are similarities. Active involvement of the court, the child support agency, and employment providers are key.

The existing programs have many similarities. For example, a judge or magistrate, the child support agency, and local employers and employment services were key players in establishing the program, and those entities continue as key players in the program's continued operations.

And there are also differences. A program may accept participants at the very start of the child support case, while another may focus on obligors who owe arrearages. Some programs put more emphasis on family relations and addressing the obligor's particular employability adjacent issues more than other programs. In some programs, the child support agency was the entity that began the work of establishing and operating the program. In others, the court was and remains the convening entity. Funding sources may differ with some programs receiving grant funding, for example, in addition to federal IV-D dollars. Programs vary as well in process steps, sanctions, and incentives.

The lesson learned is that problem solving courts do not have to copy the same process other programs follow. And the lesson learned is that certain elements do work and are worth considering, most importantly, to establish and keep a program going, have the active and whole-hearted support of the court, the child support agency, and employment agencies.



Be flexible.

A corollary of the lesson that there is no one way to establish or operation a child support problem-solving court program is that programs should be flexible and prepared for change. Programs described starting with a particular process, methodology, potential participants, presiding judge or agency director, but circumstances required the program to take a turn and do things differently. As one program put it, to keep operating effectively, be flexible and be prepared for change.



The importance of having defined collaboration and processes, including because the program needs to survive changes in administration

But being flexible does not mean being without structure and that includes having a structure establishing that there is a child support problem-solving court program, signed onto by the major participants. Programs noted that major disruptions occurred in their programs when there were major changes in key positions around the program, primarily the change of the founding or primary judge or magistrate. Experience in these and other public agency initiatives suggests that a program should consider creating a formal agreement between the court, the child support agency, and other key participants that sets out that the program is an accepted and agreed to part of the entities' formal operations so that a change in participating individuals does not lead to the program's demise.



A child support problem-solving program does not have to be approved under the Maryland Rules to exist, but if approved, it will benefit from the planning and additional grant opportunities

Maryland Rule 16-207 establishes the requirements for a "problem-solving court program" operating under that rule. However, the rule also makes explicit that the "mere fact that a court may receive evidence or reports from an educational, health, rehabilitation, or social service agency or may refer a person before the court to such an agency as a condition of probation or other dispositional option does not make the proceeding a problem-solving court program" (See Md. Rule 16-207(a)(2)(A)).

Programs that do want to operate under the rule are required to submit a detailed plan for the program to the AOC Office of Problem-Solving Courts (OPSC). This requirement is discussed later in this Blueprint. However, a significant benefit to consider is that programs that are approved as problem-solving courts under the rule may apply for grants from the Administrative Office of the Courts to support their work.

See https://www.mdcourts.gov/procurement/grants/pscopportunities.

None of the cited Maryland child support problem-solving court programs have submitted applications to operate under Maryland Rule 16-207 and thus do not receive grant funding from the AOC.



One nationally recognized best practice for problem-solving court programs is that a judge is assigned to the program on a voluntary basis and presides over the program for no less than two consecutive years. Regardless of whether the program is sanctioned under the Maryland Rules or not, one important key to success will be strong judicial involvement and leadership. It is, frankly, central to a program's success. One program that has seen a change of presiding court officers said that the presiding judge or magistrate must be "100% involved in the program" and spoke of the program's problems when the presiding officer was less supportive and committed to the program. Others spoke of the importance of the presiding judge or magistrate to hold the program together, including by holding participants and service providers accountable.

Federal IV-D funds are a valuable funding source, and other sources of financial support are valuable, too.

Programs do receive federal IV-D funds and those funds are invaluable in supporting the program. But other funding sources, such as grants, should not be ignored. One program, for example, used a Byrnne grant to conduct the community work and planning needed to establish a program and to support a private entity to provide intensive employment services in the program's initial years. Another program uses grant funding to pay to driving lessons and skills training for obligors. Other programs also use funding provided to community partners to pay for services provided by that partner.

Child support problem-solving court programs have the same basic goal – consistent payment of child support on time through steady long-term employment - and many add or reference a second goal – improving family relationships.

At their core, programs share the same basic goal. They seek to put the obligor in long-term employment so the obligor can pay child support on time and fully. As one program described it, the focus of the program is getting to self-sufficiency – find out where the person is regarding work, find out where the person would be successful in work, and focus on the longevity of the person's employment. Programs may also seek to address the obligor's relationship with their child and co-parenting abilities with the other parent.

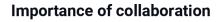


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Programs do not require a large staff. The use of partners to provide much of the employment and other specialty services allows programs to operate with a small staff of case managers.

Child support problem-solving courts do not operate with a large staff. The Jefferson County Colorado Child Support Problem Solving Court is staffed primarily by one case manager, one supervisor, and one establishment worker. The DC Fathering Court is staffed by three workforce development specialists, who have a background in workforce development, knowledge of wraparound services, and mental health and substance abuse training. The Baltimore County program has a staff member who performs all staff activities, and the RISE program has two case managers.

One commonality among the programs is how valued these staff members are. As one manager said, the court may hear the case, but the people who work in the program and establish the connections with the participant and service providers is what makes the program successful.



Maybe the most common element that crossed all programs and, indeed, all stages of operation is the importance of collaboration. This begins with collaboration in establishing the program. The court, the child support agency, and workforce development programs are at the least the start of that collaboration, the heart of it. But collaboration is important for a range of partners who can provide the services to assist a person with being able to get and keep a job.

Additional "nuggets" of advice

- The community including obligors and obligees may be skeptical of the program at first. Those establishing a program may need to consider that they will have to prove that the program works before it is accepted and be ready to address the concerns of those with doubts. The skeptics may include potential program participants. One program, for example, noted that some potential participants, when initially contracted by staff about participating, thought it was a sting operation, perhaps aimed at locating and punishing obligors with large arrearages. Again, the program needs to be ready to address this as well.
- Be customer service-centered. While this is a court program, addressing the employment success needs of the participant should be the program's focus. Staff need a rapport with participants to ensure buy-in and trust to engage in the program.
- Have an effective and instructive screening tool. It should inform the program about what the participant's needs and preferences are, and it will also inform the participant about the program.
- Consider that community service may be another way to tie a participant into employment. One program - which has community service as the program's only sanction – reported that community service has led to job offers for some participants from the programs for which they are doing community service.





2 INTAKE PROCESS

The intake process begins by identifying potential program participants and offering them an invitation to enter the program. Unlike a drug treatment court where there may be a variety of considerations before offering an invitation to participate, here all delinquent child support obligors should be considered for participation in the program.

Written Agreement

The written program agreement serves as a contract between the program participant and the Court notifying the participant of the program rules and expectations.

Participation in a problem-solving court program is voluntary. A participant's acceptance into a problem-solving court program is governed by Maryland Rule 16-207(e) which provides that, "[a]s a condition of acceptance into a program and after the advice of any attorney, if any, a prospective participate shall execute a written agreement that sets forth: (A) the requirements of the program; (B) the protocols of the program, including protocols concerning the authority of the judge to initiate, permit and consider ex parte communications pursuant to Rule 18-102.9 of the Maryland Code of Judicial Conduct; (C) the range of sanctions that may be imposed while the participant is in the program, if any; and (D) any rights waived by the participant, including rights under Rule 4-215 or Code, Courts Article, § 3-8A-20, if applicable. The same rule provides that, "[t]he court may not accept the prospective participant into the program until, after examining the prospective participant on the record, the court determines and announces on the record that the prospective participant understands the agreement and knowingly and voluntarily enters into the agreement." A copy of the agreement must be made part of the record. Sample agreements are appended to this Blueprint.

AGREEMENT SCREENING ASESSMENT

Eligibility Screening

Intervention and screening of potential treatment court participants should occur as soon as possible after identifying clients, to expedite their involvement in treatment and capitalize on motivation for behavior change associated with the case.

The screening process determines whether individuals are appropriate and eligible for the program based upon the target population criteria. Potential treatment court participants screening should address both case characteristics and potential service needs. The screening function could be handled by the Problem-Solving Court Coordinator, child support agency staff or other court or agency personnel. A brief screening of substance use, social history, mental health, primary health care, family violence, and other environmental factors, and willingness to participate can be performed by the treatment court case manager, protective services workers, or certified behavioral health provider.

Screening Best Practices

- Services should be housed in or near the Courthouse. This would allow the participant to be physically delivered by the defense attorney or other court personnel.
- Professional clinical service providers should have access to a validated, standardized assessment tool, which provides comprehensive information to help determine the individualized care a person will need to be successful.

Significantly better results are achieved when individuals with substance use and mental health disorders are assigned to a level of care based on a standardized assessment of their treatment needs as opposed to relying on professional judgment or discretion.

Studies have confirmed that patients who received the indicated level of care
according to standardized assessment had significantly higher treatment
completion rates and fewer instances of relapse to substance use than
patients who received a lower level of care than was indicated. Program
participants could be referred to professional clinical staff for further
assessment using these standardized tools.



Assessment of participants should take place promptly after their identification, ensuring that they are matched with the necessary intervention services to maximize their engagement and leverage their motivation for positive behavior change.

The purpose of the assessment is to match the problem-solving court candidate with the appropriate and needed intervention services.

All candidates are assessed either before entry into the program or at treatment entry to develop individualized treatment plans to establish clinical appropriateness for the treatment provider. A clinically trained and qualified Certified Addictions Counselor (CAC), Licensed Certified Professional Counselor (LCPC), Licensed Certified Social Worker (LCSW), Licensed Psychologist, or Psychiatrist should perform this assessment. Substance Abuse treatment assessments in Maryland should include an ASAM (American Society of Addiction Medicine) Level of Care.

A biopsychosocial assessment determines the client's strengths and limitations, as well as the social, financial, and institutional resources available to assist the client in obtaining treatment goals. This could be another tool used in case planning for a problem-solving court participant.

Assessments should culminate in a placement that is least intensive/restrictive first and then intensify as clinically indicated. Ongoing assessments, pursuant to accepted clinical practices, are necessary to monitor progress, to change the treatment plan if necessary, and to identify relapse.

Assessments of participants in problem-solving courts are essential for tailoring interventions to individual needs, optimizing resource allocation, enhancing motivation, reducing recidivism, and adopting a holistic approach to rehabilitation. The resulting recommendations serve as a guidebook to case managers and judicial officials.

Cultural proficiency is an important element of the assessment process and should be considered when engaging and motivating the individual to want to participate in the program and recognize the advantages it can provide in terms of recovery and life situation. Program staff involved in the assessment process should bear in mind that a significant number of participants may distrust the system and not feel comfortable initially in becoming involved in a program as intensive and intrusive as the treatment court.

Assessment Best Practices

- Research has shown that outcomes are significantly improved when interventions are carefully documented in treatment manuals, providers are trained to deliver the interventions reliably (according to the manual), and fidelity to the treatment model is maintained throughout the process.
- Studies have shown that in addition to enabling better outcomes, licensed or certified staff members are more likely to have positive views of adopting evidence-based practices. Continued oversight is also paramount, as providers implement evidence-based practices more regularly when they receive substantial initial training, continued refresher training, and regular supervision and feedback from their agency.

Assessment Considerations

• **Accessibility**: Accommodations should be made for persons with special needs, including but not limited to:

Physical disabilities Language and fluency issues Literacy issues

- Proximity: Treatment programs, ideally, are located in areas that enable
 access to the support services and are accessible by public transportation,
 when possible. Treatment services also should be available during both day
 and evening hours and provide access to childcare.
- Cultural Proficiency: Treatment services must be culturally proficient (e.g., have both the staff and services that acknowledge the values and perspectives of the participant's culture). "Culture" in its broadest sense encompasses gender, race, ethnic background, age, economic status, social status.

3 CASE MANAGEMENT

In recognition that most treatment providers limit their services to treatment, problemsolving courts may wish to designate an individual to serve as a case manager to oversee the treatment and other services relevant to each participant. The case manager ensures that each participant receives appropriate services that are needed and can act as a liaison between the court, the participant, the other participating agencies, and service providers.

Case Management Services

The function of case management services is to provide a central point for referral to an array of ancillary services to support treatment court participants.

A professional case manager arranges, coordinates, monitors, evaluates, and advocates for a package of services designed to meet the specific complex needs of a client and his/her family. The primary goal is to optimize client functioning by providing high quality service in the most efficient and effective manner to individuals with multiple complex needs (Brennan & Kaplan, 1993). The individualized service plan identifies priorities, desired outcomes, and strategies and resources to be used to obtain outcomes. Moreover, the case manager must periodically reassess the client to update the individual service plan for its effectiveness and the progress of attaining desired outcomes. If the plan is not attaining the desired outcomes, the intervention strategy will need to be revised. A case manager needs to understand and be aware of how the service system environment can both positively and negatively affect a client's progress, as well as how to intervene systemically to optimize a client's opportunity to succeed (Brennan & Kaplan, 1993).

Duties of Case Managers -

When recruiting for this critical role, it is important for problem-solving court planning teams to identify the professional credentials necessary for an effective non-clinical program manager. Some examples of duties and responsibilities could include the following:

• Conduct meetings with clients to evaluate progress in accomplishing goals and compliance with court orders.

- Provides follow-up services, ongoing non-clinical assessment, and case management to program participants including symptom and resource services, medication compliance (pill counting/drug testing), and skills assessments using interviews and approved screening tools. This may involve linking to existing resources or developing resources to meet identified needs (clothing/food/medical/educational/ transportation, etc.).
- Research and develop new community services resources for program participants.
- Maintain knowledge of community services and resources available to clients.
- Presents information and recommendations to staff and State Court judges for use in monitoring compliance and treatment plan reviews for participants.
- Provides intensive monitoring compliance with Court mandates through various participant and agency contacts including treatment service providers and community programs.
- Provides ongoing education, support, and information sharing to consumers and families involved in the program.
- Records and documents data used in tracking procedures for outcome measures, including those needed for grant and State records reporting.
- Performs tasks directed by the Court as needs are identified with and by participants.



- Collects, documents, and submits fees paid by participants.
- Files legal documents to be processed by the court and for records purposes.
- Conducts home visits or community appointments to liaison with customers and various treatment providers
- Other duties as assigned.

Credentials of Case Managers

Although at least a bachelor's degree in a field such as psychology, social work, counseling or other similar human services field would be preferred, experience with work in case management in these areas could be substituted for educational qualifications based on the needs and expectations of the particular program. Standard background checks (including criminal history) should be included as part of the recruitment process. Access to reliable transportation is critical for these positions as the case manager may need to travel throughout the community for meetings with service providers and program participants.

Advocacy vs. Accountability

Expectations should be established with the program and case managers about the balance between advocacy and accountability for program participants with whom they will be working.

In screening and electing potential case managers, applicants for the position should understand the duality of their role with case management. At some level, they should expect to advocate for their program participants. However, the court will need to have reporting of non-compliant behaviors. Testimony on actual efforts that is supported by well-maintained and documented case histories should help the case manager navigate these roles. The case history and reporting should be strength-based highlighting the achievements made by the program participant while also documenting deficits or non-compliance.



COURT PROCEDURE AND REVIEW

Knowledge of a case history and the participant's needs are both critical to establishing rapport and buy-in from the program participant. Consequently, it is important that the problem-solving court planning team plan for the assignment of <u>a dedicated judge or magistrate</u> to these dockets. Over time and frequency of contact, the dedicated judicial officer should be better positioned to develop a strong rapport with the program participant.

The frequency of court review hearings can be dependent on the participant's compliance with program requirements. Reviews should be goal-oriented based on each participant's individual case management plan that has been developed with the help of the case manager.

A phase-based approach has been used widely in problem-solving court models as an effective problem-solving approach to managing the case flow of the program. It could be an equally effective approach for a child support problem-solving court. As the participate graduates to the higher phases, the frequency of review hearings can be reduced. Here are examples of phases for a planning team to consider in their plan:

1

Orientation Phase

Completion of intake and other introductory task(s); development and submission of a case plan with case manager identifying all program goals.

2

Stabilization Phase

Job search/expungement assistance; eligibility determination for government benefits; connecting and intake of obligor to treatment provider(s).



Transformative Phase

Demonstrated engagement with identified service providers and/or with employment.



Maintenance Phase

Regular and consistent payment of support; after sufficient passage of time, graduation from the program.

The case manager can track progression through the phases of the program, including qualification for phase promotion, as part of case management responsibilities. Phase status should be a topic addressed with the program participant at every review hearing.

Court Case Reviews

Judicial oversight of the remedial process is a critical component to a problem-solving court. Regularly scheduled review hearings ensure team members engage in responsive case planning.

Regular and Periodic Reviews

The frequency of holding the review hearing should be determined based on the participants phased progress through the program. The goals of the review hearing should include the following:

Assess participant's progress towards achieving case plan goals
Identify deficiencies in services
Address participant's successes and/or non-compliance
Motivate participant to engage in next steps

Communication Skills

Every hearing is a new opportunity to engage the program participant in the behavior change process. Some suggested communication skills include the following:

Engage with participant – build trust and rapport Focus the participant – agreeing on a shared purpose Evoke the desired behavior – exploring reasons for change Plan for action – deciding what, when, and how to change

Motivational interviewing (MI) is a collaborative, goal-oriented style of communication with particular attention to the language of change within an atmosphere of acceptance and compassion. It is highly recommended that problem-solving court team members, including presiding judicial officials, receive training on MI.

Incentives and Sanctions

In order to reward and motivate behavior change, and extinguish problematic behaviors, problem-solving courts utilize a variety of incentives and sanctions. For a child support problem-solving court, those incentives and sanctions could include the following:



in·cen·tive /inˈsen(t)iv/

noun

a thing that motivates or encourages one to do something.

Prizes

Any type of reward that could be earned by the participant may motivate behavior changes. Examples include gift cards, movie coupons, recreation center coupons, fee waiver coupons for visitation centers, etc.

Awards

Certificates could be prepared and distributed to obligors who pay their full support amounts or who have obtained employment.

All Star Board

The program could create a public list (by initials or first name and last initial) on a special board displayed during the docket of all participants who are compliant.

Education

If a participant progresses, one motivator could be the reward of having certain supplementary instruction paid for by the program, such as driver's training.

Virtual Appearance

Compliant participants could be rewarded by being permitted to appear remotely at a future hearing.

Incentive Events

Examples include pizza parties, trips to athletic events, or trips to other community events.



sanc·tion /'saNG(k)SH(ə)n/ noun

a threatened penalty for disobeying a law or rule.

Community Service

Although listed as a sanction for program non-compliance, in this type of problem-solving court, the completion of community service may also help the participant develop work history and references that may be helpful in obtaining employment.

Writing Assignment

A writing assignment could be coordinated with on-going case management, including the drafting of a resume, a letter expressing interest in employment, or a personal mission statement among other possible options.

Increased Hearings

In keeping with the idea that as a participant progressed through the phases of the program, court appears are reduced, if the participant regresses by becoming non-compliant, court review hearings could be increased.

Removal

Ongoing and unjustified failure to participate may result in a participant's removal from the program.

Consideration for Receiving Payments

Acceptance of payment is a logistical issue that the problem-solving court team should anticipate. Accordingly, the team should plan around those logistics including who will be able to receive funds and in what manner (cash; check; money orders; electronic fund transfers). Private vendors offer payment kiosks that could be used to receive payments.

5 COMMUNITY COLLABORATION

Problem-Solving Court programs rely on effective collaboration with appropriate community-based service partners that can provide the rehabilitative and therapeutic services necessary to address the needs of program participants. Consequently, before a problem-solving court program is launched, it is important that the planning team identify providers in the local community. Outreach to these possible providers will be an on-going task of the problem-solving court program team. Because community outreach is a continuous process, it is important that program managers routinely explore and communicate with new and available options.

Community Collaboration

The program must dedicate time and effort to develop a broad array of service providers in the local community who will be prepared and capable of receiving and working with program participants.

Some community-based services that could be made available to child support problemsolving court program participants include the following:

Academic/GED/Vocational

- Community Colleges
- Local School Systems
- Special assistance purchases (e.g. required footwear for job; uniforms, etc.)

Assisted Living

Case Management

- Obtaining identification documents (e.g. birth certificates; Social Security cards; marriage license; identification cards)
- Obtaining qualifying public benefits (e.g. health insurance; SNAP benefits; etc.)

Childcare

- Child Care Scholarship; Maryland Department of Education
- Local private daycare provider options
- Kinship care

Cognitive Behavioral/Restructuring

Co-occurring Treatment

Day Reporting

Day Treatment

- Medication Maintenance programs (e.g. suboxone; methadone)
- Intensive Outpatient Programs
- Partial Hospitalization Programs

Developmental Disabilities Support Services

- Division of Rehabilitative Services (DORS)
- Developmental Disabilities Administration

Family Therapy

Treatment services should address family/domestic relations needs, as negative relationships with partners and other family members can disrupt participants' ability to engage in other services while supportive relationships can help encourage engagement. In addition, family issues are a strong risk factor for recidivism.

