

State of New Hampshire

Rockingham County Superior Court

Adult Drug Court

Policies and Procedures Manual

December 2010

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Introduction

The Rockingham County Superior Court Adult Drug Court began to take shape following the success of the implementation of a mental health docket in the Portsmouth District Court. After meeting for over a year, several stakeholders within the county recognized the value of a model that was built on evidence-based practices and that had demonstrated tangible results. Current research clearly points to a different approach in dealing with individuals with addictive behaviors. Rather than long periods of incarceration, successful programs focus on proven methods of treatment and supervision. Costs within the correctional agencies, both state and county, were increasing at a rate that indicated rising expenditures in the future. National research has also shown a decrease in costs when an offender is treated in an appropriate program.

A team of seven people representing various disciplines applied for and received a grant from the Bureau of Justice Assistance and the National Drug Court Institute to attend the 5 day National Drug Court Planning Initiative. The team worked to create the basic policies and procedures for an adult drug treatment court to become operational in Rockingham County. The program design is based on models from throughout the country as well as models from within New Hampshire that have been operating successfully.

Advisory Committee

An Advisory Committee was established to provide connections and liaisons with the community. This group will serve to support the efforts of the drug court team on an ongoing basis. The committee will seek to create, educate and encourage support from the business, academic and social community. It is anticipated that they will meet quarterly.

The members of the Advisory Committee include:

All members of the planning team.

Maureen Barrows,
Rockingham County Commissioner

Jay Couture, Executive Director
Seacoast Mental Health Center

Joe Diament, Director
Community Corrections, Department of Corrections

Robert P. Eckstein, Justice Studies Program
University of New Hampshire

Hon. Sawako Garnder
Portsmouth District Court

Pamela Kelly, Board of Directors
Friends of Recovery

James Reams, County Attorney
Rockingham County

Steve Church, Superintendent
Rockingham County House of Corrections

Planning and Operations Team

Judge Tina Nadeau
NH Superior Court

Tom Reid, Esq.
Rockingham County Attorney's Office

Deanna Campbell, Esq.
Public Defender's Office

Christine McKenna, PPO
NH Department of Corrections, Probation and Parole

Capt. Corey MacDonald
Portsmouth Police Department

Debra Braun L.A.D A.C
Seacoast Mental Health Center

Joan Bishop, Coordinator
NH Supreme Court

In addition, it is anticipated that a fully funded treatment team will include the following:

Drug Treatment Court Coordinator
2 Drug Court Case Managers
Treatment personnel as needed
Project Evaluation
Clerical Staffing

Mission Statement

The mission of the Rockingham County Superior Court Drug Court (RCDC) is to enhance public safety by providing a judicially supervised, community based, comprehensive treatment program to substance abusing offenders designed to return sober, law-abiding citizens to the community and thereby reducing recidivism in a fiscally responsible manner.

Goals and Objectives

GOAL 1. TO REDUCE DRUG ABUSE IN THE COMMUNITY AND PROVIDE APPROPRIATE TREATMENT TO MEET THE NEEDS OF THE TARGET POPULATION

Objective 1. Assess participant addiction and treatment needs using clinically accepted assessment tool

Objective 2. Refer participants to appropriate and individualized treatment services through specific treatment plans

Objective 3. Continual monitoring and assessment of effectiveness of treatment

Evaluation measures:

Number of offenders referred to drug court

Number of offenders engaged in qualified treatment

Number of days offenders spend in treatment

Graduation of at least 60% of offenders originally referred to program by the end of the first year.

GOAL 2. TO REDUCE RECIDIVISM, THEREBY SAVING TAX DOLLARS AND ENHANCE PUBLIC SAFETY

Objective 1. Reduce the number of new arrests and charges filed for drug court participants.

Evaluation measures:

Number of arrests and charges filed for the offender in previous years and while in drug court

Number of jail bed days for the offender referred to drug court in previous years and while in drug court

Cost of treatment services vs. cost of incarceration per participant per year

GOAL 3 ENSURE TIMELY ENTRY INTO TREATMENT

Objective 1. Refer and accept client to treatment within 45 days of assignment of counsel

Evaluation Measure:

Track number of days from assignment of counsel in Superior Court to entry into treatment

Structure/Model

The RCDC is based on a post-adjudication model. It is expected that the client will plead guilty to the offense and sign an appropriate waiver and acknowledgement of understanding of all the consequences and sanctions involved in the program. For each client an individual treatment plan will be developed unique to the needs of that client, to be completed in three phases over the approximately 18 month term in the program. Each client will be required to participate in all phases of treatment and will be held accountable to standardized expectations for each phase. Failure to comply with the individual components of the treatment plan will result in the imposition of sanctions to be determined by the court at review hearings.

