

Kane County Drug Court



Policies and Procedures Manual

FORWARD

The purpose of the following document is to provide a general framework of common principles, policies, and practices for the Kane County Drug Court (KCDC). These standards and policies will:

- Minimize duplication of efforts and ensure greater coordination between the agencies involved in the Kane County Drug Court
- Maximize coordination and sharing of resources
- Strengthen efforts to obtain federal, state and county funding
- Facilitate the development of coordinated long-range planning and financing for the Drug Court

MISSION STATEMENT

The Kane County Drug Court is committed to increasing public safety and enhancing participant and community well-being by supporting the sobriety and law-abiding behavior of its drug and alcohol dependent participants, through a comprehensive and judicially monitored program of supervision, treatment, and rehabilitation services.

Kane County Drug Court: Introduction

The Kane County Drug Court (KCDC) is a twelve to eighteen month adult felony drug court for high-risk, high-need offenders who are dependent or addicted to drugs or alcohol. This court-supervised program has been specifically designed and staffed to offer a comprehensive and judicially monitored program of treatment and rehabilitation services in a structured and supervised “working-world” environment. Participants and the Drug Court Team members work together toward a common goal of breaking the cycle of alcohol and/or drug abuse and associated criminal behavior. For many substance-abusing defendants, this Drug Court Program represents the last avenue open to them to survive outside a detention facility.

Because of the unique problems and opportunities involved in working with drug and alcohol-dependent defendants, intervention and rehabilitation strategies must be clearly defined, research-based, and rigorously adhered to. Drug Court members and participants need to recognize that:

- Substance abusers are most vulnerable to successful intervention when they are in the crisis of initial arrest and incarceration, so intervention must be immediate and up-front.
- Preventing gaps in communication and ensuring offender accountability are of critical importance – court supervision must be coordinated and comprehensive.
- Substance abuse seldom exists in isolation from other serious problems, which undermine rehabilitation, so intervention must include other available services and resources, such as educational assessments and job placement.
- Relapse and intermittent progress are part of the recovery process, so incentives and sanctions must be integral to the Drug Court treatment strategy.

While rehabilitating substance abusing offenders, the Kane County Drug Court aims to protect our community by decreasing drug-related crimes and reducing recidivism through the promotion of positive interactions and effectiveness between the criminal justice system, community treatment agencies, and offenders.

The ultimate goal of the Drug Court Program is to equip its participants with life and coping skills which will assist them to remain drug and alcohol free, and enable them to go on to lead productive, law-abiding, and rewarding lives.

GOALS

The Kane County Drug Court has three major, and seven subsidiary, goals. Our three major goals are to: 1. provide early screening, assessment and court intervention for substance-dependent or addicted defendants; 2. provide effective supervision and promote program progress of the drug court participants; and 3. promote public safety by reducing recidivism rates of drug-dependent offenders.

Seven subsidiary goals have been identified which will contribute to the successful accomplishment of our three main goals, namely: 1. to reduce substance abuse and criminal activity; 2. identify and address the specific strengths and needs of each participant; 3. improve their work performance and attendance; 4. promote a normal level of functioning and structure and guidance in their personal life; 5. provide skills that will aid participants in leading a substance free and crime-free life; 6. introduce an ongoing process of recovery designed to achieve total abstinence from illegal drugs and alcohol abuse; and 7. empower substance abusers to reunite with family members and become productive and responsible members of the community.

Discrimination Policy

No applicant shall be denied services or discriminated against on the basis of sex, race, color, creed, sexual orientation, disability, or age in accordance with Title VI of the Civil Rights Act of 1964, as amended, 42 USC 2000d, Title XI of the Education Amendments of 1972, 20 USC 1681B1686 and x.504 of the Rehabilitation Act of 1973, as amended, 29 USC 794, and the Americans with Disabilities Act of 1990, as amended, 42 USC 12101B12213.

PURPOSE

The purpose of the Kane County Drug Court (KCDC) is to channel non-violent substance-dependent offenders into a comprehensive and coordinated program of rehabilitation services. Instead of handling criminal cases in a strictly punitive manner, the Kane County Drug Court attempts to break the cycle of substance abuse and crime by substituting an effective treatment alternative premised on mandatory attendance and monitored abstinence rather than incarceration. The program relies on the personal involvement of the Drug Court Judge and Team to closely monitor the participation of the defendant throughout the recovery process.

Defendants who participate in the KCDC program are responsible and accountable for their behavior, their performance, and their ultimate success, or lack thereof, in the Program. The Drug Court Team will work collaboratively with them to encourage the defendant's success, along with other social service agencies, health care providers, job training representatives, and adult education institutions.

ORGANIZATION OF THE KANE COUNTY DRUG COURT

The Drug Court Team consists of the Drug Court Judge, the Deputy Kane County Attorney, the Public Defender, a Case Manager, Coordinator, Treatment Specialist, and “Tracker”(Probation Officer). An outside Evaluator has also been hired to assess the efficiency of our Drug Court at six month intervals. Although the ultimate decision-making authority resides with the Judge, the Drug Court Team works in collaboration toward the common goal of rehabilitation of the participants. Case management team staffings are held weekly by the Tracker, Coordinator, Treatment Specialist and Case Manager. The full Team meets every other week to address overall policy and operational issues, and to discuss client cases in depth.