Food Instability Supports

- SNAP benefits
- Local faith-based organizations offering food assistance
- Maryland Food Bank

Group Counseling

Half-way House

Housing

- Shelters (for short-term and emergent needs)
- Community housing support programs (e.g. Garrett Community Action; Shore-Up)
- Section 8 public housing vouchers (local housing authorities)

Individual Counseling

Job Counseling and Training

- Assisting with career/job preference surveys
- Monitoring and recommending appropriate job application activity
- Goodwill Industries (resume writing; interview skills; on-site job opportunities)
- Department of Labor American Job Center programs (computer access to jobs dashboard; other employment-related training; apprenticeship program options specific to a geographic area)
- Returning Citizens Programs (e.g. Lead4Life) for recently incarcerated participants
- Community Colleges (continuing education; non-credit courses such as welding and metal fabricating skills, HVAC, card-dealer for casino, etc.)

Legal Assistance

- Legal Aid (e.g. expungement assistance; custody/child access; landlord tenant assistance)
- Expungement Assistance

Life Skills

- Opportunities for parent involvement (including incentive opportunities for parent/child to participate together such as a trip to sports event; etc.)
- Parenting skills (online training programs; in-person training)
- Financial literacy skills (individual or group sessions)

Parenting classes can help teach positive communication among individuals, regardless of whether they are parents.

Studies found that programs were significantly more effective at reducing crime when they offered mental health treatment, family counseling, and parenting classes.

Mediation

• Intra-family conflict; mediating informal access schedules; resolving communication issues; etc.

Mental Health

Other Support Groups

Parenting Time plans

Primary Health/Dental Care (including referrals for obtaining insurance)

Healthcare needs can be substantial barriers to participants' ability to engage in problem-solving court requirements. Assisting participants in connecting with health care services can help address participants' primary needs, allowing them to successfully participate in substance treatment and other program requirements.

Probation Residential Services

Substance Abuse Treatment

Ranges of treatment modalities to treat substance use disorders are described below:

- Early Intervention Services treats patients who may be in the early stages of alcohol or drug use. Services include assessment, treatment planning, case management, group or individual counseling, and family services.
- Detoxification Services monitors the decreasing amount of alcohol and other drugs in the body, manages withdrawal symptoms, and motivates the individual to participate in an appropriate treatment program for alcohol or other drug dependence.
- Outpatient Detoxification Services include physical examination, medical evaluation, assessment, treatment planning, administering and monitoring medication, monitoring vital signs, discharge or transfer planning, and referral services. Inpatient detoxification services include nursing assessment at admission, physical examination, addiction assessment, treatment planning, discharge or transfer planning, monitoring of vital signs, administering of medication, family services, alcohol, and drug education, motivational counseling, and referral services.
- Intensive Outpatient provides structured outpatient evaluation and treatment of patients who require programming nine or more hours weekly. Services include: assessment, treatment planning, case management services, individual counseling at least once monthly, and leisure and recreational activities.
- Recovery Houses offer living space, plus treatment services directed toward preventing relapse, applying recovery skills, promoting personal responsibility, and reintegration. Services include case management, individual counseling at least once monthly, and leisure and recreational activities.

- Long Term Residential Care provides a structured environment in combination
 with medium-intensity treatment and ancillary services to support and promote
 recovery. Services include assessment, treatment planning, alcohol and drug
 education, individual counseling, leisure and recreation counseling, referral
 services, and assistance with vocational issues.
- Therapeutic Community provides a highly structured environment in combination
 with moderate to high-intensity treatment and ancillary services to support and
 promote recovery and uses the treatment community as a key therapeutic agent.
 Services include medical assessment, physical examination, assessment,
 treatment planning, medication monitoring, and therapeutic activities which may
 include; individual and group counseling, alcohol and drug education, career
 counseling, nutrition education, and family services.
- Medically Monitored Intensive Inpatient Treatment (Intermediate Care) provides
 a planned regimen of 24-hour, professionally directed evaluation, care and
 treatment in an inpatient setting. Services include weekly individual counseling,
 treatment planning, group counseling, alcohol and drug education, nutrition
 education, weekly family sessions, case management, medical evaluation,
 physical examination, medication monitoring, sub-acute detoxification, medical
 services, diagnostic services, and referral services.
- Medication for Addiction Treatment (MAT) is an evidence-based practice.
 Treatment court programs should incorporate this practice for those participants who have an assessed need. The treatment court should strive to find a qualified healthcare practitioner who will partner with the program to provide assessments, prescriptions, and other MAT-related services. Services include medical assessment, physical examination, counseling, drug testing, medication administration, and monitoring, and referral services.
- Peer Support Services connect participants with people who have been successful in the recovery process and can help others experiencing similar situations. Participants often feel they can relate to, and trust, peers who understand firsthand what they are going through. Peer specialists can help people stay engaged in treatment and the program, and reduce the likelihood of relapse. Other examples of peer support services include referrals to Alcoholics Anonymous, Narcotics Anonymous, or Cocaine Anonymous peer support meeting groups. For more information about implementing peer support services, see: https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers.



Trauma-Related Services as national and statewide studies have found that
substantial proportions of treatment court participants suffered from a serious
co-occurring mental health or medical disorder, were chronically unemployed, had
low educational achievement, were homeless, or had experienced physical or
sexual abuse or other trauma. Treatment courts must assess for trauma and
incorporate trauma-responsive practices into all activities, as well as provide
trauma-specific treatment for those who would benefit from more focused care.

Research has demonstrated that programs were significantly more effective at reducing crime when they assessed participants for trauma and other mental health treatment needs, and delivered mental health, medical, vocational, or educational services where indicated.

Supportive Employment

Supported Employment (SE) is an approach to vocational rehabilitation for people
with serious mental illnesses or other cognitive disabilities. It recognizes their
often-overlooked strengths and abilities, including motivation to work. Supported
employment helps people obtain competitive work, integrated with employees
who do not have disabilities, and provides the support necessary to ensure their
success in the workplace.

Three-quarter House

Transportation

- Assistance with license reinstatement or with gaining a limited license
- Bus tickets, ride shares, bicycles, or other creative options

Utility Assistance

- Local faith-based programs
- Department of Social Services utility assistance programs
- Utility company grant or forgiveness programs
- Office of People's Counsel

Services Co	กรเส	erati	ดทร

In addition to the list noted above, the planning team should consider the following:

- Services for Participant's Children The children and families of people with substance use or mental health disorders are adversely affected by the behavior associated with these disorders. They are often in need of services. Holistic and comprehensive approaches involve the entire family unit and help improve program participants' quality of life and outcomes. Participants with children demonstrated better outcomes when family interventions that reduce family conflict, improve communication skills, and enhance problem-solving skills were added to the treatment court curriculum or were available in the community and referred to by the treatment court program. Examples: Strengthening Families and Celebrating Families! manualized, cognitive-behavioral curricula, and modified multidimensional family therapy, multisystemic therapy, and functional family therapy.
- Gender-Specific Services It is suggested that treatment services be responsive to gender, among other characteristics. Treatment courts that offer gender-specific services have significantly lower recidivism than programs that do not provide these services and substantial evidence shows that women, particularly those with histories of trauma, perform significantly better in gender-specific substance use treatment groups. This gender-specific approach has been demonstrated to improve outcomes for female Treatment Court participants.
- Culturally Specific Services Participants are more likely to engage in services, be retained longer in services, and be successful in the program if they receive culturally specific services. Culturally specific services often affirm racial identity and pride, can help participants feel understood, and increase their sense of safety and belonging.

6 MONITORING AND EVALUATION

The collection of data around identified program performance measures is critical to ensure the effectiveness of the problem-solving court program. Consequently, the planning team should identify the performance measures specific to the program that are recognized indicators of program success. Next, the team can identify the measurable data that effectively tracks progress for each measure and who will be responsible for collecting, tracking, and reporting this data.

We found that most problem-solving court programs manage the data of their caseload through the use of a Program Coordinator/Administrator and/or Case Manager who serve as the primary gatekeeper of all relevant information about the program participant and would be responsible for some or all of the following:

- Length of time in the program? Current phase status?
- How many jobs?
- How many interviews they went on?
- How much child support?
- How many payments? Regularity of payments?
- Maintaining sobriety/Attending a substance abuse program?
- Attend Mental health services program?
- How many classes? Continuing education? Training? GED obtained?
- Interview skills training attended?
- Parenting classes attended?
- · Potential Certificates obtained?
- Referred versus Completed?
- Increased time with child?
- Expungement program attended?
- Mediation attended?

Monitoring

An automated management information system (MIS) facilitates the operation of the problem-solving court and improves its functioning by compiling and making readily available on-going information regarding participant involvement in the program, program operations, and other data.

Having adequate and current information available on an ongoing basis relating to (1) participant information (e.g., demographics, program status, as well as their individual progress) and (2) program information (available treatment services and their utilization, funding sources, expenditures, etc.) is essential to enable the program adequately to monitor participant progress, oversee program operations, and periodically evaluate the program's effectiveness and degree to which it is meeting its intended goals. An MIS also offers an effective means to facilitate the exchange and sharing of information among team members, including child support agency staff and attorneys, substance abuse treatment, mental health, public health, social services, and family services agencies.

An effective MIS also will provide the data needed to assess the operation of the program and its accomplishments as well as make modifications as necessary. The MIS should be designed to provide a wide range of participant information, including the following:

- Screening and assessment information
- Demographic information (including employment, family, living situation, etc.)
- Dates and results of any drug tests
- Dates and results of employment interviews and job placements
- Dates and attendance of all treatment sessions and other services scheduled for the participant
- Schedules of court hearings and actions taken at these sessions (e.g., sanctions imposed, incentives offered, conditions prescribed (e.g., look for work, etc.)
- Ancillary services being provided (e.g., housing, job training, etc.)

Evaluation —————————

Evaluations are critical to assess the operations of the program and to determine the accomplishments relative to the program's objectives. An objective evaluation which examines important issues and concerns for the problem-solving court's stakeholders will support future funding endeavors, gain community support, and may facilitate program improvements.

Several types of evaluations are utilized to assess the overall operational effectiveness and success of these programs and include:

Process Evaluations

 Document how the child support problem-solving court program is currently operating and contrast that with how it was intended to operate.

Outcome Evaluation

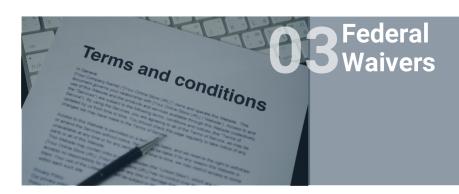
- Assesses the effect of the problem-solving court program on the lives of the
 participants after they have left the program, as compared with outcomes associated
 with more traditional child support processing (i.e., do participants continue to pay child
 support? Has the amount or regularity of support payments improved? Has the number
 of contempt petitions decreased? Is the amount of parenting time for non-custodial
 parents increased?).
- Focuses on a wide range of outcomes resulting from (1) the participant (e.g., abstinence, employment, educational credentials, acquiring/maintaining housing, increased parenting time), (2) child support collections (e.g., the amount of child support collected from each participant since entering the program, compared to amounts collected before entering the program, the number of participants making regular payments, whether the number of contempt filings has been reduced), and (3) the family (are children spending more time with the non-custodial parent?

Cost Analysis

- An economic analysis that contrasts cost and benefits to help determine whether the problem-solving court program warrants sustained or increased funding.
- It addresses the question of how the problem-solving court compares with the costs for probation or incarceration, as well as other societal costs, such as, poor health, child welfare, workforce production, and consequences of continued substance abuse.



Jurisdictional Grants STATIL GRANTS STATIL GRANTS



Cooperative Reimbursement Agreement



7 FUNDING

The following is a list of possible funding sources a planning team could explore to provide for the expenses of operating the child support problem-solving court:

Program planners may consider any available local or regional private grants that identify employment services and economic security/stability or mobility as a targeted needs.

Family Jurisdictional Grants (Administrative Office of the Courts) ————

Every county circuit court has a family services program that provides a variety of case management and supplementary administrative services in support of litigants in domestic cases. Among those services are referrals for court-ordered services (evaluations, substance use tests, home studies, etc.), pro se legal clinics, and reimbursement for child counsel and other court-ordered services in fee waiver cases. Circuit Courts may consider submitting some of the costs associated with a child support problem solving court through the Family Jurisdictional Grant request.

Federal Waivers (Child Support Administration) (42 U.S.C. 1315)

Title IV-D of the Social Security Act authorizes and establishes the State of Maryland's Child Support Administration. Section 1115 of the Social Security Act provides the U.S. Department of Health and Human Services with the waiver authority to fund demonstration projects for the Title IV-D child support program. Section 1115 demonstration waivers must promote the objectives of the child support program and be designed to improve the financial wellbeing of children or the operation of the program. The waiver authority requires the requesting agency to invest new funds to pay their share of the cost (one-third) of the pilot activities. Agencies may use foundation funding or other private sources as their share and must include waiver of the public source requirement in their request.

Section 1115 requires the child support agency to evaluate the effects of the waiver project and submit the results for comparison and consideration. Waiver applications must include a detailed evaluation plan outlining the data to be gathered and the method of analysis for measuring key child support outcomes such as increased payments, reduced arrears balances, improved paternity establishment, other performance improvements, and cost effectiveness. Identify who will conduct the evaluation, how they will be committed to the project (MOU, contract, etc.), the child support outcomes that will be measured, the data

that will be collected throughout the project, and the data sources and methodologies to analyze the data.

One such Section 1115 waiver grant program is entitled NextGen Demonstration Grants, which have been described as grants that "will allow more state and tribal program to develop and refine child support-led employment efforts to benefit non-custodial parents in the program."

For more information, visit the following webpage: https://www.acf.hhs.gov/css/grants

Cooperative Reimbursement Agreement (CRA) (45 C.F.R. 302.34)

Federal law provides that every state child support program must enter into cooperative reimbursement agreements with appropriate courts. The agreements establish reimbursable expenses for court services provided to the child support agency in carrying out the functions of the program including establishing paternity and securing support.

The Maryland Child Support Administration has a CRA with the Maryland Judiciary which is administered through the cooperative efforts of the agency and the Administrative Office of the Courts (AOC). A problem-solving court program could be added to the AOC Cooperative Reimbursement Agreement, which would still require the agency and AOC to seek a federal waiver before using the funds. For example, currently the Baltimore County Circuit Court has a local Cooperative Reimbursement Agreement (CRA) with the State that covers 66% of the costs for Lisa Gabriel, the Coordinator for the Family Employment and Support Program (FESP). The remaining 34% is covered by the Family Jurisdictional Grant funding that AOC provides to Baltimore County Circuit Court. Assuming local CRA grants are still available to courts, this financing method may be able to cover the costs of a Coordinator for a child support problem solving court that is based in a Circuit Court. The Court would need to apply for the local CRA and then make the request for funding when they submit their Family Jurisdictional Grant request to the AOC.

Some jurisdictions have child support problem solving case management staff budgeted in the local IV-D agency budget. Those case managers are employed and supervised by the local child support agency. All employee evaluations and performance planning is a part of the agency budget requirements.

APPENDIX A

Sample Program Agreements

Source: AllRise (formerly the National Association of Drug Court Professionals) https://allrise.org/sample-documents/sample-document-participant-handbook/

ADULT DRUG COURT PLANNING INITIATIVE A GUIDE TO CREATING A PARTICIPANT HANDBOOK

The purpose of a participant handbook is to provide consumers with a clear understanding of the requirements and expectations of the program. The information contained in the handbook should be organized and easy to understand. It is recommended that the handbook be written at a seventh grade reading level so that the material can be comprehended by participants of varying educational degrees. To ensure reading comprehension levels, Flesch-Kincaid scores should be used and can be determined in Microsoft Word under "readability statistics." In addition, the document should be visually appealing; paying close attention to spacing and the availability of white space on each page. The handbook should be written and designed in a manner so that clients will fully understand the operations of the program without feeling overwhelmed with material.

The participant handbook should have a cover that identifies the name of the program and the date of its last update. The first page of the manual should be the table of contents followed by a welcome letter written by whoever is responsible for the administration of the program. The remainder of the manual should consist of the following content:

The Adult Drug Court Team

It is important that participants know who is associated with your drug court and will most likely be working with them throughout the course of program. The members of your core drug court team should be clearly identified in the handbook by name and title. In addition, a telephone number for each member should be provided.

Mission Statement

The mission statement lets your consumers know the intended purpose of the program. By providing this information, participants will have a clear understanding of why the program exists.

Eligibility Requirements

A brief description of the criteria participant's must meet in order to be considered eligible for the program should be provided. Information should include things such as criminal class, residency requirements and clinical criteria.

Program Requirements

Participants should be provided a clear understanding as to what is required of them while taking part in the drug court program. The minimum and maximum time spent in the program should be identified. In addition, general reporting requirements, employment expectations, frequency of treatment and court appearances should be listed.

Attendance and Absence Policy

The drug court's attendance and absentee policy should be clearly stated. Participants should be advised of the importance of timely arrival and the program's point of contact in the event of a necessary absence.

Court Sessions

The date, time and location of drug court sessions should be clearly identified in the handbook.

Drug Testing Protocol

The program's drug testing policy should be clearly stated. The expected method and frequency of testing and location of sample collection sites should be included. The process of identifying how to find out if a random sample deposit is required on any given day should be described.

Supervision Protocol

The type of supervision utilized by the drug court should be identified. Participants should be given a clear understanding as to the organization responsible for supervision and the frequency of reporting. The address and telephone number of supervising entity should be provided.

Prescription Medication Policy

The drug court's policy on prescription medication should be included in the handbook. Participants should be advised of whom to contact in the event they are prescribed medication while in the program. In addition, the type of acceptable documentation for prescription medication should be identified.

Incentives and Sanctions

The purpose of imposing sanctions and incentives should be explained. Furthermore, a short list of potential rewards and punishments should be included to give participants an idea of what to expect.

Fees

The drug court's fee policy should be explained. The reason for the cost, frequency of payment and the location of the cashier should be identified.

Transportation

The program's transportation policy should be explained. Resources as to where to seek transportation assistance services should be noted.

Graduation

Guidelines on how to successfully exit the program should be provided. Information pertaining to treatment, criminal record and clean time requirements should be clearly stated.

Termination

The program's policy and terms for unsuccessful discharge from the drug court should be provided.

General Rules

The basic rules and guidelines of the program should be clearly defined. Participants should be advised of the program's policy on matters such as drug/alcohol use, enabling, acceptable behaviors, dress code, pairing off and electronic device usage.

Infection Control Policy

It is recommended that participant's be advised of the drug court's policy on infectious disease control. It should be explained that program staff exercise universal precautions and are obligated to report instances of infectious disease that pose a threat to the general public to the local health department.

Program Phases

The drug court phase system of the program should be clearly identified. Clients should be made aware of the average duration of each phase and the milestones that must be met to advance to the next stage of the program.

Treatment

The treatment levels of care and type of treatment model utilized by the program should be identified and explained. Information pertaining to the frequency of care, days and time of service delivery and location of the treatment provider should be clearly indicated.

Releases of Information & Confidentiality

The program's policy on participant confidentiality and the need for releases of information should be clearly explained. Participants should be assured that their information is protected and will only be utilized for the intended purpose of the drug court program.

Complaints and Grievances

The program's procedures for filing complaints and grievances should be included. Participants should be made aware of their right to express opinions, recommendations and grievances in addition to their right to request and receive responses via a procedure of due process. The process for filing a complaint without fear of negative repercussions should be explained. Furthermore, the waiting period for an initial response to the grievance should be noted.

Frequently Asked Questions

It is a recommended that a frequently asked questions section be included at the end of the handbook. This section should be compiled of questions that are most often posed to veteran treatment court staff and team members.

Contractual Agreement

The final page of the handbook should be the participant contractual agreement. This one-page document serves as a checklist of all requirements discussed in the handbook. It should also contain a check-box indicating that the client has received a copy of the participant handbook and understands the requirements and expectations of the program. The participant should sign the contractual agreement and the program coordinator should also sign as a witness to the participant's signature. The participant should be provided a photocopy of the contract and the original should be stored in the participant's file.

Updates to Participant Manual

The participant handbook should be updated immediately following any changes in the program's policies and procedures. Contact information for drug court team members should be updated any time there is a change in program staff or team members. In addition, the handbook should be reviewed annually to identify and address any needed programmatic adjustments.