In Phase I, the team and the clients will meet with the Judge on a weekly basis to review each client's progress based on input from team members. The team will meet with the Judge prior to every court session to review cases of all clients who are scheduled to appear for Phase I, II or III. For Phases II and III, the frequency of each client's appearances before the court will be determined on an individual basis, but not less frequently than one appearance per month.

The RCDC has developed partnership agreements with treatment providers in Rockingham County so the treatment needs set forth in the individual treatment plans will be met. Defendants will be required to pay for their treatment, according to each individual's financial ability. The RCDC will aggressively pursue grant funding for drug treatment for participants, particularly those defendants who lack the ability to contribute to the cost of their treatment, even on a sliding scale. The sliding scale fee is as follows:

Income:	Cost per week
\$0 - \$15,000	\$10
\$15,000 - \$29,000	\$20
\$29,000 +	\$30

It is not anticipated that defendants in the program will participate in long-term residential drug treatment, although individuals whose drug treatment requires long-term residential care may well enter the program following such residential treatment.

Drug court cases will be specifically identified and will be assigned to the drug court Judge. Drug court cases will be heard at the same time each week and participants are expected to attend each week unless excused.

Upon successful completion of all phases, the client will graduate from the program even though it is likely he/she may have an additional term of standard probation to fulfill. This will allow for continued care although on a much less intense basis.

Target Population

The target population of the program shall be individuals who are diagnosed substance-abuse dependant that have committed non-violent drug and drug-related property crimes and/or substance abuse-related violations of probation. Program participants must also be residents of Rockingham County with the cognitive/physical ability to participate in the program

Potential participants with serious medical conditions outside the resources of the program or mental health issues that are not stabilized shall not be eligible.

Eligibility/Disqualification Criteria

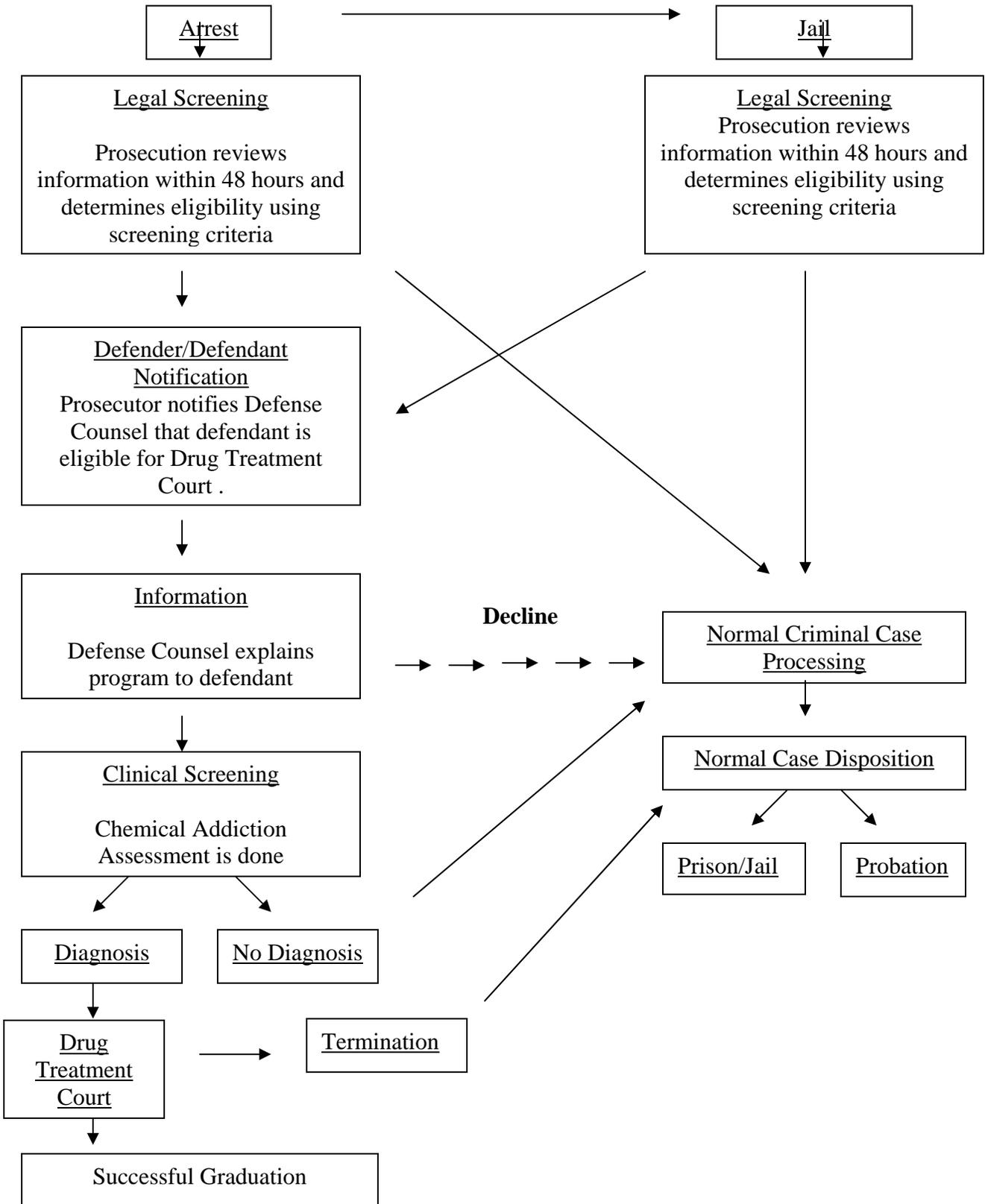
Qualifiers:

Rockingham County residents
Diagnosed as substance abuse-dependent
Available transportation
Cognitive/physical ability to participate in program
Dual diagnosis, with stabilization
Non-violent crimes
Felonies (including any related misdemeanors)
Drug & drug-related property crimes
Substance abuse-related VOPS

Disqualifiers:

Convicted violent offenders
Non-residents
Serious medical issues outside of the resources of the program
Dual diagnosis, without medical management
Aggravated DWIs, with 3rd party injury
Drug profiteers

Entry Process Design



Referrals into the RCDC may come from any member of the criminal justice system. Referrals can be made by the county attorney, the public defender, the superior court or district court judges, private defense counsel, house of corrections, the arresting agency, or district court (local) prosecutors. Once a referral has been made the following steps will be followed:

- Step 1:** All referrals will be presented to the drug court coordinator.
- Step 2:** The coordinator will request that the county attorney's office complete a background check and legal screening on the applicant.
- Step 3:** If the applicant is found eligible, the coordinator will inform the defense attorney who will discuss the program with the client. If the client agrees to participate, the defense counsel has him/her sign the necessary waiver and acknowledgement forms.
- Step 4:** The coordinator then contacts the treatment provider to conduct a preliminary assessment
- Step 5:** If a diagnosis is made, the coordinator will notify applicant and/or counsel to appear in court on the next consecutively scheduled drug court date. At any time up until sentencing, the county attorney can reject the application.
- Step 6:** Drug court team will review application and jointly make determination of acceptance or denial of participant, based on accumulated information and consensus among the team members.
- Step 7:** Judge will call applicant to the bench and advise defendant of charges pending against him/her and the possible sentence for the offense. Judge will then ask participant to reaffirm desire to voluntarily participate in the drug court program, and inform participant of the provisions of the trial waiver form. Judge will formally accept participant into the program. Judge will record acceptance date into individual drug court file.

IF APPLICATION IS DENIED:

In the event that the application is denied the coordinator will inform the defense counsel of the decision. Defendant will continue with normal court proceedings through the district or superior court.

Drug Court Phases

Initial Assessment Phase (within 14 days of assignment of counsel):

Once a participant has been accepted into the drug court program he/she is required to begin fulfilling the requirements for the program. After successful completion of each phase, the participant will be allowed to pass into the next phase, until he/she has met all the requirements for successful completion of and termination from the drug court program.