Judge

The Drug Court Judge supervises each participant’s compliance with the program by reviewing progress reports, receiving input from the participants at bi-weekly court sessions, encouraging and advising participants, and imposing sanctions and incentives to encourage compliance.

Deputy County Attorney

The Deputy County Attorney, or his representative, attends all drug court sessions. He ensures that each participant meets eligibility standards, and complies with all treatment court requirements. He reviews cases in a non-adversarial fashion, determines eligible participants, and makes recommendations with regard to incentives and sanctions for positive drug tests and other negative behaviors. He oversees the sanctions for any new criminal offenses, and initiates the filing of new charges, if necessary, against drug court participants.

Defense Counsel

Defense counsel is provided by the Kane County Public Defender participating in a non-adversarial fashion to promote a unified team presence. He evaluates the participant’s legal situation to ensure that his legal rights are protected. He visits with each applicant during the application process in order to advise on legal options, program conditions and sentencing outcomes. He attends all staffing and drug court sessions and is available through all phases of the program to advise participants on Drug Court rules, sanctions, and the consequences and penalties imposed for breaking those rules. Along with other Team members, he makes recommendations with regard to an individual participant’s phase advancement and suggests possible sanctions and incentives as appropriate.

Coordinator

The Drug Court Coordinator, following input from the Team, makes decisions affecting the daily operation of the program. The Coordinator is responsible for the administrative and financial aspects of the program, collaboration and facilitation of all meetings. The Coordinator is responsible for press releases, and is the interagency and interdepartmental liaison for program correspondence, reports, evaluations and referrals of the participants. The Drug Court Coordinator is also responsible for grant writing, and for working with the evaluator to measure performance outcomes.

“Tracker” (Probation Officer)

The Tracker serves as a Probation Officer and monitors the individual participants' compliance with the program requirements and the law. The Tracker, with the Case Manager, is responsible for providing case management services for each participant by scheduling regular meetings with participants and administering random alcohol/drug testing, assessing home situations by random home visits, maintaining case records and preparing reports on each participant, and overseeing and reporting to the Drug Court Team on the progress of each participant through each phase's completion. The Tracker is available to drug test program participants on any day of the week, Monday through Sunday, as necessary.

Treatment Specialist

The treatment provider/specialist participates as a full team member and ensures that each participant receives the highest level of care available. The treatment provider conducts timely screenings and assessments, reports on treatment progress, and provides input on treatment evaluations and plans to other team members as relevant. The treatment specialist prepares Individual Treatment Plans on all participants, and maintains a full case file on each participant which includes screening and assessment results, as well as the bi-weekly written reports prepared by the Tracker and Case Manager. The treatment provider oversees all drug and alcohol education components and group meeting plans, and meets regularly with the program participants and outside providers to ensure a continuity of support.

Case Manager

The Case Manager is responsible for the day- to-day oversight of the participants' progress. The Tracker and Case Manager work closely together to monitor participants and draft written reports which are reviewed bi-weekly with the full Drug Court Team on the progress of individual participants. The manager meets with treatment specialists and other support and education professionals to ensure that each participant is provided with a continuum of care, which may include education, job training, preventive or primary healthcare, family treatment and education, life skills, social skills, corrective thinking and cognitive skills.

Evaluator

In addition to the Team Members, an independent Evaluator will evaluate the Drug Court's performance at regular six-month intervals. She will assess and report on the quality and efficiency of delivery of drug court services, including review of all networked providers, and will assess the Drug Court's education and treatment services to ensure that all services and curricula are being delivered in an effective manner, and that they meet the ongoing needs of the participants.

TEAM TRAINING

Team members are required to complete at least eight (8) hours of Drug Court specific training each calendar year, as well as National Drug Court Institute (NDCI) Training in their area of specialty during their first year of participation on the Drug Team Team. In the event that NDCI Training is not available in a particular year, National Association of Drug Court Professionals (NADCPC) training, or its equivalent, may be substituted. Yearly educational training for drug court members should include but not be limited to: training in addiction and substance abuse treatment, team-building, and diversity.

ELIGIBILITY REQUIREMENTS

Participation in the Drug Court Program is based on the following requirements:

A Kane County resident, 18 years of age or older

Applicant has a history of substance dependence and has been identified as a high risk/high need offender by the RANT assessment tool

Is not working as a confidential informant

Has a criminal history which includes a significant substance abuse-related charge

Has no prior sex offenses

Criminal history does not include a crime which would suggest that the applicant poses a present danger to staff or other participants

REFERRALS

Although most offenders enter the Drug Court as the result of a plea in abeyance agreement reached with regard to a criminal violation, some candidates may be referred for consideration as participants in the Kane County Drug Court program by probation officers, prosecutors, defense attorneys, treatment specialists, and the Court. Initial screening to determine eligibility will be carried out by the County Attorney and Treatment Specialist, according to the eligibility requirements set forth above.