PARTICIPANT CONTRACT, DEKALB COUNTY DRUG/DUI COURT: C.L.E.A.N. PROGRAM (\underline{C} HOOSING \underline{L} IFE AND \underline{E} NDING \underline{A} BUSE \underline{N} OW) IN THE CIRCUIT COURT FOR TWENTY-THIRD JUDICIAL CIRCUIT DEKALB COUNTY, ILLINOIS

PARTICIPANT CONTRACT

1) I,	و
with a birth date of	, and an address of
have entered a guilty plea in:	
Charge	Case No.
Charge	Case No.
Charge	Case No.
,	into the DeKalb County Drug/DUI Court: and <u>E</u> nding <u>A</u> buse <u>N</u> ow) Participant Contract,
General Provisions:	
, ,	y resident, and will live in DeKalb County unless the Judge and Drug/DUI Court Team DeKalb County.
Judge and Drug/DUI Court Team. I uto leave at least a week before the ant	inois without obtaining permission from the understand that I must make a written request icipated trip if it is not an emergency and have a and after returning to DeKalb County.
	work related emergency, I must present the and the judge will advise me of approval or or court date.
short handwritten statement of the en	-work related emergency, I must present a nergency to the treatment provider when ll present the request to the Drug/DUI Court f approval or denial.
6) I may not participate in Drug/DUI member. Therefore, I affirm that I an	Court if I am currently an affiliated gang n not a gang member.
7) I understand that if I enter this professor future participation.	ogram and fail to complete it, I may be barred

8) I understand that I may not possess any weapons while I am in Drug/DUI Court. I will dispose of any and all weapons in my possession, and disclose the presence of any weapons possessed by anyone else in my household. Failure to dispose and/or disclose may result in termination from Drug/DUI Court and possible prosecution for any illegal possession of any weapon.
9) I agree to inform any law enforcement officer that I come in contact that I am in Drug/DUI Court.
10) For the purposes of regular Drug/DUI Court review hearings, I agree to waive my right to have my attorney of record present. I understand that my case may be <u>discussed</u> without my attorney or the prosecutor present but no decisions made without my attorney and the prosecutor present.
11) Upon my successful completion of the Drug/DUI Court program, the State's Attorney office may make a motion to dismiss the Drug/DUI Court case(s), or the pertinent charges as previously agreed upon unless there is objection from the court.
Assessments and Treatment:
1) I agree to execute the <u>Consent for Disclosure of Confidential Substance Abuse</u> <u>Information</u> . I understand that any information obtained from this release will be kept apart from the Court file.
2) I understand that my individual course of treatment may include residential treatment, intensive outpatient, one-on-one counseling, education, and/or self-improvement courses such as anger management, parenting or relationship counseling.
3) I understand that my treatment plan may be modified by the treatment provider of the DeKalb County Drug/DUI Court Team as circumstances arise, and I agree to comply with the requirements of any such modifications.
4) I agree to participate in and successfully complete all substance abuse treatment programs, psychological therapies, educational programs and vocational training the Judge and Drug/DUI Court Team orders, and will sign releases to permit all providers to communicate with the Judge and Drug/DUI Court staff.
5) I agree if ordered by the Drug/DUI Court to wear a SCRAM bracelet and/or install a BAIID device in my car to monitor any alcohol use. I understand that DUI Court will assist me in payment of SCRAM based on my tax returns or pay stub from work but I will be expected to repay all financial support.
6) I will inform all treating physicians/nurse practitioners that I am a recovering addict and give the treating health care professionals the Doctor's Note found in the

Participant Handbook. If a treatment physician wishes to treat me with narcotic or addictive medications or drugs or medication containing alcohol after I have disclosed I am an addict and handed them the Doctor's Note, I must disclose this to my treatment provider and inform the Drug/DUI Court Team.
7) I agree to take all medications prescribed for me by my treating physician and/or psychiatrist, and will sign releases for my treatment physician or psychiatrist to communicate with the Judge and Drug/DUI Court staff.
8) I agree to attend a self-help sobriety group as often as the Judge and Drug/DUI Court Team orders me to go.
9) I agree to abide by electronic home monitoring or house arrest if ordered by the Judge and the Drug/DUI Court Team.
10) I agree that I will not withdraw from any treatment provider (residential or IOP) without prior approval of my treatment provider and the Drug/DUI Court Team. If I leave without permission of drug court a no bond warrant will be issued for my arrest.
Use of Drugs and Other Substances and Testing for Their Presence:
1) I understand that I will be tested for the presence of drugs or alcohol in my system on a random basis according to procedures established by the Drug/DUI Court Team and/or treatment provider. I understand that I will be given a location and time to report for my drug test. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, or miss a test, it will be considered "dirty" and I may be sanctioned.
2) I understand that substituting, altering, diluting or trying in any way to change my body fluids for purposes of testing could be grounds for immediate termination from drug/DUI court or a class 4 Felony.
3) I understand a "diluted" urine test will be interrupted as a positive test.
4) I understand that I may dispute positive test results, but that re-testing by a laboratory will be at my expense if it is positive.
5) I understand that participating in Drug/DUI Court requires me to be drug free at all times. I will not possess drugs (including marijuana), alcohol, or drug

paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while drugs are being used by others.
6) I agree to be drug and alcohol tested at any time by a police officer, probation officer, treatment provider, case manager, drug court staff, or at the request of the court or any agency designated by the court.
7) I agree to be responsible for what goes into my body that may affect drug test results. Before taking medication of any kind, I will check with the pharmacist or drug court staff to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will inform the drug court staff, team and treatment provider for any and all medications, prescribed or over-the-counter.
8) I agree not to abuse any over-the-counter medication. I understand that abuse is defined as taking dosages in excess of label guidelines, taking an over-the-counter medication designed for a condition which I do not have, and taking an over-the-counter medication in a manner in which it was not designed to be ingested (such as crushing and inhaling a medication designed to be taken orally with liquids). I will not use over the counter medications containing "dextromethorphan."
9) I agree to furnish the Drug/DUI Court Team verification from my physician for any prescribed medication in advance of testing to reduce the claims of cross-reactions. I understand that any medication that is prescribed must be reported to the drug court staff and my substance abuse treatment provider provider. (Except in cases of a certifiable medical emergency).
10) I agree not to eat foods containing "poppy seeds", any item containing "alcohol", and prescription medications not prescribed to the client.
11) I agree not to purchase or use any "designer drugs" that can be purchased legally, over the counter without a physician's prescription.
12) I agree not to purchase or use any "smoking mixtures' (other than products specifically designated to contain only tobacco).
13) I agree not to purchase or use products sold or marketed under false pretenses with the warning "Not for Human Consumption".
Cooperation with Judge and Drug Court Staff:
1) I agree to follow all the Courtroom Behavior and Rules that are listed in the Participant Handbook that I was given.
2) I understand that during the entire course of the Drug/DUI Court program, I

will be required to attend court sessions, treatment sessions, submit to random

drug/alcohol testing, remain clean and sober, and law-abiding. I agree to abide by the rules and regulations imposed by the Drug/DUI Court Team. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.
3) I understand that if I miss a court date without prior permission from the Drug /DUI Court staff a no-bond warrant for my arrest may be issued.
4) I understand that participation in the DeKalb County <u>DRUG COURT</u> program involves a minimum time commitment of fourteen months. I understand that in order to be successfully discharged, I must have a minimum of 90 consecutive days or 3 months immediately prior to discharge during which I have not used any prohibited substances.
5) I understand that participation in the DeKalb County <u>DUI COURT</u> program involves a minimum time commitment of twelve months. I understand that in order to be successfully discharged, I must have a minimum of 3 consecutive months or 90 days immediately prior to discharge during which I have not used any prohibited substances.
6) I agree to meet with the DeKalb County Drug/DUI Court staff as often as directed.
7) I agree to permit Drug/DUI Court staff to visit me at my residence and employment and anywhere else necessary to perform their duties.
8) I understand that during the early phases of treatment recovery, I may be precluded from working or from gaining employment. I further understand that within the time directed by the Drug/DUI Court Team, I will seek employment, job training and/or further education as approved by the Drug/DUI Court Team, and that failure to do so may result in sanctions or termination.
9) I agree to keep the Drug Court Team, treatment provider and law enforcement liaison, if any, advised of my current address and phone number at all times and whenever changed. My place of residence is subject to Drug/DUI Court approval, and I will not leave the DeKalb County without prior approval from the Judge and Drug/DUI Court Team.
Searches of Defendant's Person or Property:
1) As a condition of participation in this program, I agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant, and with or without reasonable cause, when required by a Drug/DUI Court staff, probation officer, case manager or other law enforcement officer when accompanying Drug Court staff

Other Program Requirements:

vocationa pay such o	e to pay a portion of the costs of assessment, treatment, education, I training, and Drug/DUI Court staff monitoring based upon my ability to costs. Such payment shall be in cash, cashier's check or money order to the lerk's Office.
	to pay court costs, fine, and/or restitution as ordered by the Judge and Court Team.
that I will	rstand that if I have not paid my Drug/DUI Court fees prior to graduation have a judgment to return to court at predetermined intervals to make until the fees are paid.
, –	to participate in community service work program, as ordered by the Drug/DUI Court Team.
, –	to participate in a speakers program if ordered by the Judge and
6) I agree purpose.	not to be in any business where selling alcohol is its primary
Violation Court:	ns, Sanctions and Termination from the DeKalb County Drug
communit	rstand that sanctions may include time in custody, increased testing, by service and such other sanctions as listed in the Participant Handbook I given and as may be deemed appropriate by the Drug/DUI Court Team.
, ,	that the Judge may, without prior notice, receive evidence including but d to reports from the drug court professionals and staff, that:
b)	I am not performing satisfactorily in my assigned program; or I am not benefiting from education, treatment or rehabilitation; or I have engaged in criminal conduct, whether or not that conduct has resulted in charges against me, which makes me unsuitable for the program; or
d)	I have otherwise violated the terms and conditions of the program or sentence; or

3) I agree that upon receipt of such evidence, the Judge my reasonable sanction, including jail time, without having to giv without the filing of written petition to revoke bail, except wh termination from the program for a violation under 2 (a) – (f Judge may also impose other sanctions in addition to or inste violations. These sanctions include monetary fines, communit electronic monitoring or house arrest, increased frequency of and community monitoring, increased frequency of drug test reasonable sanction designed to ensure my compliance with a DeKalb County Drug/DUI Court.	ye me prior notice and ten the sanction is) of this section. The ad of jail time for ty service work, court appearances ing, and any other
D (* * 4) C* 4	D /
Participant's Signature	Date
Attorney for Participant	Date
State's Attorney	Date
Drug/DUI Court Judge	Date
Approved 9/14/2006, Revised 6/20/07, Revised 6/9/09, Revised 4/6/11, Rev Revised 4/16/13	ised 3/13/12, Revised 3/5/13;

Original to Court File; copy to Drug Court staff; copy to attorney; copy to participant

Source: www.courts.michigan.gov

Problem-Solving Court Model Document

Document: Agreement to Participate Program Type: Drug Treatment Court

This model document is provided by SCAO as a resource and for informational purposes only to facilitate the operation of problem-solving courts by local units of government and courts in compliance with statutory requirements. SCAO's sharing this model document is not intended (and cannot be construed) as legal advice.

Please customize all sections that are in bold and are highlighted in yellow. Once these are customized remove the brackets, bold, and highlighting.

Aside from these sections please review the entire document. This is a model document, which means the conditions listed are fairly general. Some conditions may need to be modified to fit your program.

Please note that the following conditions of the document are based on statute, and are therefore required.

- 1. Condition 13 under the "I agree to" section is required under MCL 600.1074(1) and (3).
- 2. Conditions 1, 2, and 3 under the "I waive the following rights" section are required under MCL 600.1068(1)(c).
- 3. Per MCL 600.1068(1)(d) the individual must sign a written agreement to participate in the drug treatment court.

AGREEMENT TO PARTICIPATE [Name of drug court program]

I, <u>[name of participant]</u>, agree to participate in the <u>[name of drug treatment court]</u> Program. I agree to follow all terms and conditions of the drug treatment court program as established by the court and the drug treatment court team.

I agree to:

- 1. Complete any evaluations or assessments as directed by the drug treatment court, and follow the recommendations thereof. The treatment recommendations will be shared with the drug treatment court team.
- 2. Work with treatment staff to develop a treatment plan and follow the plan accordingly, including aftercare and continuing care recommendations.
- 3. Not use, possess, or consume alcohol and/or other illegal or controlled substances, nor be in the presence of any person using, possessing, or consuming said substances; nor enter premises where alcohol is the primary source of revenue. I understand if I am found to be under the influence of drugs, alcohol, or medication not prescribed to me that I may be sanctioned and/or terminated from the program.
- 4. Submit to PBT's, electronic alcohol monitoring, and/or drug and alcohol screenings as directed.
- 5. Be employed or enrolled in an educational program, or participate in another positive activity as directed.
- 6. Notify the drug treatment court of any changes in phone number within 24 hours.
- 7. Not change my place of residence before notifying the drug treatment court.
- 8. Notify the drug treatment court of any police contact, arrest or criminal charge within 24 hours of event or release from jail.
- 9. Make full and truthful reports to the drug treatment court as directed by any team member.
- 10. Not engage in any antisocial, assaultive, threatening, or aggressive behavior.
- 11. Not leave the state without the prior consent of the drug treatment court.
- 12. Maintain the confidentiality of other drug treatment court participants.
- 13. Pay all court ordered fines and costs, including minimum state costs, the drug treatment court fee, crime victims rights assessments, and restitution resulting from my conviction, in order to successfully complete the program. I will also pay all, or make substantial contributions toward payment of, the costs of the treatment and the drug treatment court program services provided to me, including, but not limited to, the costs of urinalysis and such testing or any counseling provided. However, if the court determines that the payment of fines, the fee, or costs of treatment would be a substantial hardship for me or would interfere with my treatment, the court may waive all or part of those fines, the fee, or costs of treatment. MCL 600.1074(1) and (3).
- 14. Appear in court on all scheduled court dates and to attend all appointments with my probation officer, case manager, and/or treatment provider.
- 15. Comply with the program's policies and conditions discussed within the [name of drug court program] Participant Handbook.

I waive the following rights:

- 1. The right to a speedy trial.
- 2. The right to representation by an attorney at the review hearings. I still maintain the right to an attorney for any program violation or probation violation where the facts are contested and a liberty interest is at stake, or if I may be terminated from the drug treatment court program.
- 3. With the agreement of the prosecutor, the right to a preliminary hearing.
- 4. To be present at the team staffing meetings.

I understand that:

- 1. The drug treatment court program has a duration of [minimum to maximum] months.
- 2. I understand I am required to attend all appointments for court, treatment, ancillary services, and all drug and alcohol testing as scheduled.
- 3. I understand that drug treatment court staff may make unscheduled home visits, and I will allow drug treatment court team members, together with law enforcement officials if accompanied, into my home at any time for supervision or compliance reasons.
- 4. Review hearings are held in open and public courtrooms, and although the court attempts to minimize confidential information in court, it is possible that an observer could connect a participant's identity with the fact that he or she is in treatment as a condition of participation in the drug treatment court or that confidential information may be revealed.
- 5. Staffing meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the drug treatment court team members at a staffing meeting. I understand that if someone outside of the problem-solving court team is invited to participate in a staffing meeting, they must sign a confidentiality agreement and receive my consent prior to observation. I understand that participants will not be present at staffing meetings.
- 6. The data in my public and confidential file may be used for research, data analysis and program evaluation by the drug treatment court, court staff, or individuals or others independent of the drug treatment court. Any data used in this way will be de-identified prior to distribution.
- 7. Failure to fully comply with all the terms and conditions of the program listed above may result in the following:
 - a. Notification to the judge that I am in violation of the program.
 - b. If I admit guilt to or am found guilty of a program violation; then sanctions, up to and including jail, may be imposed or additional conditions may be added as determined by the judge with input from the drug treatment court team.
 - c. Termination from the program.
- 8. I understand that the drug treatment court may amend these conditions and/or add new conditions, notice of which will be provided to me in writing. I understand that I must comply with the amended or added conditions.

The drug treatment court coordinator agrees to:

- 1. Meet with the program participant as needed to help assure successful completion in the program.
- 2. Report the participant's progress and test results to the court.
- 3. Refer the participant to any community agency at the drug treatment court's disposal which may assist in the participant's recovery.

I have discussed the above listed conditions with my attorney or the drug treatment court

coordinator and received a copy of this form an Participant Handbook.	d a copy of the [name of drug court program]
Participant Signature	Date
I have discussed the above listed conditions wit agreement and the [name of drug court progr	th the participant and have provided a copy of the am Participant Handbook to the participant.
Attorney/Coordinator Signature	Date
Printed Name of Attorney/Coordinator	

IN THE CIRCUIT COURT FOR CHARLES COUNTY, MARYLAND

Sta	* * Case No. *
* :	* * * ************** ADULT DRUG COURT AGREEMENT TO PARTICIPATE
I, _	AGREE TO THE FOLLOWING in consideration for the opportunity to
par	ticipate in the Charles County, Maryland Adult Drug Court:
1.	Upon my acceptance into the Adult Drug Court, my signature on this Agreement indicates my CONSENT to the terms and conditions set forth.
2.	I agree to attend all required court appearances and to keep all treatment and support services appointments that are scheduled by the Adult Drug Court staff initial
3.	I agree to sign releases of information to be provided to my Adult Drug Court Case Manager for my substance abuse treatment and other ancillary services to facilitate treatment and to monitor my compliance. If I am attending individual and/or mental health counseling, I agree to sign a release so that my therapist may report on my attendance and compliance with mental health and/or individual counseling. I understand that information obtained from these service providers may be included in the Adult Drug Court Case Manager's report that will be shared with the other Adult Drug Court staff, counsel, and the court. initial
4.	I agree to abide by all the requirements of the Adult Drug Court as described in this agreement and the Adult Drug Court Handbook initial
5.	If I have an unavoidable conflict that interferes with my required attendance at any Court hearing or any event that requires my attendance, I agree to call both the Adult Drug Court case manager <u>and</u> the specific case manager, treatment provider, or program service provider with whom the event is scheduled. There must be a valid reason for my absence that I can document or verify (e.g. documented illness by a doctor, verifiable job requirement).

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6.	of the Adult Drug Court and the other program, I will report the situation to the case manager immediately. initial
7.	I agree to obey all laws and agree that I will not use, possess, or knowingly associate with any person who uses or possesses any controlled substance or illegal drug including, but not limited to cocaine (powder, base, or "crack"), opiates, heroin, methadone, buprenorphine, methamphetamines, benzodiazepines, K2, MDMA, psilocybin, butane hash, or LSD. I understand that using or possessing any of these substances will result in a violation of the terms of my probation.
	initial
8.	I agree to submit to random alcohol/drug tests, including monitored urine samples, according to the procedures established by the Adult Drug Court Team and/or my treatment provider initial
9.	I understand that the Adult Drug Court has a zero-tolerance policy regarding diluted urine samples. I have been informed that the ingestion of excessive amounts of fluids can result in a diluted urine sample. Substituting or altering my specimen or trying in any way to modify my body fluids for the purposes of influencing the testing results will be considered a positive test for drugs/alcohol.
	initial
10.	I understand that it is my responsibility for monitoring what I consume that could negatively affect alcohol and drug test results. If I take any vitamin supplements, over the counter or prescribed medications, I agree to disclose this information to the Adult Drug Court case manager and my substance abuse counselor. Before taking supplements or medication of any kind, I will consult with the doctor or pharmacist to ensure that it is (1) non-narcotic, (2) non-addictive, (3) contains no alcohol, and (4) will not adversely affect the creatinine levels in my urine sample.
	initial
11.	. I understand that I may not participate in the Adult Drug Court if I am an affiliated gang member.
	initial
12.	During all phases of my participation in the Adult Drug Court, I agree to keep the Adult Drug Court. Team advised of my place of residence, mailing address, telephone numbers (including cell phone numbers), social media accounts, email addresses, and any other contact information, and to update this information promptly any time it changes. initial
	initial

13.	I understand that being convicted of a new crime while in the Adult Drug Court could lead to
	termination from the program and revocation of my probation initial
	I understand that Adult Drug Court hearings occur in court and that information pertaining to my Recovery Service Plan performance (i.e., alcohol/drug test results, progress in treatment, etc.) may be revealed to those who are present, including authorized observers attending the hearing. The Court may close a portion of or all of the case proceeding upon request of a participant or his/her attorney.
	I agree to respect and protect the privacy rights of others whose information has been disclosed in the hearings by not discussing that information with non-Adult Drug Court members.
17.	I agree to behave in a civil and appropriate manner at all times when I am interacting with the Adult Drug Court Team, program resources providers, and staff. I agree to dress appropriately at all times (in the courtroom and while attending appointments with
18.	I understand that the Adult Drug Court uses both incentives and sanctions to encourage my full participation in the program. Incentives are designed to reward me for doing well and may include gift certificates, less frequent court appearances, and less frequent urinalysis. Sanctions are intended to encourage me to change my behavior and engage more fully in the therapeutic process. Sanctions are tailored to the needs of the individual and may include a short term of incarceration, more frequent urinalysis, increased attendance at step-group meetings, and increased supervision. Although the Adult Drug Court Team has input and makes recommendations regarding incentives and sanctions, the Adult Drug Court Judge makes the ultimate decision after providing the participant an opportunity to present information initial
	I understand that if I fail to complete the Adult Drug Court, the court will terminate me from the program and sentence me in accordance with the law initial
	I understand that if I successfully complete the Adult Drug Court program requirements, obey all laws and graduate from the program, then the State's Attorney at sentencing will recommend a suspended sentence consistent with the negotiated sentencing agreement as outlined below. I agree

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and understand that if I do not successfully complete the program and fail to graduate or are

convicted of new offenses while in the program, then I will be sentenced and subject to active incarceration at the discretion of the Court within the confines of the agreement below.