Summary of initial phase:

- Referral to drug court program.
- Meet eligibility criteria established by drug court team.
- Complete full substance-abuse evaluation.
- Appear before judge to hear formal charges against prospective participant and make determination of acceptance into drug court program.
- Assessment of financial ability to pay drug court fees

Phase I: (a minimum of 2 months in duration):

In Phase I, participant will immediately begin treatment for substance abuse through the designated treatment provider, as well as participate in any required educational components of substance abuse treatment. The participant will attend all scheduled treatment appointments and the treatment provider will report back to the participant's case manager weekly, giving a brief synopsis of the participant's progress. The treatment provider has the authority to administer random urine analysis to all participants. Results of any such tests shall be included in the synopsis of the participant's progress. During Phase I the participant will also be required to meet with his/her case manager two times each week. The case manager has the authority and

shall administer random urine analysis to participants a minimum of 4 times weekly. The case manager will prepare a brief synopsis, based on contact with the participant and the synopsis of the treatment provider, and present the information to the team during the regularly scheduled pre-court meeting. Participant is also required to attend at least two outside Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings each week during Phase I.

Summary of Phase I requirements:

- Complete in-depth assessment of individual to identify areas requiring intervention (i.e. substance abuse pattern, substance of choice, medical and psychological history, home/relationship environment, employment and/or education).
- Develop individual substance abuse treatment program with treatment provider.
- Develop individual program plan (life skills, educational, medical, psychological, etc.).
- Meet with case manager twice each week.
- Attend all scheduled treatment and individual program plan sessions.
- Attend AA or NA meetings at least three times each week.
- Make formal court appearance in front of judge and drug court team once per week.
- Submit to random urinalysis a minimum of 4X per week.
- Meet with probation officer 1X per week
- Written relapse plan

Phase II: (approximately 4 - 6 months in duration):

Participants will have successfully met all requirements of Phase I. In Phase II, participant will begin working to formulate long-term recovery and life goals. Participant will continue to make regularly scheduled court appearances; however, the number of required appearances may be reduced by a decision of the team based on participant's progress. Participant will appear in front of the judge at least twice during each month of Phase II. Participants will continue to meet with the treatment provider as outlined in treatment plan and will continue to meet with case manager twice per week. The

treatment provider and/or case manager will continue to administer random urine analysis a minimum of twice per week. The participant will continue to attend AA or NA meetings at least once per week, or as required by treatment provider.

The participant will now be required to seek employment or enroll in an educational/vocational training program. The participants will be required to provide proof that he/she has met 95% attendance while engaged in employment or schooling program. The team, may, however, waive this requirement if they feel that the participant is otherwise responsibly engaged. The participant will also be required to make arrangements to meet any court-ordered financial obligations.

Summary of Phase II requirements:

- Continuation of individual substance abuse treatment program.
- Continuation of individual program plan, and identify long term goals for recovery.
- Meet with case manager twice each week.
- Make formal court appearance before judge and drug court team, every other week
- Attend AA or NA meetings at least twice per week.
- Submit to random urinalysis a minimum of 3X per week.
- Be gainfully employed or in educational/vocational training program, and meeting any court ordered financial obligations as indicated in individual program plan.
- Written relapse plan

Phase III: (approximately 4 -6 months in duration):

Participants will have successfully met all requirements of Phase II. In Phase III, participant is expected to complete strategies for long-term recovery and substance free life goals.

Participant will continue to attend substance abuse treatment as outlined in his/her individual treatment plan. Participant will continue to meet with case manager not less than once per week until successful graduation or termination of the program. The required contacts will be determined by the team, based on the participant's

progress and attitude. Participant will make no less than one formal appearance before the judge per month in Phase III. Sanctions and incentives will still be applied to the participant at the discretion of the team. Required attendance at AA or NA meetings shall be determined by the treatment provider and/or the team. Participant is subject to random urine analysis.

Participant will be gainfully employed or enrolled in an educational training program, and maintain proof of a 95% attendance rate. Participant will continue to meet (or make arrangements to meet) any court-ordered financial obligations.

Participant will have successfully completed all requirements for graduation from drug court program.

Summary of Requirements for Phase III

- Continuation of individual substance abuse treatment plan.
- Continuation of individual program plan, and continue work on long-term goals.
- Meet with case manager once per week
- Attend AA or NA meetings as prescribed by treatment provider.
- Submit to random urinalysis a minimum of 2X per week.
- Continue to be gainfully employed or in educational training program, and meeting any court ordered financial obligations as indicated within individual program plan
- Make formal court appearance before judge and drug court team, at least once per month.
- Payment in full of all treatment costs and completion of community service requirement
- Written relapse plan

*Curfew 10:00 pm at all phases of drug court. Special permission for curfew extensions at the discretion of the PPO.