INTAKE SCREENING AND ASSESSMENT

Upon identification as a possible Drug Court candidate, a Substance Abuse Risk and Needs Triage Assessment (RANT) is administered. Upon identification as a "high risk/high need" offender, the possible participant's case is presented at the next full Drug Court Team staffing for acceptance or denial into the Program. If accepted, an Applicant History is prepared, and the participant is added to the next docket for induction into the Drug Court Program. The Drug Court defense counsel meets with each participant at this point to answer questions, review the participant's particular situation, and further explain the drug court process. Immediately following induction, an Orientation is conducted with the participant by the Case Manager to advise the new participant of program attendance dates and to make an immediate referral time for entry drug testing. The participant completes various forms, including the Participant Agreement and Contract, Waiver of Confidentiality Agreement, and the Participant Drug/Alcohol Use form. The applicant receives a copy of the Rules of Supervision, Policy and Procedure Manual and Participant Handbook at this time. Copies of the signed agreements and applicant history will be filed with the Case Manager and Treatment Provider for entry into the relevant data management systems.

Additional therapeutic assessment s (ASI, ASAM, SASSI, etc.) may be completed at this time as determined necessary by the Treatment Specialist. A copy of the completed assessment forms shall be made part of the participant's clinical record.

COMPREHENSIVE ASSESSMENT

Within the first three meetings of a participant with the Treatment Specialist, the Treatment Specialist will have devised an Individual Treatment Plan (ITP) with input from the Participant. In order to do so, the Specialist meets with each participant and conducts a thorough clinical assessment to determine the appropriate level of care for

the participant, including a consideration of the cultural perspectives of the client and the cultural relevance of the process of treatment. The criteria includes but is not limited to: psychosocial indications including physical or sexual abuse, peer or self involvement in serious crimes, marked change in physical health, HIV high-risk activities, indicators of serious psychological problems, as well as the instruments and protocols set forth in the DSAMH Substance Abuse Treatment Practice Guidelines (revised 2/26/2009).

Assessment of the client focuses on the severity of a participant's substance use problem in depth, and also covers the participant's home life, criminal history, medical status, physical/sexual abuse history, education status, in-depth psychiatric status, environmental risks and strengths, sexual behaviors, developmental status, leisure and recreation and family dynamics. The Diagnostic and Statistical Manual (current edition) is used when conducting comprehensive assessment of addiction severity. Additional diagnostic tools may be used at the discretion of the Treatment Specialist. To be accepted into the KCDC as a "high risk/high need" participant, most individuals are expected to meet a level II.1 Intensive Outpatient Treatment criteria or a higher level of care. Documentation of a participant's "high risk/high need" status shall be placed in his clinical record. If in-patient "detox" services are required, admission to the KCDC Program shall occur after participant has completed such treatment. Any participant receiving medically- assisted treatment for drug abuse may participate in the Kane County Drug Court program while said treatment is ongoing, as long as: 1. such medically-assisted treatment has been prescribed and is being administered by a reputable provider who has confirmed that such on-going treatment is medically necessary; and 2. the level of prescribed medication (and its potential abuse) can be tested for by existing Drug Court procedures.

Within one week of completed assessment, the Treatment Specialist reports to the Team regarding her findings and the initial recommendations of the Individual Treatment Plan which have been arrived at in collaboration with the participant. The Treatment Specialist also prepares a written assessment report stating the history, diagnosis, and clinical justification for the participant's admission eligibility, including at a minimum, withdrawal potential, biomedical conditions and complications, emotional and behavioral conditions and complications, readiness for change indicators, relapse and/or continued use potential, current recovery environment and potential of risk to self and others.

INDIVIDUAL TREATMENT PLAN

Based on the information provided by the screening and assessment of the participant, the Treatment Specialist will develop a comprehensive, coordinated, strength-based individualized plan of treatment and rehabilitation services for each

participant. Assistance will be provided to assist the client in accessing other appropriate groups and resources within the community. If a biomedical condition or complications are indicated by the assessment, the Specialist shall arrange for a physical health assessment conducted by an appropriately licensed professional. A participant using addiction treatment medications under the supervision of a medical professional shall still be eligible for participation in the KCDC program, as long as the medications prescribed are used according to the medication assisted treatment (MAT) plan and in the prescribed manner.

The Treatment Plan will be implemented in collaboration with the Drug Court Team and participant, and will address employment performance, peer relationships, and self-efficacy issues for each participant. Within a context of support and skill-building, the plan places developmentally appropriate demands on the client for responsible behavior. Identified problems will be explicitly targeted for change. A crucial aspect of this approach is its emphasis on promoting behavior change in the participant's natural environment. The Treatment Plan is to be reviewed every sixty (60) days and revisions made according to ongoing objectives being identified and achieved.

Specific interventions for the participant identified by the assessment may include the need for building coping skills or decision-making skills or correcting "criminal-thinking" errors. Cognitive-behavioral therapy may be indicated geared to the participant's emotional, psychological and developmental stage. Treatment may need to address anger management, violence prevention, gender and victimization issues, and values. Group counseling, individual and family counseling, relapse prevention, and peer-support programs (such as NA/AA, or other 12-step programs) may also be used to augment the treatment groups.

Each Treatment Plan specifies the outcomes in the participant's behavior that are expected during and after the course of treatment. These outcomes are designed to be specific and measurable, so that the participant's rate of progress can be assessed. A description of the methods and activities to achieve these goals (and their frequency) are included in the plan. Once formulated, the Treatment Plan is signed by the Treatment Specialist, the Drug Court participant, and as needed, other members of the Team.