The defendant is pleading guilty/admitting vio	lations of probations in the below cases.
DEFENDANT PLEADS GUILTY IN	
DEFENDANT ADMITS VIOLATION OF PR	ROBATION IN
SENTENCE RECOMMENDATION:	
I HEREBY DECLARE THAT I HAVE CAREFUI	LLY READ THIS AGREEMENT, OR HAD IT READ TO ME,
	ALL OF THE PROVISIONS, AND THAT I VOLUNTARILY
SIGN MY NAME BELOW.	
SO AGREED THIS DAY OF	· · · · · · · · · · · · · · · · · · ·
Name of Participant (Print)	
Signature of Participant	
Counsel for Participant	
Witness (In Absence of Counsel for Participant)	

CFDCA 4 Revised: 10/4/2024

IN THE CIRCUIT COURT FOR CHARLES COUNTY, MARYLAND

	THE MATTER OF
	FAMILY RECOVERY COURT AGREEMENT TO PARTICIPATE
Ι, _	AGREE TO THE FOLLOWING in consideration for the opportunity to
pa	rticipate in the Charles County Family Recovery Court ("FRC"):
1.	Upon my acceptance into the FRC, my signature on this Agreement indicates my CONSENT to the terms and conditions set forth.
2.	I agree to sign releases of information to be provided to the FRC Family Resource Specialist for my substance abuse treatment, parenting classes, and other skills training to facilitate treatment and to monitor my compliance. If I am attending individual counseling, I agree to sign a release so that my therapist may report on my attendance, prescriptions and compliance with mental health treatment. I understand that information obtained from these service providers may be included in the Family Resource Specialist's report that will be shared with the other Family Recovery Program staff, the Department of Social Services, counsel and the court. initial
3.	I agree to abide by all the requirements of the FRC as described in this agreement and the Participant Handbook. I understand that an Individualized Service Plan (ISP) will be developed. Once signed by FRC and myself, I agree to follow ISP.
4.	I agree to attend all required Court hearings initial
5.	I agree to attend all appointments, treatment sessions, meetings (including 12-step meetings), and classes (this includes any scheduled meetings and appointments with the Family Resource Specialist, case managers, treatment providers, and program resource providers) that are part of the Recovery Service Plan containing requirements and goals set specifically for me. I understand that the plan will include substance abuse treatment, counseling, and other reasonable requirements as needed. I
	agree to allow appointment scheduling, monitoring, and tracking through the Reconnect, Inc.

IFPC/XFPC 1 Revised: 10/4/2024

----initial

application on my personal cellular phone.

- 6. If I have an unavoidable conflict that interferes with my required attendance at any Court hearing or any event that requires my attendance as described in number 5 above, I agree to call both the Family Resource Specialist **and** the specific case manager, treatment provider, or program service provider with whom the event is scheduled. There must be a valid reason for my absence that I can document or verify (e.g. documented illness by a doctor, verifiable job requirement). ----- initial
- 7. I agree to follow the rules of the program resource providers. If a conflict occurs between the rules of the FRC and the other program, I will report the situation to the Family Resource Specialist immediately.
- 8. I agree to obey all laws and I will refrain from: (1) possessing, using, or consuming alcohol, marijuana (unless prescribed) and illegal substances, (2) abusing prescription medications, (3) possessing, using, or consuming any mind-altering substances, and (4) possessing drug or alcohol paraphernalia.
- 9. I agree to submit to random alcohol/drug tests, including monitored urine samples, according to the procedures established by the FRC Team and/or my treatment provider. I understand that I will be given a location and time to report for my test and that it is my responsibility to report to the assigned location at the time given. If I am late for a test, miss a test, fail to produce a urine sample or if the sample is not of sufficient quantity, it will count as a positive (dirty) test. I agree to allow random urinalysis scheduling, monitoring, and tracking through the Reconnect, Inc. application on my personal cellular phone.

 ----- initial
- 10. I understand that I may dispute positive test results but that re-testing will be at my expense.

---- initial

- 11. I understand that the FRC has a zero-tolerance policy regarding diluted urine samples. I have been informed that the ingestion of excessive amounts of fluids can result in a diluted urine sample. Substituting or altering my specimen or trying in any way to modify my body fluids for the purposes of influencing the testing results will be considered a positive test for drugs/alcohol. ----- initial
- 12. I understand that it is my responsibility for monitoring what I consume that could negatively affect alcohol and drug test results. If I take any vitamin supplements, over-the-counter or prescribed medications, I agree to disclose this information to the Family Resource Specialist and my substance abuse counselor. Before taking supplements or medication of any kind, I will consult with the doctor or pharmacist to ensure that it is (1) non-narcotic, (2) non-addictive, (3) contains no alcohol, and (4) will not adversely affect the creatinine levels in my urine sample.

IFPC/XFPC 2 Revised: 10/4/2024

- 13. I agree to inform all medical and dental providers that I am a recovering addict participating in the FRC and may not take narcotic or addictive medications or drugs. If a physician wishes to treat me with narcotic or addictive medications or drugs, I agree to immediately disclose this information to the Family Resource Specialist and treatment provider.
- 14. I understand that I may not work as a confidential informant with any law enforcement agency while I am in the FRC.
- 15. I understand that I may not participate in the FRC if I am an affiliated gang member. ---- initial
- 16. During all phases of my participation in the FRC, I agree to keep the Family Resource Specialist, and treatment provider advised of my place of residence, mailing address, telephone numbers (including cell phone numbers), and any other contact information, and to update this information promptly any time it changes.
- 17. I agree to inform the Family Resource Specialist promptly if I am arrested or incarcerated.

---- initial

- 18. I agree to behave in a civil and appropriate manner at all times when I am interacting with the FRC Team, program resources providers, and staff.
- 19. I understand that Family Recovery Court hearings occur in court and that information pertaining to my Recovery Service Plan performance (i.e., alcohol/drug test results, progress in treatment, etc.) may be revealed to those who are present, including authorized observers attending the hearing. The Court may close a portion of or all of the case proceeding upon request of a participant or his/her attorney.
 ----- initial
- 20. I agree to respect and protect the privacy rights of others whose information has been disclosed in the hearings by not discussing that information with non-FRC members.
- 21. I understand that the FRC Judicial Officer may consult with members of the FRC Court Team and service providers (including representatives from the Department of Social Services, Assistant County Attorney, my child's attorney, my own attorney, and my treatment providers) when I am not present, regarding the progress I am making. I also understand that communications among all members of the FRC Court are a part of sharing information and ensuring that my case plan meets my needs. Furthermore, I understand that no decisions will be made about my status in the FRC Program without giving me an opportunity to be heard and to provide information to the Court.

---- initial

22. I understand that the FRC uses both incentives and sanctions to encourage my full participation in the program. Incentives are designed to reward me for doing well and may include gift certificates, less frequent court appearances, and less frequent urinalysis. Sanctions are intended to encourage me to change my behavior and engage more fully in the therapeutic process. Sanctions are tailored to the needs of the individual and may include more frequent urinalysis, increased attendance at step-group meetings, increased attendance at court sessions, spending a day observing in court, appointment location monitoring, and curfews. Although the FRC Court Team has input and makes recommendations regarding incentives and sanctions, the FRC Judicial Officer makes the ultimate decision after providing the participant an opportunity to present information. -----initial

I HEREBY DECLARE THAT I HAVE CAREFULLY READ THIS AGREEMENT, OR HAD IT READ TO ME, THAT I UNDERSTAND IT, THAT I AGREE TO ALL OF THE PROVISIONS, AND THAT I VOLUNTARILY SIGN MY NAME BELOW.

SO AGREED THIS DAY OF	, -	
Name of Participant (Print)	-	
	_	
Signature of Participant		
	-	
Counsel for Participant		
	_	
Witness (In Absence of Counsel for Participant)		

IFPC/XFPC 4 Revised: 10/4/2024

IN THE MATTER OF:	*			C	ase	e N	lo.																	
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FAMIL' AGREEM																								

I, ______, AGREE TO THE FOLLOWING in consideration for the opportunity to participate in the St. Mary's County Family Recovery Court ("FRC"):

- 1. Upon my acceptance into the FRC, my signature on this Agreement indicates my **CONSENT** to the terms and conditions set forth.
- 2. I agree to sign all authorizations required by statute or agreed to and reviewed by my attorney for the release of information requested by the Family Recovery Court Family Magistrate, Family Support Services Coordinator, Family Recovery Court Coordinator/Case Manager, treatment providers, and ancillary service providers. I understand that this provision is necessary to facilitate treatment and to monitor my compliance.
- 3. I agree to keep all treatment and other appointments with program resource providers that are part of the individualized treatment plan containing requirements and goals set specifically for me. I understand that the plan will include mental health and/or substance abuse treatment, counseling, and other reasonable requirements as needed.
- 4. I understand that the FRC requires that I refrain from possessing, using, or consuming alcohol and illegal substances, abusing prescription medications, and possessing drug or alcohol paraphernalia.
- 5. I agree to submit to random alcohol/drug tests according to the procedures established by the FRC Team and/or my treatment provider. I understand that I will be given a location and time to report for my test and it is my responsibility to report to the assigned location at the time given. If I am late for a test, miss a test, fail to produce a urine sample or if the sample is not of sufficient quantity, it will count as a **positive** test and I may be sanctioned.
- 6. I understand that the FRC has a zero tolerance policy regarding dilute urine samples. I have been informed that the ingestion of excessive amounts of fluids can result in a diluted urine sample and I understand that my urine sample will be tested for creatinine levels to ensure the sample is not dilute.

IN THE MATTER OF:	*		C	as	e N	10.																	
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FAMILY RECOVERY COURT AGREEMENT TO PARTICIPATE

Substituting or adulterating my specimen or trying in any way to modify my body fluids for the purposes of influencing the drug testing results will be considered a positive test for drugs/alcohol and may result in sanctioning or considered grounds for termination from the FRC.

- 7. I understand that it is my responsibility for monitoring what I consume that could negatively affect alcohol and drug test results. If I currently take any vitamin supplements, over-the-counter or prescribed medications I agree to disclose this information. Before taking supplements or medication of any kind, I will consult with the pharmacist to ensure that it is non-narcotic, non-addictive, contains no alcohol, and will not adversely affect the creatinine levels in my urine sample.
- 8. I agree to inform all treating physicians that I am a recovering addict (if applicable) participating in the FRC and may not take narcotic or addictive medications or drugs. If a physician wishes to treat me with narcotic or addictive medications or drugs, I agree to immediately disclose this information to my case manager and treatment provider and obtain specific permission from the FRC Team to take the prescribed medication.
- 9. I accept the chain of custody, method of testing, and reported results. I understand that I may dispute positive test results but that re-testing will be at my expense. More severe sanctions may be imposed for a re-test that is positive.
- 10. I agree that if I fail to comply with program requirements or appointments (absent a satisfactory explanation), or test positive for a prohibited substance, the Court may impose a variety of sanctions. Examples include: more frequent court hearings, increased drug testing, additional treatment sessions, community service work, placement in a lower treatment phase, or termination from the FRC.
- 11. My individual recovery will be monitored by the FRC Treatment Provider, who will submit progress reports to the Court and to the FRC Team. These reports will include:
 - results of every alcohol/drug test,
 - attendance at required meetings and/or counseling sessions,

IN THE MATTER OF:													*			C	as	e N	٧o.	,																				
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FAMILY RECOVERY COURT AGREEMENT TO PARTICIPATE

- participation in required treatment program activities,
- adherence to the rules of the FRC Team's case plan and the rules of the treatment provider, and
- compliance with my case plan.
- 12. The following achievements are considered "compliant events":
 - attendance at Court appearances,
 - submission to all alcohol/drug tests with negative results,
 - attendance and participation in treatment, and
 - compliance with the treatment program and other tasks identified in my case plan (i.e., ability to maintain employment, sustain housing, continue consistent visitation with child(ren)).
- 13. For each "compliant event", examples of responses that **may** take place are:
 - acknowledgement by the Family Magistrate,
 - reduced court appearances
 - less frequent alcohol/drug testing,
 - increased visitation with child(ren),
 - advancement in treatment phase,
 - successful discharge from the FRC program.
- 14. Upon the discretion of the Family Magistrate, the following may be considered a "non-compliant" event:
 - failure to make a timely appearance in court,

IN THE MATTER OF:	*	Case No.
	*	
	*	
Child(ren) Name (if CINA case)	*	CINA or Family Law
	*	·

FAMILY RECOVERY COURT AGREEMENT TO PARTICIPATE

- leaving the treatment program,
- involuntary termination from the program,
- failure to appear for an alcohol/drug test,
- providing a diluted, adulterated, or substituted urine sample,
- failure to attend required meetings, counseling sessions and treatment activities,
- failure to comply with additional tasks outlined in the case plan,
- failure to comply with the rules of the treatment program,
- dishonesty (verbal or written) with the FRC Team or Family Magistrate,
- failure to attend visitation with child(ren) or attempting unauthorized visitation, and
- failure to perform sanctions.
- 15. I agree to obey all laws and remain free of alcohol and drugs.
- 16. I understand that I may not work as a confidential informant with any law enforcement agency while I am in the FRC, nor may I be made or encouraged to work as a confidential informant as a condition of my full participation in the FRC.
- 17. I understand that I may not participate in the FRC if I am currently an affiliated gang member.
- 18. During all phases of my participation in the FRC, I agree to keep the case manager and treatment provider advised of my place of residence.
- 19. I agree to appear on time dressed appropriately for all Court hearings, treatment appointments, and all FRC ancillary service referrals and community events.
- 20. I agree to behave in a civil and appropriate manner at all times when I am interacting with the FRC Team personnel.

IN THE MATTER OF:													*			C	as	e N	٧o.	,																				
																	*																							
																	*																							
$\overline{\mathrm{Ch}}$	Child(ren) Name (if CINA case)														*			\overline{C}	ΙN	A	or	Fa	ımi	ily	La	aw														
		`		,								,					*									,														
*	*	*	*	*	* :	k	* *	k >	* *	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

FAMILY RECOVERY COURT AGREEMENT TO PARTICIPATE

- 21. I understand that Family Recovery Court hearings occur in open court and that information pertaining to my FRC performance (i.e., alcohol/drug test results, progress in treatment, etc.) may be revealed to those who are present, including, the public, family members, and observers attending the hearing. The Court may close a portion of or all of the case proceeding upon request of a participant or his/her attorney.
- 22. Since FRC hearings are not confidential and I will hear personal information about other FRC participants, I agree to respect and protect the privacy rights of others whose information has been disclosed in the hearings by not discussing that information with non-FRC members.
- 23. While participation in the FRC greatly improves my chances of being reunited with or regaining custody of my child(ren) or increased visitation, I understand that full compliance with the FRC program does not guarantee reunification with or regaining custody of my child(ren) or increased visitation.

	*	
	~	
Child(ren) Name (if CINA case)	*	CINA or Family Law
* * * * * * * * * * * * * * * *		* * * * * * * * * * * * * * * * * * * *
		COVERY COURT TO PARTICIPATE
I HEREBY DECLARE THAT I HAVE	CARI	EFULLY READ THIS AGREEMENT, OR HAD IT
READ TO ME, THAT I UNDERSTAN	D IT,	THAT I AGREE TO ALL OF THE PROVISIONS
AND THAT I VOLUNTARILY SIGN M		
SO AGREED THISDAY OF _		 ,
Name of Participant (Print)		
•		
Signature of Participant		
Counsel for Participant		
Witness (In Absence of Counsel for Partic	ipant)	

BALTIMORE CITY DISTRICT COURT VETERANS TREATMENT COURT PARTICIPANT CONTRACT

PARTICIP.	ANT:	Case No.:
DATE:	Charge(s)_	
nave certain others invo regarding th	n obligations and responsibilities and will have to followed in the Veterans Treatment Court Program. I ad	Veterans Treatment Court. I understand and agree that I follow orders from the Judge, Treatment Team and cknowledge that I have consulted with my attorney atment Court Program (the "Program") and that I have
have cares	fully read this contract and agree to its terms. I und	lerstand this contract has the following terms and
1.		welve (12) months, and I agree that I will remain in the hat are imposed by the Program or I am terminated from
2.	☐ That I will plead guilty to	
	☐ That I will enter the diversion track.	
3.	That if I successfully complete the Veterans Trea	tment Court, the disposition will be:
	☐ Nolle prosequi	
	☐ Probation Before Judgement	
	Other:	
4.	That I waive the right to a due process hearing, co subpoenas, speedy trial and appeal with respect to program or contract violation;	onfrontation and cross-examination of witnesses, use of this case and a determination by the Court of a
5.		Contract violation will be made by the Court Judge, in Treatment Team and /or others with knowledge of the
6.	That I will report as directed by the Judge. I will I a. Court b. Treatment c. Case Management d. Probation (if applicable)	keep appointments for:

- e. Support Groups
- f. All other appointments ordered by the Court
- 7. That I understand that I will appear before Probation Staff (if applicable) and the Court Judge on a regular basis to report on progress in the program and that I am subject to sanctions for failure to comply with the rules of the program. However, I understand that I am entitled to notice and opportunity for hearing prior to imposition of sanctions by the Court.
- 8. I will take my medication as prescribed to me by my treatment providers (if applicable). I will make the Treatment Team aware of all medications that I am prescribed or over-the-counter medications that I am taking.
- 9. I will allow and cooperate with home visits from my probation officer, case manager, and any other designated Treatment Court team member or designated representative (if applicable).
- 10. I will obey all city, state and federal laws. If I take part in any criminal act, I may be terminated from the Program. I will tell my Probation Officer immediately if I have contact with any law enforcement officer. I understand that I must follow all conditions of Probation (if applicable).
- 11. I will submit to drug testing when instructed. I understand that if I fail to submit to a drug screen, tamper with the urine specimen, if the urine is diluted, or if I fail to provide a sufficient quantity of urine, I may be sanctioned as if the test provided was positive for illegal substances.
- 12. I will talk to my Probation Officer (if applicable) and treatment staff before I make changes in address, phone number or employment.
- 13. I will comply with all financial obligations, including restitution, fines, court costs, and Parole and Probation service fees as directed by my probation officer and/or the Court Judge.
- 14. I will follow any rehabilitation, educational, vocational, medical, psychiatric, or substance use treatment program as directed by the Court Judge.
- 15. I will sign all releases of information needed by the Program, treatment providers, VA, and/or other resource providers. I understand there is a purpose and need for the disclosure of information to inform the Program of my attendance and progress in treatment. The extent of information to be disclosed will include, but not be limited to, my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with treatment programs, my prognosis, and results of my drug and alcohol screens.
- 16. I will cooperate and comply with my supervision plan and any subsequent or amended supervision plans. The Court Judge will impose requirements on me at the time of sentencing or as sanctions for program violations. I understand that by entering the Program I am waiving certain constitutionally-guaranteed rights which I might otherwise be entitled. Those rights include, but are not limited to:
 - a. Waiver of any objection to the Court Judge receiving communication regarding participant's treatment, progress and rules violations;
 - b. Waiver of the right to contest the results of drug and alcohol testing results at review hearings;
 - c. Waiver of the right to remain silent and not to incriminate myself at the review hearings regarding violations of the rules of the Program.
- 17. Additionally, I understand that I am waiving earned compliance credits (if applicable):
 Pursuant to the Annotated Code of Maryland, Correctional Services Article §6-117, a person who is on supervised probation may earn a twenty (20) day reduction of the period of active, supervised probation for every month that a probationer:

- a. has no new arrests,
- b. has not violated the conditions of a no contact order,
- c. is current on the payment of all court ordered restitution, costs, fines and/or fees,
- d. is current on completing all conditions of supervision.

A person on supervised probation may consent to remain on active, supervised probation even if that probationer earns enough compliance credits to be transferred to abatement status. If a probationer waives his/her right to be transferred to abatement status while in the Veterans Treatment Court, that probationer remains on active, supervised probation until he/she graduates successfully from the Veterans Treatment Court, the probationary period imposed by the court expires, or a violation of probation is filed. By signing this agreement, I am waiving my right to earn compliance credits, and I am waiving my right to have my probation transferred to abatement status. I am agreeing to have my probation remain in active status unless or until I graduate from the Veterans Treatment Court, my probation expires, or my probation is violated.

- 18. As a participant of Veterans Treatment Court, I understand that if I am ordered to a Residential Treatment Program and I leave the program without permission, or fail to report to that program when ordered to do so, or am terminated from the program and asked to leave, I must contact my probation agent and/or case manager immediately. If my probation agent and/or case manager has not been contacted within 24 hours of leaving, I will be considered to have absconded from supervision under the Justice Reinvestment Act.
- 19. I understand that immediate action may be taken if I:
 - a. Don't keep an appointment ordered by the Court Judge (unexcused absences);
 - b. Don't comply with instructions from treatment providers or Treatment Court team members;
 - c. Test positive for any non-prescribed drugs;
 - d. Violate Court orders or break the law.
- 20. I shall be subject to sanctions which may be imposed by the Court Judge in furtherance of treatment. Sanctions shall be imposed by the Court Judge because of non-compliance or a violation of a Program rule. I am aware that the Court Judge and the Treatment Team will be alerted to all such infractions. Sanctions may range in severity depending on the seriousness of the participant's non-compliance or rule violation. Sanctions may include, but are not limited to:
 - a. More frequent appearances before the Court Judge;
 - b. More frequent appearances before the probation department;
 - c. Increased testing of breath, blood or urine for drugs or alcohol;
 - d. Increased group and/or meeting attendance;
 - e. Verbal reprimand from the Judge;
 - f. Jail time;
 - g. Termination from the Program; and/or
 - h. Formal probation violation.
- 21. I will cooperate with all treatment and services outlined in my Veterans Treatment Court treatment plan and any subsequent or amended treatment plans.
- 22. I understand that the length of the program is determined by my progress and compliance with program guidelines, rules and conditions. I must successfully complete all requirements of the program in order to complete and graduate from the program.
- 23. When I am in the Courtroom I will dress and act appropriately. I will be on time for Court.