Termination Criteria

Drug court participants can be subject to termination from drug court if they refuse substance abuse treatment or are not amenable to treatment.

Drug court participants can be subject to termination if they commit a violent crime or other disqualifying offenses, including crimes that pose a risk to public safety.

Termination from the program will be at the discretion of the judge, based on input from the team.

Sanctions And Rewards

Imposing sanctions and delivering rewards are critical components in the success of the operations of the drug court. In order to be effective, sanctions must be swift and certain; rewards must be given to reinforce good behavior. A combination of both strategies will yield the best results. Sanctions and rewards will be specific to the offender and will be graduated depending on the severity of the behavior. Sanctions are imposed as immediately as possible, are sufficiently intensive to disrupt the negative behavior and ***may be individualized to the client and the behavior.***

Participants in the program will be informed of the nature and consequences of the drug court sanctions. Clients will also be advised that imposition of sanctions will result in other “natural” consequences such as extended time to complete a phase or the total program; loss of wages due to loss of work; and/or other family, job, or financial hardship.

Representatives of the Probation Department will have discretion as to whether or not the client is arrested, depending on the circumstances

Behaviors that will result in sanctions:

- Missed treatment appointment, AA appointment, counseling appointment, probation appointment or any other court ordered appointment
- Missed court session
- Late for court
- Failure to produce AA verification
- Failure to pay fines/fees/restitution
- Positive drug tests

- Association with other offenders with exceptions for group meetings or drug court related activities
- Violation of conditions of probation
- Re-arrest for a new offense

Sanctions will include:

- Apology letters
- Research papers/other homework assignments
- Days in work program (to be developed)
- Days in jail
- Increase drug testing
- Increase in probation reporting requirements
- Increase in community service hours
- Being dropped to a lower level in the program
- Electronic monitoring
- Day reporting (to be developed)
- Increase in curfew
- Attendance at additional court sessions
- Issuance of a bench warrant

Positive, compliant behavior will result in certain rewards to include:

- Applause/Recognition
- Being heard first
- Being allowed to leave early
- Reduction in curfew
- Reduction in community service hours

- Reduction in number of drug tests
- Reduction in reporting requirements
- Gas/phone/necessities gift card
- Reduction in fees/fines
- Release from electronic monitoring

Automatic termination from the program will include:

- Drug court members dealing drugs to other drug court members
- Arrest/conviction of an offense that is defined as a “violent” offense

Other behaviors that may result in termination from the program:

- Failure to follow through with the conditions of the program as decided by the team
- Voluntary withdrawal from the program or withdrawal of waivers
- Arrest/conviction of another criminal offense.

Treatment Protocol

The Intensive Outpatient Program (IOP) is a substance abuse treatment program separated into four progressive levels. The minimum duration of the program is ten and a half months, although many clients will participate for a longer period of time in order to meet treatment goals effectively – potentially a full year or more. There is an expectation that clinical requirements and criteria will need to be met in order to graduate and progress through the levels. All four levels need to have been completed in order to complete the treatment program.

Level 1:

Level 1 involves a six-week (minimum duration), intensive psychotherapeutic and psycho-educational group treatment process as well as weekly individual therapy sessions with a therapist/case manager. The program meets regularly during the week.

Admissions are accepted on a rolling basis so that clients may enter at the beginning of any week, once they have been screened and accepted into the program. The content of the psycho-educational material is repeated on six-week cycles so that clients entering at any week will eventually be exposed to all relevant material after six weeks of attendance.

Psycho-educational material is presented via a combination of didactic lecture, experiential exercises, videos, and written assignments. Themes that are explored in *Level 1* include the following:

- introduction to the first three steps of the AA/NA 12-step program for recovery, where appropriate;
- effective use of AA/NA meetings and sponsorship; where appropriate;
- exploring motivation, treatment readiness, and the process of change;
- coping with Post-Acute Withdrawal Syndrome;
- recognizing signs and symptoms of the progression of addiction;
- understanding medical aspects of addiction;
- enabling, codependence, and boundary issues in recovery;
- identifying, understanding, and challenging specific psychological defenses;
- recognizing and managing psychological defenses, triggers, and set-ups for relapse;
- recognizing and anticipating the rewards of a life of sobriety.