Relevant treatment information is shared on occasion with the full Drug Court Team. The participants must complete a KCDC Waiver of Confidentiality form to allow the Treatment Specialist to discuss the participant's drug history and progress in treatment, and to provide the Coordinator and Case Manager with access to required data for program evaluation purposes. In addition, the treatment provider may collect TEDS data on each participant and such data (minus any individual's identifying

information) may be submitted to the DHS/DSAMH Research Consultant for research purposes and program review.

CONFIDENTIALITY

The Team will maintain confidences and any information gathered during the course of Drug Court will be respected and kept confidential within the Drug Court Team except where disclosure is required by law.

The Waiver of Confidentiality form signed by the participants will remain in effect and cannot be revoked until there has been a formal and effective termination of the participant's involvement with the Kane County Drug Court, either by graduation from the program, discontinuation of court supervision, dismissal of charges, or termination from the Program.

DRUG COURT SCHEDULE

The Drug Court schedule will vary for individual participants depending on their progress through the Drug Court phases. However, all phases involve weekly meetings by the participant with members of the Drug Court Team and support professionals to ensure the participant's continued sobriety and regular treatment attendance. Additionally, participants meet several times a week with the treatment specialist and facilitators of other treatment groups, such as AA/NA, and cognitive behavioral therapy.

Drug Court participants also meet bi-weekly with the Judge and full Drug Court Team at court sessions to review the participants' progress through the Phases. At a participant's initial induction (Orientation) into the Drug Court, the consequences for program compliance and non-compliance are reviewed with the participant and clearly explained by the Public Defender and Case Manager, so that clear expectations are established from the beginning.

PROGRAM PHASES

The Kane County Drug Court uses four (4) phases which participants must complete in order to graduate from the program. Advancement from each phase for each participant is the determination of the Drug Court Judge based on recommendations of the Drug Court Team members. Participants may have to go back and re-complete an earlier step or phase if they significantly relapse in their program and are ordered to do so by the Judge.

Advancement through drug court treatment is determined by each individual's Individual Treatment Plan. This plan determines the makeup and exact number of individual treatment and group sessions which a participant must attend. However, advancement through the program phases is also predicated on an individual's

successful completion of all program requirements, including progress with his educational and vocational goals.

The overall design components of the Drug Court phases are generally defined below. Participants may be required to attend additional hours according to the specifics of their Individual Treatment Plan, which can be reviewed for modification with the Treatment Provider at regular intervals. The minimum requirements of each phase, and the minimum requirements for Phase Advancement, can be generally summarized as follows:

Phase I (13 weeks minimum):

Orientation, assessment and development of Individual Treatment Plan (ITP) during first two weeks

Up to 3 hours of individual counseling per week, according to ITP

4 to 6 hours of SWBH group per week, according to ITP

1 ½ to 2 hours of MRT group per week, as directed

At least 3 hours of NA/AA, Twelve Step, or other peer support program per week – select Sponsor

At least 1 Pro-social activity per week

Random urinalysis at least 3 times per week

Visit with Tracker (at least 3 times per week) – may include random home visits – No out-of-state travel for first 90 days

30 productive hours each week

Develop employment goals

To Advance to next Phase, a participant must have: 30 consecutive days of clean time; no unexcused absences for 30 consecutive days; completion of all ITP goals and assignments; substantial contribution towards payment of fines, fees and restitution.

Phase II (13 weeks minimum):

Develop personal financial budget

Individual or Family Counseling (according to ITP)

1 ½ -2 hours of MRT each week until completion of MRT

SWBH or other cognitive behavior group according to ITP

At least 3 hours NA/AA or other peer support groups per week

2 Pro-social activities per week

Random UA's at least 3 times per week

Visit with Tracker (2 times per week) – may include random home visits

Develop long term financial and employment goals

Productive hours - 40 hours per week or equivalent mix of work and community service

To advance to next phase, a participant must also have: 60 consecutive days of clean time; no unexcused absences for 60 consecutive days; completion of all ITP goals and assignments; significant contribution towards payment of fines, fees, and restitution.

Phase III (13 weeks minimum):

Individual Counseling and/or SWBH Group per week, according to ITP

At least 2 hours of NA/AA, twelve step recovery, or other peer support group per week

At least 3 pro-social activities per week

Random UA's 3 times per week

Visit with Tracker at least 1 time per week – may include random home visit

Productive hours - 40 hours per week of fulltime job or equivalent mix of work and community service

Develop continuing care plan

To advance to next phase, a participant must also have: 90 consecutive days of clean time; no unexcused absences for 90 consecutive days; completion of ITP goals and assignments; significant contribution towards payment of fines, fees and restitution.

Phase IV (Continuing Care):

Individual and/or group counseling, according to ITP plan

At least 2 hours of NA/AA, twelve-step recovery, or other peer support group per week

At least 3 pro-social activities per week

Random UA 's at discretion of Tracker and Treatment Provider

Visit with Tracker at least once every other week – may include random home visits

40 productive hours -- fulltime job or equivalent mix of work and community service)

GRADUATION

In order to graduate from the Drug Court Program, a participant must have 120 consecutive days of clean time; complete all treatment plan goals and assignments; be current on fees and court imposed sanctions, unless undue hardship is demonstrated; develop, commit to and sign a continuing care plan; be employed full-time or otherwise fulfill 40 hour per week of productivity goals; and have completed all components of the educational component of the program, including cognitive/behavioral groups.