ALL THE RULES AND CONDITION	NS OF THE VETERANS TREATMENT COURT PROGRAM.
Judge	-
Participant	_
Prosecutor	_
Defense Attorney	-

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT, THAT I FREELY AND VOLUNTARILY RELINQUISH THE RIGHTS DISCUSSED HEREIN, AND THAT I AGREE TO ABIDE BY

BALTIMORE CITY VETERANS TREATMENT COURT AUTHORIZATION FOR USE and DISCLOSURE OF INFORMATION

Signature of Witness	Date
Relationship to the Participant:	
If signed by Participant's Legal Representative, print no and	me of Participant's Legal Representative:
Signature of Participant or Participant's Legal Representation (Form MUST be completed before signing.)	esentative Date
the disclosure has already taken action in reliance on it. terminate upon:(dd/mm/yyyy)	1 0
This consent is subject to revocation at any time except	to the extent that the program which is to make
c. I understand that there is a potential that the recipie Information and the Information will no longer be provided in the Initials:	
b. I understand that I may revoke this authorization at Central Maryland in writing, but if I do revoke, the actions taken before the revocation was received. Initials:	
a. I understand that this authorization will expire on Initials:	//(Insert DD/MM/YR)
The Participant or Participant's legal representative mu	st read and initial the following statements:
to assist them in reaching a successful program complet	ion/graduation.
Purpose of the use or disclosure: To inform the VTC Te	am of the narticinant's highest needs in order
Specific description of personal information to be disclo Criminal History, Medical History, Treatment Progress/	
Clinic, United Way of Central Maryland, and the U.S. D. Veteran agrees to additional guests of the courtYe	Department of Veterans Affairs ("VTC Team").
Baltimore City Office of the Public Defender, Division Representation Project, University of Baltimore School	
Veterans Treatment Court Team: District Court of Mary	
Party to whom information will be disclosed:	
Treatment Court ("VTC") to use and disclose my personal below. I understand that this authorization is voluntary.	nai information (information), as described
Treatment Court and hereby authorize the United Way of	of Central Maryland on behalf of the Veterans
I [Insert name]	am a participant of the Veterans

SMART INTAKE FORM

	<u>ormation</u>										
First Name:			N	/liddle:			Last Na	me:			
Gender:	Gender: Date of Birth:					Social Security #:					
Geriaer.	Date of Birdin						Coolai C	Joodinty #1			
Zip Code:	Alternati	ve Names:	F	irst:	Midd	dle:	Last:			Alias	
·											
									6.1 111 1		
Ethnicity:	Puerto F	Rican Mexican				an	Not of Hispanic			Other Hispanic	
Dagge	Alaskan	Matica			۸۵۱۵	Origin n or Pacific Islander				American Indian	
Race:									American Indian		
	Black or	African Am	erica	n	Whit	ie				Other	
High School	ol	Earned HS	3 Dipl	oma	Earn	ned GEI)			No GED/ HS	
Diploma:										Diploma	
Highest gra		9 10 1	1	12 HS Diploma/ GE	D	Colle	ge Course	ework		College AA	
school com	pleted:	BA/	BS D	egree				Post Collec	ne/ Gi	raduate Degree	
(Circle)		·		3					,		
Marital Stat	us:	Never Ma	ried		Marr	ried				Widowed	
(Circle)		Divorced			Sepa	arated				Domestic Partner	
Military Ser	<u>vice</u>										
Branch:				Veteran Status: (A	ctive [Duty, R	etired, Vet	eran, etc.):			
Combat (yes	s/ No):			Conflict/ Conflicts:				Length of	time	served:	
-											
Contact Info	ormation										
Home Phon	e:			Work Phone:					Mok	oile:	
Home Phone. Work Phone.											
Address:						Addres	s type (ho	ome, mailing, e	tc.)		
Address:						Addres	ss type (ho	ome, mailing, e	tc.)		
	ethod of	Phon	<u> </u>				ss type (ho	ome, mailing, e	,	er	
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Preferred M contact: Emergency Collateral (A Relation: Can we con	Contact: lternate (Contacts): (yes/no)?	Э	First name:		E-mail Phone	number:		Las	t name:	
Preferred M contact: Emergency Collateral (A Relation: Can we contact Status at A	Contact: Ilternate Contact them	Contacts): (yes/no)?	Э	First name:		E-mail Phone Military	number:	onal Specialty	Las	t name:	
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Preferred M contact: Emergency Collateral (A Relation: Can we contact Status at Actending	Contact: Ilternate Contact them dmission t Status: School/ time (35)	Contacts): (yes/no)? employed for	ull	Employed Part	Ho	Phone Military Name	number: Occupati of Employ xer Full	onal Specialty er: time in skills	Las (MOS	t name: S): Incarcerated (cannot	

Scho	School/ Vocational Training Status:													
Attending Full-time Attending Part-time			Completed Training				None/ NA							
<u>Livir</u>	ng Arrangement													
	Halfway House/ Trai Housing	nsitional		Hospita psychia			•	or other resid	dentia	al facilit	ty prov	/idir	ng med	ical or
	Jail/ Prison/ Detention	on Facility		No Fix	ed Ad	ldre	ess				Out of I	Hor	ne Plac	cement
	Private Residence			Reside Facility		Sub	ostance Ab	use Treatmo	ent	S	Shelter	•		
	Sober Living Facility			Street/ building			s (sidewalk	k, abandone	d	l	Jnknov	wn		
Num	ber of Months at Curr	ent Living Arra	nger	nent:										
Num	ber of Children Living	with Client in t	he L	ast 6 M	lonths	S:								
High	est Grade Completed	(Circle 9	9	10	11	12	2 HS Diplo	ma/ GED			Colle	ege	Course	work
			College AA						Post Degr	ost College/ Graduate egree				
Ever	Required to Attend D	rug Treatment	by C	Crimina	l Justi	се	Supervisio	n Agent:				Y	es	No
	s the client live with ar a drug or alcohol prob		Yes			N	0	Uses Non- Drugs	Pres	cription	1	Y	es	No
Does	S Participant have Vi	tal records?:		DD 2	14		Birth Cer	tificate		ID Ca	rds		Social Card	Security

BALTIMORE CITY VETERANS TREATMENT COURT PROGRESS REPORT

Participant N Hearing Date Contact Num) :				Military B MOS:	ranch:
Court Case N Track:	Number(s):					
Attorney: Family Memb	pers:				Mentor:	
Date Admitte Current Hous Address:		ependent	∐With Far	mily □Resident	ial ∐Jail ∐Ho	omeless
Productive U	Ise of Time:	☐ Full T	ime Work 🗌	Part Time Work [_School	teer Treatment Other
Treatment Provider(s):						
Current Trea	tment:					
Diagnosis:						
Medications	•					
TREATMEN	IT HISTOR	Y				
	Level	nf.		Discharge		
\$\$	Care	Ι Δ	dmit Date	Date	Provider	Results/Notes
	•	ONC.				
INCENTIVE						
INCENTIVE: Date	S/SANCTION Incentive/S		Reason			Туре
			Reason			Туре
			Reason			Туре
	Incentive/S		Reason			Туре
Date	Incentive/S		Reason			Туре
Date	Incentive/S		Reason			Туре
Date	Incentive/S		Reason			Туре
Date	Incentive/S		Reason			Туре
Date	Incentive/S		Reason			Туре
Date	Incentive/S		Reason			Туре
Date	Incentive/S		Reason			Туре
Date	Incentive/S		Reason			Туре
Date	Incentive/S		Reason			Туре

Veterans Treatment Court (VTC) Exit Interview

Na	me:
To	day's Date:
Di o	d you graduate from the VTC Program? ner outcomes:WithdrawTransferDid not complete the program
GF	ENERAL OUESTIONS:
1.	Were you employed upon entry into the program?Yes /No /Not Applicable
2.	Are you employed now?Yes /No /Not Applicable
3.	How long have you been employed?
4.	What was your average monthly income in the past year?
5.	Did you earn vocational training credential while participating in the VTC program? Yes No
6.	Are you currently in school or enrolled in a vocational program?Yes /No
7.	How long have you been enrolled in school or a vocational program?
8.	How many years of school had you completed prior to VTC entry?
9.	How many years of school have you completed at the present time?
10.	How many months were you a program participant?
11.	How many months have you been clean and sober?
12.	What is your current living situation? _ Rent _ Own _ Homeless_ Living w/someoneResidential
13.	How many months have you been in this living arrangement?
14.	How many children are living with you?
15.	 Do you live with anyone who: Has an alcohol problem? Yes / No Uses non-prescribed drug? Yes / No

16. On a scale of 1 to 5, please rate the following VTC components. (1=poor, 2=below average, 3=average,

4=above average and 5=excellent):

Supervision by Probation Officer (if applicable)		Substance Use Treatment Program (if applicable)
VTC Court Sessions		Drug/Alcohol Testing (if applicable) Supervision by Probation Officer (if applicable)
VTC Judge VA (if applicable) Public Defender State's Attorney Mentor Sanctions (if applicable) Incentives Assistance with other problems, please specify (employment, financial, civil legal assistance, etc.) Other comments: 17. What was your original/main goal in entering the Veterans Treatment Court Program? 18. What sanction was the most effective (if applicable)? Why? 19. What incentive (gift card, dog tag, verbal praise, etc.) was the most effective? Why? 20. What were the major factors in successfully completing the program? 21. What were the major factors in unsuccessfully completing the program (if applicable)? 22. What part of the program provided the most help for you?		
VA (if applicable)		
Public Defender State's Attorney Mentor Sanctions (if applicable) Incentives Assistance with other problems, please specify (employment, financial, civil legal assistance, etc.) Other comments: 17. What was your original/main goal in entering the Veterans Treatment Court Program? 18. What sanction was the most effective (if applicable)? Why? 19. What incentive (gift card, dog tag, verbal praise, etc.) was the most effective? Why? 20. What were the major factors in successfully completing the program? 21. What were the major factors in unsuccessfully completing the program (if applicable)? 22. What part of the program provided the most help for you?		
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22. What part of the program provided the most help for you?		
	21.	What were the major factors in unsuccessfully completing the program (if applicable)?
	22.	What part of the program provided the most help for you?
23. What part of the program was the least helpful for you?		and the state of t
23. What part of the program was the least helpful for you?		
	23.	What part of the program was the least helpful for you?
	-•	k K S
24. What person in this program was the most helpful for you? Why?	24	What person in this program was the most helpful for you? Why?
2 That person in this program was the most helpful for you. Why.	<i>-</i> -7•	" nuc person in this program was the most neighbridge you. "Thy.
25. What was the assist part of the program for you?	25	What was the essiest part of the program for you?
25. What was the easiest part of the program for you?	43.	what was the easiest part of the program for you?

27. What should the Veterans Treatment Court program do differently?					
28. Would you be interested in serving as a peer mentor for other program participants in the future?					

26. What was the hardest part of the program for you?

NOTE: Under Maryland Rule 16-207(a)(2)(B), truancy programs do not constitute problem-solving court programs within the meaning of Maryland's problem-solving court rules.

The First Judicial Circuit of Maryland
Truancy Reduction Court Program

STANDARD RULES AND CONSENTS FOR PROGRAM PARTICIPATION

Youth Name

Date of Birth
Phone Number

Parent/Guardian Name
Date of Birth
Phone Number

STANDARD RULES FOR PROGRAM PARTICIPANTS

In addition to the conditions outlined in the orders of the court, youth and/or parent/guardian must adhere to the following standard conditions of the Truancy Reduction Court Program:

- 1. Youth will attend school regularly, as required by law, with no unexcused absences.
- 2. Parent/guardian will ensure any absence is documented by a professional (e.g., doctor, court, counselor) on official letterhead and submit it to the school immediately upon the youth's return.
- 3. Youth will have no out-of-school suspensions, as these will not be considered excused absences by the Court.
- 4. Youth and family will follow all directions from school staff and any service organizations involved through a Court order.
- 5. Youth and family will allow agency personnel to visit the home, school, or place of employment at reasonable times without objection or interference.
- 6. Youth will adhere to all rules of conduct, including those at school and during recreational or social activities.
- 7. Youth and family will not engage in any threatening, belligerent, or assaultive behavior toward others, including family, students, school employees, or service providers.
- 8. Parent/guardian will sign any necessary consents to allow communication between agencies providing services to the family per Court order.
- 9. Youth will not commit any violations of federal, state, or local laws, including:
 - No drinking or possession of intoxicating beverages.
 - No use, sale, or possession of controlled substances, except by a physician's prescription.
- 10. Youth will adhere to the Court-ordered curfew, and parent/guardian will enforce it and report any violations to the Truancy Reduction Court Program.
- 11. Youth and family will attend all Court-ordered appointments, including those for mental and physical health.
- 12. Youth and family will report to the Court as directed by the Court or the Board of Education, whether notified by summons or other means.
- 13. Parent/guardian will notify the Truancy Reduction Court Program of any change in address or phone number within ten (10) days.

I understand, accept, and agree to abide by these rules and regulations for participation in the Truancy Reduction Court Program. I/We have read and understood this form, or it has been explained to us in a language I understand.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
Youth Signature	Date	Case Manager Signature	Date

The First Judicial Circuit of Maryland Truancy Reduction Court Program

CONSENT FOR EX PARTE COMMUNICATIONS

I understand that the Truancy Reduction Court Program operates differently from other court-based programs. By signing this document, I consent to the Court's representative conducting *ex parte* communications with me, the Board of Education, and other relevant parties, including service providers who may be witnesses in the case.

- Ex parte communication refers to any communication between the Court or its representative and a party involved in the case, or any other person, outside the presence of the opposing party or their attorney.
- Consenting to ex parte communications allows the Court's representatives to communicate with me, the Board
 of Education, or service providers without all parties being present.
- The Court will not make any decisions regarding the case unless the information has been shared, with an opportunity provided to comment on it or examine any witnesses.
- This consent applies to the undersigned the identified youth and parent/guardian(s) and will remain in effect until 60 days after discharge from the Truancy Reduction Court Program.

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
Youth Signature	Date	Case Manager Signature	Date
PHOTOGRAPHY RELEASE			
n any pictures, photos, video recomplete ownership of such picture with the mission of the Circuit Covideotapes, reprints, reproduction medium now known or later devete. For the use of such pictures, claims which arise out of or are in My signature indicates that I have understand and I, therefore, give my consent to participant identifie fiscal agent, and/or	cordings, audiotapes, oures, etc., including the curt. These uses may including the left of the curt. These uses may included and hereby release any way connected with the Circuit Courts of don page one to promotheir activities.	h participant identified on page one as a ligital images and the like. I agree that entire copyright and may use them for a lude, but are not limited to: illustrations is ements and any promotional or educaternet. I acknowledge that I will not receive the Circuit Court and its agents and a chauch use. That have had it read to me and explained in the Circuit Court, the Truancy Reduction of Maryland's First Judicial Circuit to use fruancy Reduction Court Program, its firm	the Circuit Court has any purpose consistent by bulletins, exhibitions, exhibitions, exhibitions, exhibitions any eive any compensation, ssigns from any and all a language that I can be likeness of the youth extion Court Program, its seemy child's name and seemy child's name and
getivities.			
Parent/Guardian Signature	Date	Parent/Guardian Signature	Date

Kent County Truancy Court

Participation Agreement and General Truancy Court Requirements

- A. As a participant in the Kent County Truancy Court, I agree:
- 1. I will comply with all of the special conditions ordered by the Kent County Truancy Court (Court) in my case. These special conditions will be set out in the on the Truancy Order in my case. This includes that I will attend all appointments ordered by this Court, including appointments related to my physical or mental health.
 - 2. I will comply with the General Requirements of the Kent County Truancy Court.
- B. The General Requirements of the Kent County Truancy Court are:
- 1. Attend school regularly. I will attend school regularly, as required by law, without any unexcused absences, tardies or early leaves.
- 2. Excused absences. If I am absent from school, I will give the school a signed note from my parent (or my guardian or custodian) or from a professional (my health care provider, the Court, my counselor or other professional).
 - A signed note from a professional must be on the professional's letterhead.
 - The note from my parent, guardian or custodian or from a professional must be given to the school on the first day that I return to school after an absence.
- 3. Suspensions. I will not have any out of school suspensions.
 - An out of school suspension is not considered an excused absence.
- 4. Compliance with school and service provider directions. I will comply with all directions given to me by my principal, counselors and teachers with the Kent County Public Schools. I will comply with all directions given me by the counselors and case managers who are providing services to me under the Kent County Truancy Court.
- 5. Visits by service providers. I will permit agency personnel, or an individual, providing services to me under the Kent County Truancy Court to visit my home, school or place of employment at reasonable times. I will not object to or interfere with any such visit.
- 6. Comply with rules of conduct. I will comply with all rules of conduct, including the rules of conduct for my home, my school, and my recreational and social activities.
 - I will not threaten, assault or be aggressive to anyone.
 - I will behave appropriately and peacefully in my school, at home, in the Court and when participating in any service program providing me with treatment or a service through an Order of this Court.

Kent County Truancy Court - Participation Agreement and General Truancy Court Requirements SRK DRAFT 6.11.14
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- 7. Consents. In order to permit an agency or individual who is providing treatment or services to me by Order of this Court, to communicate necessary information about me to the Court, I will sign each consent to share information with the Court required by the agency or individual.
- 8. Comply with the law. I will not violate any local, state or federal law.
 - I will not drink or possess any alcoholic or intoxicating beverage.
 - I will not use, sell or possess any controlled dangerous substance in any form, except by prescription of a health care provider.
- 9. Comply with my curfew. I will abide by any curfew established by the Court or my parent (or my guardian or custodian).
 - If attending a special activity would violate a curfew established by the Court, I can ask the Court or the Truancy Diversion Case Manager for permission to attend the event.
- 10. Attendance at Court. I will attend Court, on time, as directed by this Court, the Kent County Public Schools or the Truancy Diversion Case Manager, whether notice is provided through a subpoena or some other method.

By signing below, I acknowledge that I have been given a copy of this document, that I read this document and had it read to me, and that I understand these requirements for my participation in the Kent County Truancy Court.

Respondent name printed	Parent, Guardian or Custodian name printed
Respondent signature	Parent, Guardian or Custodian signature
Date	Date

APPENDIX B

Sample Screening Tools

Intake Assessment for Employment Programs

RISE

DATE:					
DEMOGRAPHIC INFORMATIO	N:				
NAME:					
CASE#					
BIRTH DATE:	CURRENT AGE:	SEX: _	RACE:		
MARITAL STATUS: Married	Single Divorced So	eparated Wido	wed		
ADDRESS:					
PHONE #:	MESSAGE I	PHONE #:			
EMAIL ADDRESS					
CONTACT FOR IN CASE OF EM	ERGENCY:				
HIGHEST GRADE COMPLETED:	DIPLOMA/GI	ED	COLLEGE		
DO YOU HAVE DIFFICULTY REA	DING OR UNDERSTANDI	NG ENGLISH? YE	SNO		
MILITARY SERVICE: YES	NO BRANCH OF SEI	RVICE:			
HONORABLE: YESNO					
ARE YOU ENROLLED/RECEIVING VA BENEFITS/SERVICES? YESNO					
DO YOU HAVE MILITARY FORM	1 DD214? YES NO _				
DRIVERS LICENSE: YESN	O MARYLAND ID	OTHER PICTURE	ID: YES N		
IS YOUR LICENSE CURRENTLY S	SUSPENDED? YES	NO			
IF YES, FOR WHAT?					
DO YOU HAVE ACCESS TO RELI	ABLE TRANSPORTATION	? YES NO _			

DO YOU HAVE YOUR SOCIAL SECURITY CARD? YES NO
DO YOU HAVE YOUR BIRTH CERTIFICATE? YES NO
CURRENT CERTIFICATIONS/LICENSES:
LEGAL ISSUES/CRIMINAL RECORD: YESNO
IF YES, IN WHAT STATE/COUNTY? :
ARE YOU FEDERALLY BONDED? YESNO; IF YES, DATE BONDED?
HAVE YOU EXPLORED EXPUNGEMENT? YESNO
FINANCIAL RESOURCES:
MONTHLY INCOME AND SOURCE OF INCOME : \$
SNAP BENEFITS: YESNO AMOUNT OF BENEFIT?
CURRENT LIVING ARRANGEMENTS:
DO YOU CURRENTLY LIVE IN AN EMERGENCY OR TRANSITIONAL SHELTER? YES NO
DO YOU CURRENTLY LIVE IN ANY OF THE FOLLOWING: A MOTEL, HOTEL, TRAILER PARK, CAR, PARK, PUBLIC SPACE, VACANT BUILDING, SUBSTANDARD HOUSING, TRANSIT STATION, CAMPING GROUND OR SIMILAR SETTING? YES NO ADDITIONAL DETAILS:
DO YOU AND YOUR FAMILY HAVE A FIXED, REGULAR, AND ADEQUATE NIGHTTIME RESIDENCE? YES NO
DO YOU RESIDE ON YOUR OWN? YES NO
DO YOU PAY YOUR OWN EXPENSES? YES NO
DO YOU RESIDE WITH RELATIVE(S) OR FRIEND(S), WHO HELP PAY EXPENSES? YES NO
NAME(S) OF RELATIVE(S) OR FRIEND(S) LIVING WHERE YOU RESIDE:

HOW MANY CHILDREN DO YOU HAVE?# OF CHILDREN IN YOUR HOME				
PLEASE LIST THE CHILDREN LIVING WITH YOU:				
ADDITIONAL COMMENTS IN REGARDS TO CUSTODY/VISITATION:				
DO YOU NEED CHILDCARE FOR THOSE CHILDREN LIVING WITH YOU IN ORDER TO OBTAIN EMPLOYMENT? YES NO				
DOMESTIC VIOLENCE:				
ARE YOU IN A RELATIONSHIP WHERE YOUR PARTNER HAS HARMED YOU PHYSICALLY, MENTALLY OR SEXUALLY? YES NO				
ARE YOU AFRAID THAT THIS PERSON MIGHT HURT YOU OR YOUR CHILDREN? YES NO				
IS THIS PERSON PREVENTING YOU FROM LEAVING HOME, TRAVELLING TO WORK, OR VISITING YOUR FRIENDS OR FAMILY? YES NO				
IF NO TO THE ABOVE QUESTIONS HAVE YOU BEEN IN A RELATIONSHIP IN THE PAST WHERE YOUR PARTNER HAS HARMED YOU PHYSICALLY, MENTALLY, OR SEXUALLY? YES NO				
ARE YOU CURRENTLY WORKING WITH A DOMESTIC VIOLENCE SERVICE PROVIDER?				
YES NO IF NO, WOULD YOU LIKE TO BE REFERRED? YES NO				
MEDICAL:				
DO YOU HAVE MEDICAL COVERAGE: YES NO				
ARE YOU CURRENTLY UNDER THE CARE OF A DOCTOR, PSYCHOLOGIST, OR THERAPIST FOR A MEDICAL CONDITION OR MENTAL HEALTH CONDITION? YESNO				
IF YES, PLEASE EXPLAIN YOUR MEDICAL CONDITION:				
DO YOU HAVE A CURRENT OR PAST ADDICTION TO ALCOHOL OR DRUGS? YES NO				
ARE YOU CURRENTLY IN TREATMENT: YES NO IF YES, WHERE?				