Active participation in groups and individual therapy, completion of a variety of written assignments, presentation of addiction and recovery oriented collage assignments, and commitment to use of AA/NA if appropriate is required in order to progress to *Level 2*, including attendance at a minimum of three meetings per week. Clients are required to verify attendance at meetings. The minimum length of participation in *Level 1* is six weeks; however, clients may need to extend participation in *Level 1* or cycle through *Level 1* more than one time if all expectations have not been met, consistent with individualized treatment plans.

Level 2:

- Clients graduating to *Level 2* are required to attend the program as determined by the team however, there is still an expectation that clients maintain a commitment to participation in AA/NA, where appropriate; and they need to establish a relationship with at least a temporary sponsor. *Level 2* lasts for a minimum of eight weeks. Psycho-educational material shifts to a highly structured relapse prevention module that emphasizes strategies to help build upon clients' growing commitment to abstinence. A significant focus is upon clients preventively and proactively identifying strategies that will build upon the material introduced in *Level 1*. Themes that are explored in Level 2 include the following:

- creating a balanced, structured recovery plan
- managing and understanding emotions in early recovery
- managing anger in early recovery
- exploring various stress management techniques
- comparing and contrasting communication styles
- understanding challenges faced by family members and significant others during early recovery
- recognizing the elements of the addict's "spiral of denial"

The frequency and intensity of psychotherapy sessions decrease in Level 2. Clients attend group therapy sessions as determined. Individual sessions with the client's therapist/case manager will be determined by the team.

Clients are expected to present a "Step 2" assignment to their peers. The Step 2 assignment is designed to help clients to recognize ways in which addiction and abuse of substances have disempowered them, created negative consequences, and led them to feel increasingly less able to manage their lives.

Level 3:

- The frequency and intensity of psychotherapy sessions decreases again in Level 3. Clients graduating to *Level 3* are required to attend the program as determined however, there is still an expectation that clients maintain a commitment to participation in AA/NA, where appropriate; and they need to be strongly focused upon building their AA/NA support system where appropriate; increasingly their level of activity in AA/NA where appropriate; and be working toward identification of a long-term sponsor and home group. Individual sessions with the client's therapist/case manager shift will be as determined. *Level 3* lasts for a minimum of twelve weeks. Psycho-educational material builds upon *Level 2* relapse prevention material. Themes that are explored in Level 3 include the following:

- recognizing and preventing "dry drunk syndrome" and "Budding"
- life in recovery beyond "The Pink Cloud Syndrome"
- maintaining humility in recovery
- exploring resentments and forgiveness in recovery
- HIV, AIDS, Hepatitis, and other STDs
- intimate relationships and healthy boundaries in early recovery

- developing a safety plan and “crisis card” for relapse prevention

A Step 3 assignment is required in *Level 3* so that clients develop a strong sense of the way in which they need to identify a relationship with some power greater than themselves, in order to attain/maintain long-term, quality sobriety. Presentation to peers is again required.

As in *Levels 1 and 2*, active participation in groups, completion of a variety of written assignments, and commitment to use of AA/NA where appropriate is required in order to progress from Level 2 to Level 3. Individualized treatment goals are factored into the decision to transition to *Level 4*.

Also in *Level 3*, a session is devoted to each member of the client’s peer group providing direct, written and verbal feedback to the client in a peer evaluation process. This process is designed to encourage the peer group’s honest confrontation of the client’s cognitive, emotional, and behavioral patterns that appear to be counterproductive to recovery efforts. The client’s goals in *Level 4* will be oriented in part to addressing and resolving these areas in need of improvement.

Level 4:

In *Level 4*, the client’s involvement in psychotherapy changes again. *Level 4* lasts for a minimum of twenty two weeks. Clients attend only the meditation and group therapy portions of the program. There is no requirement to attend the psycho-educational portion of the program, although clients are invited to do so if they are interested in hearing lecture topics presented again. Individual therapy sessions with their therapist/case manager decrease as determined.