ALUMNI GROUP AND AFTERCARE

The Treatment Specialist will offer aftercare free for one year to all graduates of the Treatment Court Program. Participants are encouraged to include formal aftercare sessions with the therapist in their Continuing Care Plan, and to consider volunteering to provide mentoring to participants still in the program.

STAFFING AND STATUS HEARINGS

Members of the Drug Court Team hold regular weekly staffing meetings to assess each participant's progress, both positive and negative, before Drug Court sessions are conducted with the Judge. At the bi-weekly court sessions with the participants, the Judge reviews each participant's progress and status with regard to Phase advancement, and imposes any relevant sanctions and incentives. Feedback from all Drug Court team members and from the participant and his family members are welcomed at this time.

Unexcused failure of a participant to appear at a mandated Drug Court session will result in the immediate issuance of a bench warrant, with a participant being held in custody until the next regularly scheduled hearing or until released by the Judge.

CASE MANAGEMENT

The Kane County Drug Court Case Manager is responsible for coordinating non-therapeutic services for each participant. The Case Manager is responsible for keeping a complete file for each participant, including the court documents referring the participant to Drug Court, the originals of the Applicant History, all signed waivers and signed Rules of Supervision, and the Participant Agreement forms. The Coordinator provides a copy of the Applicant History on each participant to the Case Manager upon entry to the Program. The treatment specialist will provide the Case Manager with details of each participant's Individual Treatment Plan, as necessary. The Case Manager then augments the treatment plan with a Service Plan for each participant. The Service Plan is a coordinated, collaborative effort to provide linkages with other service providers in an effort to assist the participant and/or family with their needs. Copies of Individual Treatment Plans are only kept in treatment files; not in the Courts or Case Manager's records.

The Case Manager assesses the status of the participant's housing, health and nutrition, employment, education, transportation, support system and personal strengths. Using this information, a Service Plan is developed which lists reasonable goals for the participant and prioritizes them. Service Plans include:

- Planning for intervention services and the fulfillment of criminal justice obligations
- Facilitating the provision of treatment and other services and assuring continuity by working out scheduling conflicts with the participant and the providers
- Monitoring and reporting on progress of the participant
- Connecting the participant with legal, educational, social service, and medical treatment services, and reviewing participant's use and need for these services regularly
- Providing any additional reasonable support in an empowering, not enabling, fashion

Additionally, the Case Manager is responsible for 1. keeping up-to-date computer data entries on the details of each participant's Phase level and progress, including their fee and restitution payments, and 2. providing such data input to the Coordinator and the Evaluator as needed.

OUTCOME AND PERFORMANCE MEASURES

To track the three major goals of the KCDC program, a Specific Goals and Outcome Measures template will be followed. The three goals are: 1. Provide early screening, assessment and court intervention for “high risk/high need” offenders; 2. Provide effective supervision and promote program progress of the participants; 3. Promote public safety by reducing recidivism rates of our target population. This template will be used to gather data and help gauge the effectiveness of the KCDC. As further goals are refined and identified, they may be added to this template.

Seven subsidiary goals have been additionally identified consistent with the National Association of Drug Court Professional (NADCP) “Key Components” and “Evidence-Based Design Features” of successful drug courts. These subsidiary goals are to: 1. reduce substance abuse and criminal activity; 2. identify and address the specific strengths and needs of each participant; 3. improve their work performance and attendance; 4. promote a normal level of functioning and structure and guidance in their personal life; 5. provide skills that will aid participants in leading a substance free and crime-free life; 6. introduce an ongoing process of recovery designed to achieve total abstinence from illegal drugs and alcohol abuse; and 7. empower substance abusers to reunite with family members and become productive and responsible members of the community.

Specific performance measures for these subsidiary goals are measured by simple performance measures assessed by comparing the Treatment Court participant data against that of similar offenders on supervised probation who are not participating in the program, i.e. by assessing: 1. The percentage of participants who reduce their substance use in the program; 2. the percentage of participants who reoffend; 3. the percentage who graduate successfully; 4. the percentage who fail to graduate; 5. the number who reoffend after six months, and 6. the number who reoffend after one year.

For internal program review, program statistics also track: 7. the number of positive UA’s for each participant at each phase level; 8. the total number of sanctions and incentives imposed on all participants at each Phase level, and 9. the highest completion level of each participant in their education/cognitive behavioral workbooks for each Phase of the program.

Both the Case Manager and the Tracker (Probation Officer) track data by computer entry records to establish the progress or lack thereof of the participants in their advancement through the Phases. A program Evaluator then evaluates the computer data (minus identifying characteristics) at six, twelve and eighteen month intervals against the ten stated KCDC Goals outlined above. The Evaluator also evaluates the success of the networked services and education activities built into the

program to assess whether or not they have achieved their objectives and resulted in valuable lifestyle changes by the participants.