EXPLAIN ANY ADDITIONAL BARRIERS OR PERSONAL ISSUES YOU EXPERIENCE THAT MIGHT BE		
KEEPING YOU FROM GAINFUL EMPLOYMENT.		
EMPLOYMENT INFORMATION:		
ARE YOU CONFIDENT IN YOUR ABILITIES TO WRITE A RESUME AND/OR COMPLETE EMPLOYMENT APPLICATIONS? YES NO		
CAN YOU USE A COMPUTER? YES NO		
DO YOU HAVE ACCESS TO A COMPUTER? YES NO		
WHAT TYPE OF EMPLOYMENT ARE YOU MOST INTERESTED IN WORKING IN?		
WHAT TYPES OF TRAINING/EDUCATION PROGRAMS WOULD YOU BE INTERESTED IN TAKING?		
TELL US ABOUT YOUR JOB SKILLS: (ie- answering phones, customer service, construction, using tools, retail, forklift)		
CAREER CHOICES YOU WOULD NOT BE INTERESTED IN:		
TELL US ABOUT YOUR LAST JOB:		
EMPLOYER'S NAME:		
ADDRESS:		
PAY RATE: START & END DATE:		
JOB DUTIES:		
		
WHY DID YOU LEAVE THIS JOB?		

SERVICE PLAN

SETTING GOALS & OUTCOMES:

For Example: Get my driver's license, become a CNA, gain employment, etc.
GOAL#1:
STEPS TO TAKE TO ACCOMPLISH YOUR GOAL
1)
2)
3)
'D LIKE TO ACCOMPLISH GOAL ONE BY:
GOAL#2:
STEPS TO TAKE TO ACCOMPLISH YOUR GOAL
1)
2)
3)
'D LIKE TO ACCOMPLISH GOAL TWO BY:
GOAL#3:
STEPS TO TAKE TO ACCOMPLISH YOUR GOAL
1)
2)
3)
'D LIKE TO ACCOMPLISH GOAL THREE BY:

SERVICE AGREEMENT/CONTRACT:

CUSTOMER'S ONGOING OBJECTIVES:

MAINTAIN CONTACT WITH WORKFORCE DEVELOPMENT CASE MANAGER.

ARRIVE ON TIME FOR ALL SCHEDULED CLASSES/ACTIVITIES AND RESPOND TIMELY TO ALL CALLS, LETTERS, AND QUESTIONNAIRES. SUBMIT ALL JOB SEARCHES ON TIME WEEKLY.

CONDUCT YOURSELF APPROPRIATELY WHILE IN JOB READINESS CLASS, CERTIFICATION CLASS, WORK EXPERIENCE PLACEMENT, OR ANY OTHER FUNCTION WHERE YOU ARE POTENTIALLY SECURING EMPLOYMENT.

PROVIDE INFORMATION ABOUT MY FAMILY AND/OR MYSELF AS NEEDED

KEEP THE AGENCY INFORMED ABOUT MY WHEREABOUTS, REPORTING CHANGES IN MY ADDRESS, EMPLOYMENT, AND MY PHONE NUMBER(S)

ATTEND SCHEDULED APPOINTMENTS AND/OR NOTIFY THE CASE MANAGER WHEN UNABLE TO KEEP SCHEDULED APPOINTMENTS

FOLLOW-UP ON REFERRAL(S) FOR DESIGNATED COMMUNITY SELF-HELP RESOURCES AS DETERMINED BY THE CASE MANAGER. FOLLOW UP ON ALL EMPLOYMENT LEADS PROVIDED TO ME BY THE CASE MANAGER OR ANY DSS STAFF PERSON.

CONTINUE TO IDENTIFY AND ADDRESS BARRIERS THAT ARE OBSTACLES TO OBTAINING EMPLOYMENT

STAY POSITIVE AND ACCOMPLISH SMALL TASKS ON THE WAY TO ACHIEVING MY GOAL(S)

CASE MANAGER'S ONGOING OBJECTIVES:

SCHEDULE REGULAR APPOINTMENTS WITH CUSTOMERS, WELCOME WALK-IN VISITS AND PHONE COMMUNICATIONS TO DISCUSS PROBLEMS, ASSIST IN DEVELOPING PROBLEM-SOLVING PLAN(S), AND PROVIDE EMPLOYMENT LEADS

MAKE APPROPRIATE REFERRALS FOR CUSTOMERS TO SEEK COMMUNITY SELF-HELP RESOURCES

IDENTIFY AND ADDRESS BARRIERS IN COOPERATION WITH THE CUSTOMER THAT ARE OBSTACLES TO OBTAINING EMPLOYMENT

CUSTOMER SIGNATURE :	DATE:		
CASE MANAGER SIGNATURE:	DATE:		

READ THIS FIRST: The information you provide in this questionnaire will not be held against you in a court of law. Please answer each question as truthfully as possible. This information is strictly for the use of the Bexar County Felony Drug Court Tracking Specialist. Again, <u>you will not get in trouble</u> for any information you give on this form, so PLEASE BE HONEST.



Bexar County Felony Drug Court Program

Information Questionnaire

ATE:		on Questionnaire	
ARTICIPANT INFOR	<u>MATION</u>		
ame:	,		
(Last Name)	(Initial)	(First Name)	
2. Address:			
3. City:		State:	Zip Code:
4. Phone#:			. _
5. Contact Person:		Phone#	:
Relationship of	Contact Person:		
6. Social Security	#:		
7. Date of Birth:			
8. Age:	· · · · · · · · · · · · · · · · · · ·		
□ 17-18			
□ 19 - 21			
□ 31-40 □ 41+			
□ 41 +			
9. Gender:			
□ MALE □ FEMALE			
10. Ethnicity			
HispanicNon-Hispanic			
Non-mspanic			
11. <u>Race:</u>			
☐ African American	Saxon: No African American History	7)	
 Asian (Pacific Islan 	ider / Alaskan Native)	()	
☐ Native American / . ☐ Multiracial	American Indian		
u iviuitiraciai			

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	12.	Marital Status
		☐ Married
		☐ Single
		☐ Divorced ☐ Separated
		Living as Married
		☐ Widow(er)
	13.	Are you pregnant?
		☐ Yes ☐ No
		□ Unknown
		□ N/A
	14.	How many children do you have?
	15.	How many children do you have to support?
	16.	How many people live in your home?
	17.	Who has custody of these children?
		☐ I do. ☐ My wife/husband
		☐ My mother/father
		☐ My ex-wife/ex-husband
		☐ The State of Texas
		Other:
	18.	Did you lose custody because of a legal problem?
		□ Yes
		□ No □ N/A
	19.	Is gaining the custody of your children part of your treatment goal?
		□ Yes
		□ No □ N/A
B)	<u>ED</u>	<u>OUCATION</u>
	1.	How many <u>years</u> of education do you have?
	2.	What level of education have you completed?
		Some High School (Less than 12th Grade) Useh School Diploma
		☐ High School Diploma☐ GED
		□ Vocational School
		□ Some college
		☐ Post High School Degree (Bachelor's, Master's, Associates)
	3.	Are you attending school right now?
		Yes, and the name of the school is:
		□ No.
	4.	Do you think you have any difficulties in the following areas?
		☐ Reading ☐ Writing
		☐ Adding / Subtracting
		☐ Concentrating
		□ No problems with these areas.
C)	<u>EN</u>	<u>APLOYMENT</u>
-	1.	Are you employed?
		□ Yes
	2.	□ No If Unemployed, have long have you been unemployed?
	۷٠	☐ Months
		Years

3.	Are you receiving Public Assistance? Yes No		
4.	PendingHow long you been receiving Public Assistance?	Months	Years
If	you are <i>EMPLOYED</i> answer questions 5 –	11, if you are <i>NOT B</i>	EMPLOYED skip to question 12.
5.	Where do you work?		
6. 7.	What do you do there?What's your work phone number?		
8.	Do you enjoy your job?		
	☐ Yes ☐ No		
9.	How much were you paid per hour? \$/hr.		
10.	About how much income do you earn a year from emplo	yment?	
	□ \$0 - \$999 □ \$1,000 - \$4,999		
	\$1,000 - \$4,999 \$5,000 - \$9,999		
	□ \$10,000 - \$19,999		
	\$20,000 - \$29,999		
	\$30,000 - \$44,999 \$45,000 - \$59,999		
	\$60,000 +		
11.	What is the average number of hours you worked each w	reek?hr(s).	
12.	If not employed, what is source of income?		
	☐ Family☐ Significant Other		
	☐ Significant Other ☐ Public Assistance		
	☐ Social Security Pension		
	Other		
13.	Are you currently looking for a job?		
	☐ Yes ☐ No		
1.4			
14.	What are some of the challenges of getting this job? (CheProbation		Health problems
	☐ Addiction		Already employed
	No Education		School schedule
	☐ No Experience☐ No training		Transportation No childcare
	☐ Incarceration		Pregnant
	☐ Criminal Record		Family responsibilities.
	□ No I.D.		Other
	☐ Treatment schedule ☐ Personal injury		
15.	Have you ever received special job training?		
	□ Yes		
16	No What kinds of special training have you received?		
	EGAL Have you ever been arrested for arson?		
1.	Yes		
	□ No		
2.	Have you ever been arrested for a violent crime?		
	☐ Yes ☐ No		

	3.	How old were you when you first were arrested? years old.
	4.	How many times were you arrested in the last 2 years?times.
	5.	How many times were you arrested for reasons related to drugs?times.
	6.	How many months were you in jail or incarcerated in the last 2 years?months.
	7.	Do you have any other pending cases?
		☐ Yes ☐ No
	8.	If you do, what is it for
	0	What court is it in? Is there a protection order against you?
	9.	Yes
		□ No
E	MI	EDICAL
L		Do you have medical insurance?
	1)	Yes
		□ No
	2)	Who is your medical insurance provider?
	3)	Are you covered by more than one insurance company?
		Yes
	40	□ No
	4)	If yes, who is your secondary insurance provider?
	5)	Are you a veteran?
		□ Yes
	-	□ No
	6)	Were you honorably discharged?
		☐ Yes ☐ No
		□ N/A
	7)	Who is your primary care physician?
	8)	What's their phone number?
	9)	What's their phone number? Do you have any medical problems?
	10)	Please list any prescribed medication you take.
	10)	The second of th
\mathbf{C}	М	ENTAL HEALTH
G)	1	Have you ever had a mental health evaluation?
	1.	Yes
		□ No
	2.	If yes, what was the <i>diagnosis</i> ?
	3.	Have you ever been <i>hospitalized</i> for a mental health reason?
		□ Yes
		□ No
	4.	How <i>long</i> did you stay there? days months
	5.	When was the <i>last time</i> you were hospitalized for a mental health reason?
	6.	Are you <i>currently receiving</i> mental health counseling? Yes
		□ Yes □ No
	7.	If so, where?
	<i>,</i> .	11 50, 1110101

	8.	Have you been prescribed any <i>medication</i> for your mental health diagnosis? Yes
		\square No
	9.	If so, what medications?
	10.	Have you ever tried to harm yourself?
		□ Yes
	11	□ No Have you ever tried to harm <i>others</i> ?
	11.	Yes
	12.	Do you <i>currently</i> think about harming yourself?
		□ Yes
		\square No
	13.	If yes, please briefly describe the situation.
	14.	Have you ever been abused?
		□ Yes □ No
	15	If yes please specify any of the following:
	15.	Sexually
		□ Physically
		☐ Emotionally (Being yelled at, put down, neglected).
PRI	E-I	INK
<u>PRI</u>	E-I	
	E-I 1	Are you currently in treatment?
		Are you currently in treatment? Yes
	1	Are you currently in treatment? Yes No
		Are you currently in treatment? Yes No If Yes, who is the treatment provider?
	1	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there?
	1	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before?
	1 2 3	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes
	1 2 3 4	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No
	1 2 3 4	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend? months.
	1 2 3 4	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend?months. If Yes, where?
	1 2 3 4	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend?months. If Yes, where? How many months did you attend treatment?
	1 2 3 4	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend?months. If Yes, where? How many months did you attend treatment? Have you ever been in an Inpatient Facility? (Detox, Rehab, Residential)
	1 2 3 4 5 6 7	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend?
	1 2 3 4 4 5 6 6 7	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend? months. If Yes, where? How many months did you attend treatment? Have you ever been in an Inpatient Facility? (Detox, Rehab, Residential) Yes No
	1 2 3 4 4 5 6 6 7 8	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend? months. If Yes, where? How many months did you attend treatment? Have you ever been in an Inpatient Facility? (Detox, Rehab, Residential) Yes No If Yes, how long ago were you inpatient?
	1 2 3 4 4 5 6 6 7 8	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend? months. If Yes, where? How many months did you attend treatment? Have you ever been in an Inpatient Facility? (Detox, Rehab, Residential) Yes No If Yes, how long ago were you inpatient?
	1 2 3 4 4 5 6 6 7 8 8 9 10	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend?
	1 2 3 4 4 5 6 6 7 8 8 9 10	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend?months. If Yes, where? How many months did you attend treatment? Have you ever been in an Inpatient Facility? (Detox, Rehab, Residential) Yes No If Yes, how long ago were you inpatient? If Yes, where? How many months did you spend inpatient? Did you complete the program?
	1 2 3 4 4 5 6 6 7 8 8 9 10	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend? months. If Yes, where? How many months did you attend treatment? Have you ever been in an Inpatient Facility? (Detox, Rehab, Residential) Yes No If Yes, how long ago were you inpatient? If Yes, where? How many months did you spend inpatient? Did you complete the program? Yes
	1 2 3 4 4 5 6 6 7 8 8 9 10	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend?months. If Yes, where? How many months did you attend treatment? Have you ever been in an Inpatient Facility? (Detox, Rehab, Residential) Yes No If Yes, how long ago were you inpatient? If Yes, where? How many months did you spend inpatient? Did you complete the program?
	1 2 3 4 5 6 6 7 8 9 110 111	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend?
	1 2 3 4 5 6 6 7 8 9 110 111	Are you currently in treatment? Yes No If Yes, who is the treatment provider? How many months have you been there? Have you ever been in Treatment before? Yes No If Yes, how long ago did you attend? months. If Yes, where? How many months did you attend treatment? Have you ever been in an Inpatient Facility? (Detox, Rehab, Residential) Yes No If Yes, how long ago were you inpatient? If Yes, where? How many months did you spend inpatient? Did you complete the program? Yes

H) <u>DRUG INFORMATION</u> - Please <u>mark each of the drugs</u> which you most frequently use and answer to			
corresponding questions.			
Alcohol			
□ Yes			
\square No			
What kind of alcohol do you usually drink? (Check all that apply)			
☐ Beer ☐ Liquor			
□ Wine			
How much do (or DID) you drink when you drink?			
☐ 1-2 drinks			
☐ 3-4 drinks ☐ 5-6 drinks			
☐ 7-8 drinks			
□ 9-10 drinks			
☐ 11 or more drinks			
How often do (or DID) you drink alcohol?			
☐ Once a month☐ Twice a month			
Every two weeks			
☐ Once time a week			
2 times a week			
☐ 3 times a week ☐ 4 times a week			
5 times a week			
☐ 6 times a week			
Daily			
☐ Only on the WEEKENDS			
At what age did you first start using alcohol? — 1-16			
$ \Box 17-10 $ $ \Box 17-20 $			
\Box 21-25			
\Box 26-30			
\Box 31+			
When was the last time that you used alcohol?			
□ Within 1 day□ Within 2 days			
☐ Within 3 days			
☐ Within 1 week			
☐ Within 2 weeks			
□ Within 1 month□ Within 3 months			
☐ Within 6 months			
☐ Within 1 year			
☐ More than a year			
How much did you drink the last time you used alcohol?			
☐ 1-2 drinks ☐ 3-4 drinks			
5-6 drinks			
☐ 7-8 drinks			
9-10 drinks			
☐ 11 or more drinks			

Cocaine What kind of cocaine do you use? (Check all that apply) Crack Powder cocaine How do you take it? (Check all that apply) ☐ Smoke☐ Sniff \Box IV Other How much do (or DID) you use when you regularly use cocaine at a time? \$0-\$4 **\$5-\$9** \$10-\$14 \$15-\$19 S20-\$29 S30-\$49 \$50-\$99 □ \$100 + How often do (or DID) you use cocaine? Once a month ☐ Twice a month ☐ Every two weeks Once time a week ☐ 2 times a week ☐ 3 times a week ☐ 4 times a week ☐ 5 times a week ☐ 6 times a week □ Daily□ Only on the WEEKENDS At what age did you first start using cocaine? □ 1-16 □ 17-20 □ 21-25 □ 26-30 ☐ 31+ When was the last time that you used cocaine? ☐ Within 1 day ☐ Within 2 days ☐ Within 3 days ☐ Within 1 week ☐ Within 2 weeks ☐ Within 1 month ☐ Within 3 months ☐ Within 6 months ☐ Within 1 year ☐ More than a year How much did you use the last time you used cocaine? \$0-\$4 **\$5-\$9 \$10-\$14** \$15-\$19

\$20-\$29\$30-\$49\$50-\$99\$100 +

Opiates (Heroin, pain killers, etc.) ☐ Yes- If yes, what kind(s)? How do you take it? (Check all that apply) ☐ Smoke □ Sniff \Box IV Swallow Other How much do (or DID) you use when you regularly use opiates at a time? \$0-\$4 **\$5-\$9** \$10-\$14 \$15-\$19 \$20-\$29 \$30-\$49 S50-\$99 □ \$100 + □ \$10 How often do (or DID) you use opiates? Once a month ☐ Twice a month Every two weeks ☐ Once time a week ☐ 2 times a week ☐ 3 times a week ☐ 4 times a week ☐ 5 times a week ☐ 6 times a week Daily ☐ Only on the WEEKENDS At what age did you first start using opiates? □ 1-16 □ 17-20 21-25 ☐ 26-30 □ 31+ When was the last time that you used opiates? ☐ Within 1 day ☐ Within 2 days ☐ Within 3 days ☐ Within 1 week ☐ Within 2 weeks ☐ Within 1 month ☐ Within 3 months ☐ Within 6 months ☐ Within 1 year ☐ More than a year How much did you use the last time you used opiates? □ \$0-\$4[°] **\$5-\$9** \$10-\$14 \$15-\$19 \$20-\$29 **\$30-\$49** \$50-\$99 □ \$100 +

Methamphetamines □ No How do you take it? (Check all that apply) ☐ Smoke □ Sniff ☐ Other How much do (or DID) you use when you regularly use methamphetamines at a time? \$0-\$4 S5-\$9 \$10-\$14 \$15-\$19 \$20-\$29 \$30-\$49 \$50-\$99 □ \$100 + How often do (or DID) you use methamphetamines? Once a month ☐ Twice a month Every two weeks Once time a week ☐ 2 times a week ☐ 3 times a week ☐ 4 times a week ☐ 5 times a week ☐ 6 times a week ☐ Daily ☐ Only on the WEEKENDS At what age did you first start using methamphetamines? ☐ 1-16 ☐ 17-20 21-25 26-30 □ 31+ When was the last time that you used methamphetamines? ☐ Within 1 day ☐ Within 2 days ☐ Within 3 days ☐ Within 1 week ☐ Within 2 weeks ☐ Within 1 month ☐ Within 3 months ☐ Within 6 months ☐ Within 1 year ☐ More than a year How much did you use the last time you used methamphetamines? \$0-\$4 **\$5-\$9 \$10-\$14** \$15-\$19 \$20-\$29 \$30-\$49

\$50-\$99 \$100 +

THO	C(Marijuana)
	Yes	
	No	
How		you take it?
		Smoke
		Eat/Cook with it
		Other
How muc	h do	(or DID) you use when you regularly use marijuana at a time?
		\$0-\$4
		\$5-\$9
		\$10-\$14
		\$15-\$19 \$20-\$29
		\$30-\$49
		\$50-\$99
		\$100 +
Ном	ofte	en do (or DID) you use marijuana?
110W		Once a month
		Twice a month
		Every two weeks
		Once time a week
		2 times a week
		3 times a week
		4 times a week
		5 times a week 6 times a week
		Daily
		Only on the WEEKENDS
At wh		ge did you first start using marijuana?
		1-16 17-20
		21-25
		26-30
		31+
W/h a		so the lest time that you need marilyone?
Wile	n wa	ns the last time that you used marijuana? Within 1 day
		Within 2 days
		Within 3 days
		Within 1 week
		Within 2 weeks
		Within 1 month
		Within 3 months
		Within 6 months
		Within 1 year More than a year
		Wore than a year
How	mu	ch did you use the last time you used marijuana?
		\$0-\$4 \$5.\$0
		\$5-\$9 \$10-\$14
		\$15-\$19
	_	\$20-\$29
		\$30-\$49
		\$50-\$99
		\$100

	Any	Other Drugs What kinds of other drugs?		
	2.	How much do (or DID) you use when you use them? How often do (or DID) you use when you use them?		
	3.	What age did you first begin?		
	4.	When was the last time you used this drug?		
	5.	How much did you use at this time?		
W	(Pleas	NE of these drugs would you say causes (or cause, mark only ONE) Alcohol Cocaine Opiates Methamphetamines THC Other:	aused) the n	nost problems in your life?
3.	Fire Sec	are your top three drugs of choice in order of st drug of choice: cond drug of choice: drug of choice:	<u>f vour</u>	
4.		would you rate your drug problem? No Problem Mild Problem Moderate Problem Severe Problem		
5.		the main <u>TRIGGER or TRIGGERS</u> that make you want to use I use for good feeling the drug gives me when I use it. I use to help the bad feelings I get when I don't		I use drugs/alcohol to deal with stress I related to my health. I use drugs/alcohol because I feel generally
		use. I use because I see the drug/alcohol on TV or in a picture.		stressed , but not for a particular reason. I use drugs/alcohol because I have too much time on my hands.
		I use because I see the drug/alcohol in real life. I use drugs/alcohol to fit in with friends. I use drugs/alcohol to fit in with my family. I use drugs/alcohol because I'll be embarrassed		I use drugs/alcohol because I feel hopeless about the future. I use drugs/alcohol because I have thoughts about death.
		in front of others if I don't. I use drugs/alcohol to deal with stress related to my spouse/girlfriend or boyfriend. I use drugs/alcohol to deal with stress related to		I use drugs/alcohol because of habit. I use drugs/alcohol to help my physical pain. I use drugs/alcohol to help my Back Pain. I use drugs/alcohol when I feel angry.
		my Children. I use drugs/alcohol to deal with stress related to my other family members:		I use drugs/alcohol when I am alone. I use drugs/alcohol when I feeling lonely. I use drugs/alcohol when I feel insecure. I use drugs/alcohol to lose weight.
		I use drugs/alcohol to deal with the stress related to my current job. I use drugs/alcohol to deal with stress related to finding a NEW job.		I use drugs/alcohol because sometimes I just need to relax. Other
6.	Is there	someone else that lives with you that uses any drugs or alcohol? Yes No	?	

General Information

Today's Date:										
Full Name:										
Name You Prefer to Be Ca	Name You Prefer to Be Called:									
I am seeking help for: (Ch	neck all that apply.)									
o 1- Depressiono 2- Anxietyo 3- Relationship Problemso 4- Homelessness	o 6- School Problemso 7- Drug Problemo 8- Alcohol Problemo 9- Legal Problems	o 11- Not Sure o 12- Other:								
o 5- Job Problems	o 10- Domestic Violence/Abuse									
I was referred here by: o 1- Physician or Psychiatrist o 2- Friend or Relative o 3- Clergy o 4- Employer or School	 o 5- DCF (Dept. of Children o 6- Judge/Court/Legal o 7- Myself o 8- Probation/Parole Officer o 9- Other: 									
The language spoken most	often in my home is:									
o 1- English	o 3- Other:									
o 2- Spanish										
My income comes from: (0	Check all that apply.)									
o 1- Family or Relatives	o 2- SSI/SSDI, all or	· [
o 3- Food stamps	o 4- Welfare (TANF/	W.A.G.E.S.)								
o 5- Part-time job.	o 6- Full-time job.									
o 7- Other source:										
O 8- I have no income.	o hose									
In the past year my income	If changed, it was:									
o 1- Not changed o 2- Increased	o 4- Expected									
	o 5- Not expected									
O 3- Decreased Due to my problems, during	ng the last <u>month</u> at work or so	chool I have								
missed:	<u> </u>									
o 1- 0 days o 1	3- 4-6 days o 5- 10 or mo:	re days								
o 2- 1-3 days o	4- 7-9 days o 6- Not work	ting or in school								
My concerns or problems	I have at work or school are:									
·										

Staff Use Only

Relationships and Family

Children and other people livin	g or stavin	g with m	e:			Sta	aff Use Only
	o,		-	Part-	Full-		
Name		Relation	ıship	time	time		
				0	o		
				0	o		
				O	0		
				0	0		
				0	0		
I am currently married or in a s	significant	relations	ship. (1- Yes (2 - No		
If Yes, this relationship is: 03 Why?	3- Good	o 4- Fair	0	5- Poor			
History of marriages and signifi	icant relat	ionships:					
Name	Ì	-		oximate l	Dates		
1Vaille	Relatio	изшр	Appr	oximate 1	Dates		
My current relationship with m	y family is	:	<u> </u>				
•		• 4- Not ap	plicab	le			
Why?			1				
My current relationship with m	y friends i	s:					
o 1- Good o 2- Fair	o 3- Poor	ſ					
Why?							
I receive some emotional suppor	•	y family a	ınd/or	friends:			
o 1- Yes (Is it enough? o 2- Yes	o 3- No)						
O 4- No O 5- Other source(s)							
Overall, my childhood was:	0.2 D						
O 1- Good O 2- Fair Why?	o 3- Poor						
My relationship with my mothe	r growing	up was:			-		
	0	• • 4- Not ap	plicabl	le			
Why?							
My relationship with my father	growing u	ıp was:					
o 1- Good o 2- Fair o 3- Why?	- Poor C) 4- Not ap	plicabl	le			
My relationship with my friend	s as a child	l was					
o 1- Good o 2- Fair	O 3- Pooi						
Why?	U 5- 1 001	L					
My relationship with other fam	ily membe	rs growii	ng up	was:			
o 1- Good o 2- Fair	o 3- Pooi	_	lot app				
Why?			11				
A significant friend or relative (of mine ha	s died in	the las	st year			
o 1- Yes o 2- No							
If Yes, who?	Cause of	death					

Children 18 and Younger (Please include stepchildren and adopted children as well as biological children.)

For each child:	Name of child:	Name of child:	Name of child:	Name of child:	Name of child:	
Age						
Male	o 1	o 1	o 1	o 1	o 1	
Sex Female	o 2	o 2	o 2	o 2	o 2	
My status as a parei	nt is:					
Biological parent	o 1	o 1	o 1	o 1	o 1	
Step-parent	o 2	o 2	o 2	o 2	o 2	
Foster parent	o 3	o 3	o 3	o 3	o 3	
Adoptive parent	o 4	o 4	o 4	o 4	o 4	
Other	o 5	o 5	o 5	o 5	o 5	
Custody status (past	t 30 days)					
Full custody	o 1	o 1	o 1	o 1	o 1	
Not in my custody temporarily	o 2	o 2	o 2	o 2	o 2	
Not in my custody permanently	o 3	o 3	o 3	o 3	o 3	
Joint custody	o 4	o 4	o 4	o 4	o 4	
Other	o 5	o 5	o 5	o 5	o 5	
Living arrangement	s (past 30 days)					
In my household	o 1	o 1	o 1	o 1	o 1	
With other parent	o 3	o 3	o 3	o 3	o 3	
In foster care	o 4	o 4	o 4	o 4	o 4	
Other	o 5	o 5	o 5	o 5	o 5	
Does this child have	any learning or be	havioral problems?	•			
No	o 1	o 1	o 1	o 1	o 1	
Yes, not getting help	o 2	o 2	o 2	o 2	o 2	
Yes, getting help	o 3	o 3	o 3	o 3	o 3	
If Yes, please describe						
Other Parent of Chi	ld (Check all that a	apply.)				
Name:						
Lives with me & child	o 1	o 1	o 1	o 1	o 1	
Has custody of child	o 2	o 2	o 2	o 2	o 2	
Shares custody w/me	o 3	o 3	o 3	o 3	o 3	
Has visitation rights	o 4	o 4	o 4	o 4	o 4	
Contributes to support	o 5	o 5	o 5	o 5	o 5	
Is involved with child	o 6	o 6	o 6	o 6	o 6	
Please note any child	dcare arrangement	s, other caregivers,	custody issues, etc.	that you think are	important.	

Relationships and Family (cont.)

Significant Other People Who Don't Live with You (parents, sisters, brothers, children over 18, grandparents, other relatives, etc.)									
Name	√ if Cause of Amount of								
o 1- Good o 2- Fair o 3- Poor									
o 1- Good o 2- Fair o 3- Poor									
	o 1- Good o 2- Fair o 3- Poor								
						o 1- Good o 2- Fair o 3- Poor			
						o 1- Good o 2- Fair o 3- Poor			
						o 1- Good o 2- Fair o 3- Poor			
						o 1- Good o 2- Fair o 3- Poor			
						o 1- Good o 2- Fair o 3- Poor			
						o 1- Good o 2- Fair o 3- Poor			
						o 1- Good o 2- Fair o 3- Poor			
						o 1- Good o 2- Fair o 3- Poor			
Staff Use Only									

Religion/Culture

What holidays do you observe?	Staff Use Only
Do you consider yourself religious? O 1- Yes O 2- No	
Do you attend religious services regularly? O 1- Yes O 2- No What are the religious, spiritual, cultural, or ethnic considerations that we should be aware of as we meet with you?	

Education

Are you currently enrolled in school/college/training? o 1- Yes o 2- No	Staff Use Only
If Yes, o 1- Full-time o 2- Part-time	
If Yes, where?	
The highest grade I completed in school was:	
For me school was: O 1- Good O 2- Fair O 3- Poor	
List degrees, licenses, special training, etc.:	

Employment/Military

Current Employn	nent:			Staff Use Only
o 1- Full-time	o 3-Voluntee			
o 2- Part-time	o 4- Unemplo			
What kind of wor	k do you do?			
Relationship	o 1- Good	Relationship	o 1- Good	
with co-workers	o 2- Fair	with supervisor	o 2- Fair	
	o 3- Poor	•	o 3- Poor	
How long have yo	ou been there?			
How many days d	lid you work in th	e last month?		
What was your fa	vorite job?			
Military Service:	o 1- Yes o 2- N	Io If Yes, dates:		
Were you ever in	combat? o 3- Y	es o 4- No		
Comments:		_		

Legal

Were you forced into seeking treatment? o 1- Yes o 2- No If Yes, give details:											
Have you ever been arrested? o 1- Yes o 2- No If Yes, how many times were you arrested?											
Are you waiting to go to trial/hearing o 1- Yes o 2- No If Yes, date of trial/hearing											
Current Probation	(Current Parole	Curre	ent Drug Court	Curr	ent Domestic V	iolence Court				
o 1- Yes o 2- No		1- Yes o 2- No	0.1	- Yes o 2- No		0 1- Yes 0	2- No				
Please list all arrests l	oeginni	ng with the most re	cent (inc	lude DUI's and D	WI's).						
Date											
Charge											
Results & Penalties (Check all that apply.)											
Not guilty	o 1	o 1	o 1	o 1	o 1	o 1	o 1				
Adjudication witheld	o 2	o 2	o 2	o 2	o 2	o 2	o 2				
Probation	o 3	o 3	o 3	o 3	o 3	o 3	o 3				
Fine	o 4	o 4	o 4	o 4	o 4	o 4	o 4				
Time served	o 5	o 5	o 5	o 5	o 5	o 5	o 5				
Community service	o 6	o 6	o 6	o 6	o 6	o 6	o 6				
Jail time Place Dates	o 7	o 7	o 7	o 7	o 7	o 7	o 7				
Prison time Place	o 8	o 8	o 8	o 8	o 8	o 8	o 8				
Dates											
Other (describe)	o 9	o 9	o 9	o 9	o 9	o 9	o 9				
Staff Use Only											
Has the client ever been "Incompetent to Proceed" or "Not Guilty by Reason of Insanity"? o 1- Yes o 2- No											

Alcohol and Other Drugs

Do members of your family use alcohol or other drugs?	Staff Use Only
o 1- Yes o 2- No o 3- Not applicable If Yes, who?	
Do members of your family have a history of alcoholism or problems with drinking or drugs? o 1- Yes o 2- No o 3- Not applicable If Yes, who?	
At any time in the last 30 days, have you felt that you should reduce or stop: Smoking cigarettes? o 1- Yes o 2- No o 3- Do not use Alcohol use? o 4- Yes o 5- No o 6- Do not use Drug use? o 7- Yes o 8- No o 9- Do not use Has drinking or taking drugs caused you any problems with school, work, friends, family, spouse, police, or your health? Currently o 1- Yes o 2- No Within the last year o 1- Yes o 2- No Please explain problems:	
Was drinking or using drugs a problem for you at one point in your life	
but not a problem now? o 1- Yes o 2- No o 3- Never used/drank	
Has anyone else expressed concern about your drinking/drug use?	
o 1- Yes o 2- No o 3- Do not use drugs or drink	
If yes, who?	
Does your personality change under the influence?	
O 1- Yes O 2- No O 3- Do not drink or use drugs	
If yes, describe briefly:	
Has your use of alcohol or other drugs made any mental health	
problems you have worse? o 1- Yes o 2- No o 3- Do not use drugs or drink	
If yes, please explain:	
Have you ever blacked out when drinking? o 1- Yes o 2- No	
Have you ever attended AA? o 1- Yes o 2- No NA? o 3- Yes o 4- No	
If yes, about how long did you attend?	
What is the longest you were ever clean & sober?	
Comments you want to make:	

Alcohol and Other Drugs (cont.)

Alcohol: beer, wine, wine coolers, liquor, etc. Amphetamines: "speed," "uppers", "crystal," methamphetamine, "crank," etc. O 01- Pills O 02- Smoke Cannabis: marijuana, "pot," hashish Cocaine and Crack Cocaine: "blow," "rock," "coke," freebase, etc. O 01- Powdered cocaine O 02- Crack, freebase Hallucinogens: LSD, "ecstasy," MDA, DMT, mescaline, psilocybin mushrooms, etc. Inhalants: glue, gasoline, paint thinner, spray can propellant, etc. Opioids: heroin, Demerol, codeine, morphine, fentanyl, "China white," methadone, etc. O 01- Injection O 02- Other intake Phencyclidine & Similar: PCP, ketamine, "K," etc. Sedatives, Hypnotics & Anxiolytics: barbiturates, "downers," benzodiazepines, Xanax, Valium, "roofies," etc. Other: Darvocet, steroids, GHB, amyl nitrite, "poppers," "rush," etc. Nicotine: cigarettes, chewing tobacco, cigars, dip, etc. Staff Use Only	Cast (Month o)		Age of First Use	months, what is the most you have used in one day?
Amphetamines: "speed," "uppers", "crystal," methamphetamine, "crank," etc. O 01- Pills O 02- Smoke Cannabis: marijuana, "pot," hashish Cocaine and Crack Cocaine: "blow," "rock," "coke," freebase, etc. O 01- Powdered cocaine O 02- Crack, freebase Hallucinogens: LSD, "ecstasy," MDA, DMT, mescaline, psilocybin mushrooms, etc. Inhalants: glue, gasoline, paint thinner, spray can propellant, etc. Opioids: heroin, Demerol, codeine, morphine, fentanyl, "China white," methadone, etc. O 01- Injection O 02- Other intake Phencyclidine & Similar: PCP, ketamine, "K," etc. Sedatives, Hypnotics & Anxiolytics: barbiturates, "downers," benzodiazepines, Xanax, Valium, "roofies," etc. Other: Darvocet, steroids, GHB, amyl nitrite, "poppers," "rush," etc. Nicotine: cigarettes, chewing tobacco, cigars, dip, etc.	0 0 0 0 0	0 0 0 0 0 0		
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Cocaine and Crack Cocaine: "blow," "rock," "coke," freebase, etc.	0 0 0 0	0 0 0 0 0		
"coke," freebase, etc. O 01- Powdered cocaine O 02- Crack, freebase Hallucinogens: LSD, "ecstasy," MDA, DMT, mescaline, psilocybin mushrooms, etc. Inhalants: glue, gasoline, paint thinner, spray can propellant, etc. Opioids: heroin, Demerol, codeine, morphine, fentanyl, "China white," methadone, etc. O 01- Injection O 02- Other intake Phencyclidine & Similar: PCP, ketamine, "K," etc. Sedatives, Hypnotics & Anxiolytics: barbiturates, "downers," benzodiazepines, Xanax, Valium, "roofies," etc. Other: Darvocet, steroids, GHB, amyl nitrite, "poppers," "rush," etc. Nicotine: cigarettes, chewing tobacco, cigars, dip, etc. O	0 0 0 0	0 0 0 0		
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Opioids: heroin, Demerol, codeine, morphine, fentanyl, "China white," methadone, etc. O 01- Injection O 02- Other intake Phencyclidine & Similar: PCP, ketamine, "K," etc. Sedatives, Hypnotics & Anxiolytics: barbiturates, "downers," benzodiazepines, Xanax, Valium, "roofies," etc. Other: Darvocet, steroids, GHB, amyl nitrite, "poppers," "rush," etc. Nicotine: cigarettes, chewing tobacco, cigars, dip, etc. O	0 0	0 0		
Sedatives, Hypnotics & Anxiolytics: barbiturates, "downers," benzodiazepines, Xanax, Valium, "roofies," etc. Other: Darvocet, steroids, GHB, amyl nitrite, "poppers," "rush," etc. Nicotine: cigarettes, chewing tobacco, cigars, dip, etc. O	0	0		
"downers," benzodiazepines, Xanax, Valium, "roofies," etc. Other: Darvocet, steroids, GHB, amyl nitrite, "poppers," "rush," etc. Nicotine: cigarettes, chewing tobacco, cigars, dip, etc. o	0	0		
"poppers," "rush," etc. Nicotine: cigarettes, chewing tobacco, cigars, dip, etc. O				
Nicotine: cigarettes, chewing tobacco, cigars, dip, etc.	o	o		
Staff Use Only				

Medications

Current Medications (including medical):						
Medication Name	Date Prescribed	Dosage/Frequency	Doctor	Side Effects	Taken as Prescribed?	
					o 1- Yes o 2- No	
					o 1- Yes o 2- No	
					o 1- Yes o 2- No	
					o 1- Yes o 2- No	
					o 1- Yes o 2- No	
					o 1- Yes o 2- No	
Previous Medications (last 2 years)	ears, including m	nedical):				
		Dosage/Frequency/			Taken as	
Medication Name	Dates	Response	Doctor	Side Effects	Prescribed?	
Medication Name	Dates		Doctor	Side Effects		
Medication Name	Dates		Doctor	Side Effects	Prescribed?	
Medication Name	Dates		Doctor	Side Effects	Prescribed? o 1- Yes o 2- No	
Medication Name	Dates		Doctor	Side Effects	Prescribed? o 1- Yes o 2- No o 1- Yes o 2- No	
Medication Name	Dates		Doctor	Side Effects	Prescribed? o 1- Yes o 2- No o 1- Yes o 2- No o 1- Yes o 2- No	
Medication Name	Dates		Doctor	Side Effects	Prescribed? 0 1- Yes 0 2- No	
	Dates		Doctor	Side Effects	Prescribed? o 1- Yes o 2- No	
Medication Name Staff Use Only	Dates		Doctor	Side Effects	Prescribed? o 1- Yes o 2- No	

Medical	
Please describe any significant disease, surgeries, or injuries from your past or present:	Staff Use Only
Do you have any known allergies, including medication allergies? o 1- Yes o 2- No If yes, describe:	
My present physician(s):	
1Last contact	
2Last contact	
My last physical examination was on (date)by Dr	
I am: o 1- Not on a special diet o 2- On a special diet involving	
Do you want information on family planning?	
o 1- Yes o 2- No	
Have you or your partner ever had a problem birth, miscarriage, or abortion? o 1- Yes o 2- No	
WOMEN ONLY: Are you pregnant? O 1- Yes O 2- No If Yes, are you receiving medical care for pregnancy? O 3- Yes O 4- No If Yes, where?	