Identified goals and outcomes for both individuals and the KCDC Program as a whole may change based on the Drug Court Team and Evaluator's review and assessments.

PROGRAM FEES

Recognizing that most Program participants will not be earning a significant income and that the Drug Court requirements sometimes impose specific continuing expenditures on the participant, the Kane County Drug Court makes every effort to subsidize the costs of Drug Court treatment and supervision as much as possible.

However, all non-indigent Kane County Drug Court participants are required to pay a Drug Court fee of at least \$20.00 per week, unless this fee is waived by the Judge. Depending upon a participant's ability to pay, a sliding fee scale is generally assessed ranging from \$20.00 to \$35.00 per week. Copies of the Drug Court's sliding fee scale and fee waiver policy are provided to all participants. The charges related to the underlying offense(s) of the participant will not be dismissed until all assessed drug court fees are either waived or have been paid in full.

Additionally, a participant must pay any restitution ordered by the Court according to a payment plan administered by his Case Manager. Restitution payments cannot be waived and must be paid in full prior to a participant's graduation from the Program.

PROGRESS REPORTS

The Case Manager and Tracker are jointly responsible for preparing written progress reports as necessary and giving verbal updates on each participant to the Court and all members of the Team at the staffings and Court sessions. These reports address all aspects of the program including urinalysis results, compliance with treatment plans, work and/or school participation, attitudes and behavior, and sobriety date.

The written by-weekly progress reports will identify both negative and positive accomplishments of the participant. All compliance with program requirements will be emphasized and rewarded. The Team will develop review comments which make a conscious effort to provide encouragement as well as chastisement, understanding that in some weeks, the hunt for a compliment may be difficult and may require an "innovative" attitude. After review by the Court, the written bi-weekly progress reports on the participants are kept by the Case Manager for data entry in the case management system.

DRUG AND ALCOHOL TESTING/URINALYSIS

Drug testing is central to monitoring a participant's compliance. The Drug Court Judge, as a sanction, may increase the frequency of testing. The Drug Court Tracker is responsible for administering the drug tests and has the discretion to test at anytime, or when there is a suspicion of use. The treatment specialist may also send a participant for immediate testing either randomly, or upon suspicion of use. All drug court testing shall comply with the drug testing guidelines found in the DHS/DSAMH Substance Abuse Treatment Practice Guidelines (revised February 26, 2009), Section IV, "Treatment Process", p.21-22.

The Kane County Drug Court adheres to the following policies regarding urine collection and testing for alcohol and other drugs:

- The scope of testing must be sufficiently broad to detect participant's "drug of choice", other potential drugs of abuse, and alcohol
- The Tracker shall use the Kane County Correctional Facility premises for drug testing, and shall follow that facility's established written procedures with regard to all aspects of urine collection, storage, analysis and result reporting
- Procedures will include the ability to verify test accuracy when test results are contested
- Participants are required to remove coats, jackets, vests, gloves, and to roll up pant legs and turn out pockets prior to the collection of their urine sample
- All urine sample collections must be directly witnessed by observing the genitals of the participant while the urine is being collected
- The Tracker must follow the documented chain of custody for each sample collected, including having the participant sign a chain of custody form for each test submitted
- The Drug Court Judge is to be notified immediately when a participant has tested positive
- Unexcused missed tests and evidence of sample adulteration will be treated the same as a positive result

Positive on-site tests will be initially double-checked in house and then confirmed by written admission of the participant. If the participant denies use, he/she may request in writing a confirmation test by an outside agency, and the sample will be sent for reconfirmation to an outside lab. However, if positive, the cost for the outside testing will be charged to the participant, and he may be sanctioned for dishonesty.

On-site testing will screen, at a minimum, for alcohol, cannabinoids, amphetamines, opiates, cocaine and adulteration. Levels of drugs present are

measured and reported. Adulteration is detected through measuring the creatinine, PH, and oxidant levels, as well as the temperature of the sample when taken.

GRADUATED INCENTIVES AND SANCTIONS

Relapse and intermittent progress are part of any drug rehabilitation program. However, a relapse by a participant is a violation of the participant's contract with the Kane County Drug Court. Therefore, a participant can expect immediate and direct consequences for a relapse, or for other conduct that violates his or her agreement with the KCDC. Sanctions may be applied at the participant's next scheduled Court session, or sooner, at the Drug Court Judge's discretion.

Progressive, graduated sanctions and incentives are used in response to program failures and successes. If a less serious sanction is imposed and fails to correct a problem, more serious sanctions, or a longer duration of a sanction, may be applied incrementally to move the participant steadily toward completion of the program.

Sanctions imposed by the Drug Court range in seriousness according to a graduated scale from: 1. Verbal warning or admonishment; to: 2. Apology to Group; 3. An essay writing assignment (what were triggers, how to avoid); 4. Increased Urine Testing; 5. Increased Supervision; 6. Repetition or extension of program phase; 7. Community work assignments; 8. Curfew; 9. House Arrest; 10. Weekend or longer in Jail; to the most serious and final sanction, 11. Dismissal from the Drug Court Program.

Upon occasion, the Drug Court Judge may give a participant an option with regard to the sanction imposed, such as choosing between community service hours or buying a gift certificate to add to the incentive vouchers.