Mental Health

Have any members of your far	nily had: (Check all that apply.)	Staff Use Only
o 1- Depression?	6- Drug/alcoholism problems?	
•	7- Legal problems?	
•	8- Other?:	
o 4- Job problems?		-
•	r or psychiatrist about a problem?	
o 1- Yes o 2- No	2 01 ps. 01111011110 us out u prositeir	
If Yes, did he or she recommen	nd services for you? o 1- Yes o 2- No	
If Yes, did you complete this to		
Have you recently received: (Check all that apply.)	
o 1- Counseling or psychiatric care	?	
o 2- Inpatient psychiatric treatment	?	
o 3 Medications for depression/ar	xiety from my primary care doctor?	
o 4- Other services?		
	you thought of killing yourself?	
o 1- Yes o 2- No		
How many times have you atte	empted suicide?	
During the last month how oft	en have you felt well enough to do what	— I I
you usually do during the day's		
o 1- Never o 3- Ofte		
o 2- Seldom o 4- Very		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	en have you been getting out of the house	2
to do the things you enjoy?	•	
o 1- Never o 3- Ofte	n	
	frequently	
Are you concerned about any	sexual issues, past or present?	
o 1- Yes o 2- No If Yes, please o	explain:	
		-
		—
•	ast when your appetite changed a lot?	
O 1- Yes O 2- No During the last 6 months you	Your appetite the last month has been:	
o 1- Maintained the same weight.	o 1- Normal	
o 2- Gained pounds.	o 2- Eating more than normal	
o 3- Lost pounds	o 3- Poor	
Have you had sleep problems i		
Have there been times when yo		
o 1- Yes o 2- No-	•	
Your usual sleep pattern is: (0	Check all that apply.)	
o 1- Normal sleep	o 4- Nightmares	
o 2- Problems falling asleep	O 5- Irregular sleep	
o 3- Problems staving asleep	0.6 Sleep too much	

Violence and Trauma

Were you ever punished resulting in bruises, cuts, burns, or other	Staff Use Only
injuries? o 1- Yes o 2- No Age:	
If Yes, please describe:	
Did you ever see your parents physically fighting or causing injury to	
your brothers or sisters? O 1- Yes O 2- No Age:	
If Yes, please describe:	
ii 103, picase describe.	
Did your spouse, partner, boyfriend, or girlfriend ever hit, slap, or	
punch you during an argument? O 1- Yes O 2- No Age:	
If Yes, please describe:	
, 1	
Was anyone arrested? o 1- Yes o 2- No	
Did you receive any kind of counseling/treatment? 0 1- Yes 0 2- No	
·	
If Yes, please describe:	
Were you ever beaten up, hit, slapped, or assaulted by anyone not	
mentioned in the question above? o 1- Yes o 2- No Age:	
If Yes, please describe:	
′ .	
Did you ever witness a violent death or extreme violence against	
someone else? o 1- Yes o 2- No Age:	
If Yes, please describe:	
Did your parents or your partner ever have a pattern of making	
threats, putting you down, calling you names, or humiliating you?	
o 1- Yes o 2- No Age: If Yes, please describe:	
Did you ever witness or were you involved in a severe accident (wreck,	
drowning, fire, etc.)? O 1- Yes O 2- No Age: If Yes, please describe:	
ii Tes, piease describe.	
Did you ever witness a violent death or extreme violence against	
someone else? O 1- Yes O 2- No Age:	
If Yes, please describe:	
11 105, picase describe.	

Were you ever a victim of a violent or potentially violent theft (armed robbery, mugging, etc.)? O 1- Yes O 2- No Age: If Yes, please describe:	Staff Use Only
Were vou ever raped? o 1- Yes o 2- No Age:	
When you were a child, were you ever touched/fondled in a sexual way by someone older than you or made to touch/fondle their body in a sexual way? O 1- Yes O 2- No Age: If Yes, did this happen once or more than once? O 1- Once O 2- More than once Comments you want to make:	
After you became an adult, did someone touch/fondle your body in a sexual way or make you touch/fondle their body in a sexual way when you didn't want them to. O 1- Yes O 2- No	
If Yes, did this happen once or more than once? o 1- Once o 2- More than once	
Comments you want to make:	
Were you ever forced to have sex by your spouse/significant other? o 1- Yes o 2- No Comments you want to make:	
Has anyone stalked you, in other words, followed you or kept track of your activities, causing you to feel intimidated or concerned for your safety? O 1- Yes O 2- No If Yes, please describe:	
If you answered yes to any of the above questions about violence and sexual trauma, do you currently experience any of the following? Flashbacks o 1- Yes o 2- No Numbness o 1- Yes o 2- No Nightmares o 1- Yes o 2- No Other (write below) o 1- Yes o 2- No Insomnia o 1- Yes o 2- No Fearfulness o 1- Yes o 2- No	

Strengths

What are some things that will help you in treatment? Check all that apply and list others you think will help.

- **o** 1- Support from family (parents, children, others)
- o 2- Support from spouse or significant other
- **o** 3- Connection to self-help group (AA, NA, etc.)
- o 4- A positive and supportive sponsor
- o 5- Connection to a church group or minister
- o 6- Counselor or case manager who helped you get into treatment
- o 7- Judge or probation officer who helped you get into treatment
- o 8- Employer who helped you get into treatment
- o 9- Financial assistance or benefits
- o 10- Permanent residence
- O 11- Connection to a mental health facility and/or psychiatric care; provisions for obtaining medications
- o 12- Supportive friends
- o 13- Others:

Staff Use Only	

Abilities

What are some of your personal qualities, skills, or talents that will help you in treatment? Check all that apply and list others you think will help.

- o 1- I am very motivated for treatment.
- **o** 2- I am able to make an appropriate transition to living in a recovering community.
- **o** 3- I have good interpersonal skills.
- o 4- I have good emotion-management skills.
- **o** 5- In the past I have demonstrated openness and honesty with regard to my recovery.
- **o** 6- I have been able to let go of the denial that I once had about my substance use.
- **o** 7- I have been able to let go of the denial that I once had about my mental disorders
- **o** 8- I have some insight into my substance use and mental disorders.
- o 9- I have good self-esteem.
- **o** 10- I have some positive plans and goals for my future.
- **o** 11- I am willing to do whatever it takes to be in recovery.
- **o** 12- I have a good relationship with a Higher Power.
- o 13- In spite of past hardships, there are still areas of my life in which I take
- o 14- I am a caring person, capable of offering support to others in recovery.
- **o** 15- Others:

Staff Use Only	

Needs

	do you want to learn in treatment? Check all that apply and list things you can think of that are not shown.			Staff Use Only	
o 1-	Education about substance abuse				
					
_	Education about mental disorders				
o 3-	An explanation of my diagnosis				
o 4-]	Improvement in my communications skills				
o 5- 1	Improvement in my interpersonal skills/relationships	·			
o 6- (Contact with supportive others				
o 7- 1	Emotion-management skills	ł			
o 8-	Anger-management skills				
o 9- 1	Education about improving my health	i			
o 10-1	Relapse-prevention education				
o 11-0	Others:				
		▋▐			

Expectations			
What do you hope to get out of treatment? Check all that apply and list other things you can think of that are not shown.	Staff Use Only		
O 1- I will learn the skills to stay clean and sober.			
o 2- I will learn the skills to stay mentally stable.			
o 3- I will have a better understanding of my diagnosis.			
o 4- I will be able to communicate more effectively.			
o 5- My interpersonal skills/relationships will improve.			
o 6- I will develop a system of support in recovery.			
o 7- I will be able to better manage my emotions.			
o 8- I will be able to better manage my anger.			
o 9- My health will improve.			
o 10- I will have a better understanding of relapse prevention.			
o 11- Others:			

Goals

List some goals that you hope to achieve in the next few years.	Staff Use Only
1	
2	
3	
4	
5	
6	

Preferences

	need to do to achieve your goals? What can we do to help eps can be taken to reach your goals?
1	
2	
3	
4	
5	
6	

Staff Use Only

Staff Use Only

Presentin	g Problem/P	recipitati	ing Factors				
C			~	G 11:1			
Significan	t History/Fui	nctional S	Status/Physical	Condition			
			1				
	Motor Ac						
	Behavi	or,					
	Appearance Affect, S	, M1000, leen.					
	Appeti	ite					
Mental							
Status							
	Orientation, I Cogniti						
	Insight/Jud	gment,					
	Hallucina Delusions, T						
	Process						
		T		T			
Suicida	l Ideations	Homic	cidal Ideations	Implicit C	Contract 		
O 1- Denies	O 2- Voices	O 1- De	enies O 2- Voices				
Inte	nt/Plan	In	tent/Plan				
O 1- Denies	O 2- Voices	O 1- De	enies O 2- Voices				
	Axis I	1		Axis III			
Diagnosti				Axis IV P	sychologi	cal Stressors	
Impression							
	Axis II	Axis II		Axis V:	C	Current GAF	Highest GAF in Past Year
Prognosis	O 1- Good O	2- Fair	E-42. 4 3 5	41- CC4			
O 3- Guarded			Estimated Lea	ngtn of Stay	y		
Homewor							

APPENDIX C

Planning Worksheets

Worksheet 3

Community Resources Mapping

The effectiveness of any family treatment court ultimately depends on the quality of community resources to which it has access. Using the community resources mapping exercise below, begin to identify unique resources and programs available in your jurisdiction and the contact information for each.

Community Resources Mapping Exercise

Within each box provided, list the agency or agencies responsible for providing the services indicated. You will need to find the most useful contact person within each agency.

Developmental Services for Children	Community Foundations
Family Therapy	Foster Families
Faith Community	Child Protective Services
Schools, Colleges, Universities	Service Organizations
Health Services	Law Enforcement/Probation
Residents	Parenting Programs
Mental Health Services	Treatment
Government Agencies / Officials	Other Community-Based Organizations

Substance Use Disorder Treatment Services:

Review the community resources mapping exercise completed in Worksheet 3. Below, identify specific agencies that have not been involved in the family treatment court planning process and how they may be a resource for children, parents, and families.

Detoxification
Methadone maintenance
Inpatient rehabilitation
Residential ————————————————————————————————————
Halfway houses
Intensive outpatient
Outpatient
Aftercare/continuing care services
Other Ancillary Services:
Education/prevention
Transportation
Child care ————————————————————————————————————
Therapeutic child care
Parent and child interactive programs ————————————————————————————————————
Vocational/educational
Domestic violence services
Parenting classes
Counseling for child
Medical/dental services for family
Family therapy —
Dual diagnosis programs ————————————————————————————————————
Pediatric developmental services
Legal services —
Anger management programs

Worksheet 4

Planning, Steering, and Operational Teams

Planning Team

The planning team is made up of members from various organizations who are committed to the planning and development of your family treatment court. Use the form below to identify the members of your planning team, their agency affiliations, and their roles and responsibilities. Also determine if you have all necessary planning team members or need to add others.

	Planning Team Co	Planning Team Composition						
Team Member	Agency	Role/Responsibilities						
1.								
2.								
3		· · · · · · · · · · · · · · · · · · ·						
4								
5								
3.								
7		·						
3								
0.								
1.								
10		•						

Worksheet 4 continued

Steering Committee

The steering committee functions as a board of directors with respect to the planning team, which acts like officers of a corporation. Its purpose should include oversight of the planning process by expeditiously resolving policy issues regarding the planned treatment court. A steering committee should provide buy-in for the treatment court concept by the upper echelon of policy makers and stakeholders (e.g., elected prosecutor, presiding judge, chief public defender). In this way, the planning team, which may comprise nonexecutive personnel, will be confident that the head of each participating agency has made treatment court a priority and has delegated to the agency the authority to make decisions necessary to implement the planned treatment court. The committee should have the clear purpose of supporting the treatment court planning effort. It should meet on a regularly scheduled basis and have a procedure for communicating with or exercising supervision over the planning team.

The planning team should discuss the following questions:

Who will serve on the steering committee?
Do proposed steering committee members reflect a representative cross-section of your community? Do any potential members require additional persuasion?
What is the level of commitment among prospective steering committee members?
What possible resources could each prospective steering committee member bring to the family treatment court planning effort and, ultimately, the operation of your family treatment court?

Worksheet 4 continued

5.	Have the goals and tasks of the steering committee been memorialized?
3.	How often will the steering committee meet on its own to provide oversight and direction?
7.	How often will the steering committee meet with the planning team or its representatives?
3.	What will be the relationship between the steering committee and the planning team?
) .	How will steering committee members be informed of the results of the implementation of the family
•	treatment court?

Worksheet 4 continued

Operational Team

The operational team carries out the daily tasks involved in operating the family treatment court. This group can have members in common with the steering committee and the planning team, but it should, at a minimum, consist of representatives of entities that will be involved in the day-to-day operation of the treatment court (e.g., judge, child welfare representative, parent attorney, prosecutor/agency attorney, child representative, planning coordinator, treatment provider, evaluator, child development representative, public health representative). Each member will attend staffing and court sessions, and provide information to the court and other agency representatives to ensure that the program is operating within the policies and practices established, respond to issues of child well-being and safety, monitor participant compliance, ensure systems' accountability, and ensure that appropriate decisions are made and carried out. Operational team members should be committed to the concept underlying family treatment court and be competent in their respective disciplines within the family treatment court environment.

	Who will serve on your operational team?
<u>.</u>	Have you arranged for the operational team to meet with the planning team for cross-training purposes?
	What recommendations could operational team members bring to the family treatment court planning effort

APPENDIX D

Program Survey Spreadsheet

Child Support Problem Solving Court Programs

Location	Program	Presenter	<u>Procedural</u>	<u>Opportunities</u>	Accountability	<u>Funding</u>	Other Notes	
	<u>Name</u>		<u>Highlights</u>					
Baltimore	Family	Lisa	Intake form	Community	Participants	State	Collaboration	
County,	Support	Gabriel	(similar to	College of	are returned to	funding	with partners is	
Maryland	Program		employment	Baltimore	child support	and	critical to being	
		<u>lisa.gabriel</u>	application;	County;	contempt	Federal	able to provide	
		@mdcourt	identify needs)		docket if non-	reimbur	services; need	
		$\underline{\mathbf{s.gov}}$		Full Circle	compliant.	sement	rapport with	
			Case Manager	Auto training			customer to	
			provides	program			ensure buy-in and	
			assistance to	(auto-			trust to engage in	
			active cases to	mechanic			the program.	
			find	training);				
			employment.				60 people in the	
				Workforce			program at	
			Review	Development			present	
			hearings being	in Baltimore				
			held every	County;				
			other week with					
			court.	McVet -				
				tailored				
				services to				
				veterans but				
				can provide				
				services to				
				non-Vets;				
				career				
				placement				

				Conflict resolution				
				skills				
Caroline County,	RISE Program	Glenn Anders	Voluntary referral from an	Funding for Driver's	Incentives – Baltimore	Grant from	Must reside in one of the 5 mid-Shore	
Maryland	8		enforcement	Education	Orioles,	State's	counties	
		glenn.ande	worker; directly	(need	Ravens games;	Fatherh		
		<u>rs@maryla</u>	from customer;	financial	trip to Zoo (all	ood	Monitor	
		$\underline{\text{nd.gov}}$	court-ordered	support)	with children	Progra	participant for	
			referral		to foster	m grant	one year after	
				Certifications	attachment	money	employed to	
			Intake	for	with the child)	(IV-D)	ensure they feel	
			screening.	employment related skills			supported through that initial year.	
			Staffed by non-	related skills			that mitial year.	
			child support	Transporatio			Collaboration	
			staff (can serve	n			with employers	
			as advocate for				and other service	
			the program	Job Coaching			providers	
			participant)	and				
				Development				
			Review	_				
			hearings are	Referrals for				
			held. If	substance				
			compliant, you	abuse and				
			don't have to	mental health				
			show up at the	treatment				
			review hearing.	Referrals to				
				housing				
				assistance				
				assistance				
				GED training				
				referrals;				

				Chesapeake College for employment training				
Jefferson County, Colorado	Child Support Services Problem Solving Court	Katie Smith KSmith@c o.jefferson. co.us	Intake Questionnaire or barrier assessment form (What are your barriers? Are you a Vet? Disabilities?); having an effective and instructive screening tool Staffed by one supervisor and one case manager. Orientation hearing which they have to appear. Review hearings. (Stipulations of Compliance will	Incentives – If paying, don't have to appear in court. One-time assistance for families (work-boots; flagging certificate paid for) through local 501(c)(3)	Tiered sanctions (community service 8 hrs. through county; electronic home monitoring (that is most successful) collaborating with probation offices); jail extremely unlikely. To purge contempt – 12 months of consecutive payments.	State funding and Federal reimbur sement (throug h OCS)	Inspired by Judge Ruth; collaborating with our workforce center; have to prove that it works because of high amount of skepticism in community Workforce Development a critical community collaboration program(TANF reserve money to help program participants) Track postprogram outcomes at 2 months, 6 months, a year and 2 years on child support	
			note they do not have to appear.)				payments after contempt case is dismissed.	

			Exit survey (what improvement? Is what we did helpful?)					
Clay	Parenting	Family	Screening of	Program	Participants	Started	Partner with	
County,	Court	Commissio	candidates	offers:	are dismissed	with no	community	
Missouri	Program	ner Sherrill	(from criminal	-Parenting	from program	funding;	agencies to	
		Roberts	and civil	education	and returned	now	provide services	
			contempt	-	to civil or	receive		
		Sherrill.Ro	caseload) by	Employment	criminal	some	It is important to	
		berts@cou	prosecuting	resources	docket if not	grant	establish a good	
		rts.mo.gov	attorney	- Career	successful	funding	relationship with	
			C	building		from	the defense bar	
			Case manager	courses	For minor	State of	when setting up	
			meets with	- D 1 · 1/M	non-	Missour	the program to get	
			candidates and	Behavioral/M	compliance,	i for	buy-in to the idea that it would	
			explains	ental health services	may have to extend time in	innovat ive	serve their clients'	
			program (need to have	-Substance	the program		interests to	
			enthusiastic	abuse	(i.e. should be	progra ms and	participate;	
			and dedicated	treatment	one year, may	IV-D	engage in	
			staff for the	-Financial	go to 14	agency	education of the	
			program)	literacy	months); may	grant	defense bar	
			program)	education	get community	funding	derense sur	
			If agree to enter	-Mediation	service			
			program, enter	services to	obligation;			
			plea that will be	address	added			
			withdrawn if	modifications	meetings with			
			successfully	and	case manager			
			complete the	custody/visita				
			program	tion issues				

District of	Fathering	Angelisa	Voluntary	Train	Having	Third	Separate and	Be flexible
Columbia	Program	Young,	referrals	participants	milestone	parties	apart from the	and
		Child	through child	on child	celebrations	for	employment	prepared
	ASC	Support	support agency	support, how	(i.e. forming	donatio	program;	for
		Services	based on	to behave in	relationship	ns/servi	collaborate with	change;
		Division,	following	court) other	with child;	ces	community	being
		DC Office	qualifications:	skills	getting a job)		programs that are	customer-
		of the	Active child	(computer			collaborative and	service
		Attorney	support order;	use; resume			supportive of a	centered;
		General	Under- or	writing; co-			wraparound	go
			unemployed;	parenting)			approach, such as	through
		Phone:	live in DC, MD				the Georgetown	different
		202-442-	or VA and case	Staff attend			Pivot Program	iterations.
		9900	involves DC in	court with			(can get a	Once you
			some way; a	NCP and			certificate in	say you're
		202-724-	desire to engage	other			business and	going to
		2183	in the program	personal life			entrepreneurship)	give it,
			(most	events;			starting a	you have
			important)				transportation	to give it;
				Help with			service	Hesitation
			Three	literacy;				by
			workforce	incarceration;				participan
			development	creating				ts
			specialists	resume;				(thought
			(background in	identifying				it was a
			workforce	skill sets (how				sting
			development	can you be				operation)
			and knowledge	marketable?)				; once a
			in wraparound	3.61 D. 1				parent,
			services; mental	Miles Bridge				always a
			health	model				parent.
			substance abuse	(Disney				
			training)	model of				

	g together customer
	tice of service)
	ng child
supp	ort and S.E.E.
being	g a co- (S)ervice
pare	
	child support
	order,
	understand
	co-parent)
	(E)ngage
	(have
	programming
	that makes
	sure they
	have some
	link to
	something
	they want to
	do.
	(E)mpower
	(they fell like
	a better
	human being
	by being
	involved)
	Every Friday
	have a group
	meeting (let
	them know
	they are not
	alone; have
	guest
	speakers like
	Judges/Magis

		trates; mental health; finance; other wraparound services)		