Incentives for progress in the program include: 1. Recognition by the Judge; 2. Verbal praise/standing ovation; 3. Pizza vouchers; 4. Decrease in urine testing; 5. Grocery store vouchers; 6. Certificates of completion; 7. Video rental coupons/movie passes; 8. Restaurant gift certificates; 9. Earn tickets for Raffle drawing; 10. Picnics/parties; 11. Key tags/dog tags/silicone bracelets; 12. Home improvement voucher; 13. Credit for drug court fees; 14. Gym passes; and 15. Upon program completion - dismissal or reduction of charges.

The Team will make recommendations to the Judge with regard to the sanction or incentive to be imposed in any particular instance; however, the final decision rests with the Judge. A grid of sanctions for particular conduct violations will be developed during the first year of drug court to ensure predictability and impartiality for the participants, recognizing that the degree of sanction imposed may vary according to the Phase completion level of the participant.

The Drug Court has identified various levels of violation which will result in either minor or major consequences.

Minor violations include: positive UA test; fail to update change of address, phone, and work numbers; fail to report police contact within 12 hours; admission of use of alcohol or controlled substances; failure to complete community service; occasional tardiness to meetings; late curfew call-in; argument or insubordination in group; or any other violation deemed non-compliant by Tracker and treatment staff.

Major violations include: Unexcused absences from treatment or education or drug court sessions; travel out of County without prior permission; lying to Team personnel or Judge; disruptive or threatening behavior after a request to desist; association with known felons; failure to report for UA testing; violation of Drug Court “no-contact” order; repeated or persistent drug or alcohol use; any other violation deemed deliberately non-compliant by Judge or Tracker.

All Drug Court participants are expected to follow and abide by all state laws and municipal ordinances, and to self-report any violations of law, or law-enforcement contacts, to their Tracker and the Judge within 12 hours of occurrence.

TERMINATION

Termination from the Program is only used in extreme cases where all other alternatives have failed. Prior to termination, sanctions are imposed by the Drug Court Judge on a graduated scale with input from the Drug Court Team. If sanctions are ineffective and the participant continues to regularly violate the KCDC contract and rules, any Team Member may recommend that the participant be terminated from the KCDC program. The Drug Court Team and Judge will then discuss and vote on whether or not to retain the participant in the program, with the Drug Court Judge making the final determination regarding his termination.

NEW CHARGES

A new arrest, while serious, does not automatically terminate a participant from the KCDC Program. A drug-related arrest will be handled within the Drug Court process. Any other new arrest will be handled on a case-by-case basis, with the Deputy County Attorney deciding on whether or not to press new charges.

UPDATE OF POLICY AND PROCEDURE MANUAL

The Kane County Drug Court recognizes that the policies and procedures of all drug courts vary, depending upon the particulars of the localities they serve and the support services available. The KCDC policies and procedures outlined herein may change at any time as a result of new legislation, state reporting requirements, updated research, changing political realities, and evolving practices. This Manual will be reviewed annually for variations in practice as well as to incorporate policy changes from the previous year. Any changes made will be guided by, and made in accordance with, the Ten Key Components of Successful Drug Courts and the seven researched-based “Best Practice” Program Design Features. These principles are considered central to the successful implementation and practice of the Kane County Drug Court, and are therefore outlined in full below.

All Drug Court Team members are encouraged to review these guidelines and to regularly assess the strengths and weaknesses of their delivery of KCDC services based on these principles.

TEN “KEY” COMPONENTS OF A SUCCESSFUL DRUG COURT

The ten components are as follows:

1. Drug Courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant’s due process rights.
3. Eligible participants are identified early and promptly placed in the Drug Court program.
4. Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs Drug Court responses to participants’ compliance.
7. Ongoing judicial interaction with each Drug Court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.
10. Forging partnerships among other Treatment Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.

SEVEN “BEST PRACTICE” PROGRAM DESIGN FEATURES

I. Screening and Assessment:

- a. Screen promptly and systematically for all offenders potentially eligible, identify agency who will conduct screening, detail procedures that will be used for screening
- b. Assess eligible offenders to determine their risk for relapse and recidivism, as well as nature of treatment and other rehab needs
- c. For assessment tools, use only instruments that have been validated for the targeted population and updated periodically
- d. Treatment and other service assessments should be reviewed and adjusted to gauge offender needs that may change over time

REMEMBER THE “BIG EIGHT” Risk/Need Factors

- History of CRIMINAL BEHAVIOR
- Antisocial personality/temperament
- Criminal thinking (pro-criminal attitudes, values, beliefs)
- Antisocial peers
- Family or marital problems
- School or work problems
- Lack of pro-social leisure/recreational activities
- SUBSTANCE USE

II. Target Population: Principles –

1. Prioritize program resources for high risk/high need offenders
2. Target offenders who are subject to legal sanctions that provide greater leverage in program compliance (more legal exposure-ax hanging over head is large and sharp)
3. Target population must not include confidential informants or offenders with significant co-occurring mental health needs

III. Procedural and Distributive Justice: Principles –

1. Establish and clearly communicate a system of graduated sanctions and incentives delivered with certainty in response to offender behavior
2. Information from the Offender as well as drug court team should be considered in determining noncompliance and the appropriate response
3. Specific program responses should be understandable, meaningful and delivered in a manner that can be perceived as fair and equitable

For Offender – make sure there is:

- Opportunity to speak
- He/she is treated with dignity and respect
- Decision making is unbiased and trustworthy
- He/she comprehends court language, decisions, responsibilities – remember that substance abuse significantly limits an offender’s ability to process information
- Helpfulness – Team shows interest in his/her individual needs

IV. Judicial Interaction: Principles –

1. Judges should interact directly and regularly with drug court participants during drug court hearings, which should be as frequent as the participant requires
2. The judge will maintain authority by demonstrating support for the program and knowledge of individual offenders
3. Communication between judge and participants should be based on respect
4. Judges must maintain an understanding of program resources available to assess and respond to participant behavior

Judge should:

- Be respectful, fair, attentive, enthusiastic, consistent, caring and knowledgeable
- Spend at least 3+ minutes in interaction with participant per hearing, regardless of participant compliance
- Address sense of hopelessness that many participants have
- Recognize small achievements
- Educate offenders by example

V. Monitoring: Principles –

1. Manage compliance with community-based surveillance and supervision using FREQUENT random drug testing and frequent updates of information on participants between Case Manager, Treatment Provider and Tracker
2. Disseminate results efficiently to the full drug court team
3. Immediately respond to noncompliance with mandated program sanctions in proportion to violation
4. Train probation officers in cognitive/behavioral therapies
5. High risk participants benefit most from frequent judicial status hearings and frequent drug testing and had better outcomes
6. Utilize community corrections as well as conventional sanctions (increased home visits, curfews, travel restrictions, community service, etc., vs. imposing jail time)
7. Test for alcohol and variety of drug types, not just “drug of choice”

8. Develop random testing schedule to ensure that ANY alcohol or drug use is detected
9. Train testing staff on proper protocol and FOLLOW it (observation, chain of custody, confirmation)
10. Track drug testing results by result, date and time, including “no-show” and “no sample”
11. Use results to adjust services and supervision requirements as appropriate

VI. Treatment and Other Services: Principles –

1. Maintain program resources that address specific drug court participant needs identified over time
2. Accommodate the range of treatment and other rehabilitation services needed
3. Perform ongoing review beyond initial referral to confirm that all networked providers are appropriately delivering ongoing assessment and services
4. Apply RISK-NEED-RESPONSIVITY (RNR) principles to produce greater recidivism
5. Offer cognitive behavioral therapies through trained facilitators to address “criminal thinking” patterns. Studies have shown recidivism reduction for high risk offenders were reduced from 40% to 25% based on this factor alone.

Components of ‘criminal thinking’ include:

- Negative views of the law and authority
 - Distorted perceptions of victimization and disadvantage
 - External locus of control
 - Lack of empathy and sensitivity to others
 - Neutralization techniques
 - Blaming the victim
 - Minimization of harm.
6. Gauge trauma among male and female offenders and identify appropriate service resources
 7. Confirm that any necessary medication (and sober housing) is being utilized
 8. Assure that evidence-based curricula are manualized and being delivered in a standard and effective manner via written lesson plans
 9. Assure that services are evidence-based*, specific to diagnosis and validated for population served
 10. Refer and re-evaluate participants as necessary for entry into associated programs, such as Work force services, 12 Step programs (AA,NA), Job Corps, Vocational Rehab, Family Learning Center, life skills and parenting classes, Rational Emotive Therapy, etc.

* “evidence-based” means integrating the best available research findings, practitioner expertise, and other resources with the needs, values and preferences of those affected

VII. Relapse Prevention, Aftercare and Community Integration: Principles -

1. Case Manager, Tracker, and Treatment Provider – Identify triggers to prevent relapse during and after program and provide support and timely remedial measures
2. Begin planning at the first program phase
3. Implement culturally sensitive planning
4. Support relapse prevention, community integration, and aftercare services, which may include Relapse Prevention Therapy, a cognitive behavioral therapy focusing on individual relapse process and coping strategies
5. Provide social reintegration services to reduce offender stigma with support from family, community, employment and service providers
6. Teach relapse prevention skills to avoid behavior that threaten sobriety or would sabotage graduation

ADVISORY STEERING COMMITTEE

From time to time, the KCDC Team may invite various community members to provide general oversight and advice to the KCDC with the goal of building well-informed public and private partnerships. These partnerships are intended to develop and support KCDC's objective of reducing crime and improving Kane County's way of life by addressing addiction issues that lead to criminality. The members of the Advisory Committee may be asked to assess the effectiveness of the Kane County Drug Court, to offer suggestions as to how the program might better meet the community's needs, and to facilitate better and broader community awareness of the purposes and progress of the Kane County Drug Court.

CURRENT KCDC FORMS

Applicant History

Participant Handbook (2012)

Policies and Procedure Manual (2013)

Participant Performance Contract

Entry and Program Protocol

Travel Request

UA Call-In System Procedure

Urine and Breath Testing Procedures

Kane County Drug Court Fee Agreement

Kane County Drug Court Application

Kane County Drug Court: Status Report

Positive Drug Test or Admission Statement

Attendance Card

SWBH – Consent/Authorization for Release of Confidential Information