Ongoing commitment to AA/NA meeting attendance where appropriate, identification of a home group, and strong connection with a sponsor is expected. Active participation in meetings is expected, and clients may be encouraged to speak in meetings about their own stories and commitment to sobriety.

Clients in this phase are expected to take on a mentoring and peer leadership role to help orient newer clients and lead by example.

A Step 34 presentation is required in *Level 4*. This project is designed to help clients to commit to developing their relationship with their “higher power”, so that they come closer to relinquishing the desire to make life decisions entirely on their own.

Clients in *Level 4* are also asked to prepare a report on a recovery related topic agreed upon with their individual therapist/case manager. They are then given the opportunity to teach this material to their peers.

Once all assignments have been satisfactorily completed and an aftercare plan is firmly in place, clients are ready to graduate from the program. Clients at this stage are expected to prepare a project to be presented in court on the day of their graduation to honor the work that they have done and the progress that they have achieved with the help of the program.

*If at any point during the program, the participant is not fulfilling their treatment obligations, any member of the team may recommend that the participant obtain a psychiatric assessment and/or individual counseling at SCMHC at which time the team will discuss the temporary suspension of the participant.

Supervision Protocol

In order to be admitted into the drug court, the participant must be sentenced to probation. By monitoring the participants through the case manager and the P/PO, the drug court is able to detect those individuals who are starting to fail their required programs or are engaging in criminal conduct. Because of the strict reporting requirements, those who miss work or counseling sessions are quickly detected

The case manager, probation officer and treatment provider will work collaboratively to meet the identified needs of the participant. The case manager will be responsible for all aspects of the participant's progress from intake to discharge planning and will advise the other members of the team regarding the therapeutic needs of the client. The case manager will make referrals for psychological or psychiatric intervention. The case manager assesses the participant in the areas of education, vocation, health, dental, psychological and/or substance abuse. The case manager and/or the treatment provider are to complete a thorough bio/psycho/social assessment of the participant, to identify particular areas requiring intervention (i.e. substance of choice, medical history, home/relationship environment, employment and/or education). The case manager will also work with the participant to develop the life skills curriculum to reflect the needs of the participant that have been identified through the assessment process. The probation/parole officer will be responsible for supervision at home, curfew restrictions, employment verification and drug testing.

The case manager, probation officer and treatment provider will attend pre-court sessions with the team and provide necessary information regarding the status of the participants' supervision. This process is achieved by submitting progress reports to the court on the date that the particular participant is scheduled to appear. Included in these reports is updated information concerning relevant treatment progress/concerns, urine tests and court ordered financial obligations etc.

Participants will be expected to live in a residence that is agreed upon by the probation officer and case manager. Participants are expected to adhere to a curfew which means off the streets and at an approved residence. Curfews are set for approved residences at 10:00 pm in Phase 1 of Drug Court. However, a curfew can be reinstated as a sanction at any phase in drug court. If you receive a visit from your probation officer after 10:00 and you are not at the approved residence, you will be sanctioned accordingly.

Exceptions to this rule are for employment only (which needs to be confirmed and approved by the probation officer: Monday-Friday 8:00am-4:00pm). For all other exceptions, the participant must ask the team in advance for special permission to be out after curfew.

Drug Testing Protocol

The drug testing protocols will support drug court Key Component # 5 in providing intensive court supervision with tracking of client treatment progress, failures, and output measures. Drug testing is a highly valuable component to the program to monitor progress, ensure maintained abstinence and to respond to relapses in a timely and productive manner. It provides incentive, support and accountability. Individual client drug testing will accord with approved protocols, and all testing will be reportable to the drug court team.

Effective drug testing is done randomly (unexpected, unannounced and unanticipated) and the participant should have the shortest possible notice of testing. The most important aspect of effective drug testing is witnessed or observed collection. Collections that are not witnessed are of little or no value. All tests done in this program will be witnessed by a trained, same sex monitor. Drug testing will be done by a approved laboratory.

During Phase I, the participant can be expected to be tested a minimum of 4 times weekly; during Phase II, a minimum of 3 times weekly and during Phase III a minimum of twice weekly.

The participant is responsible for payment of the \$20 fee. This fee may be waived and used as an incentive for positive progress during the program.

Any positive tests results will be reported to the court immediately following the results regardless of the next scheduled drug court session. This could result in the participant being placed in custody. The length of custody will depend on previous program progress. The probation officer will have the discretion as to whether or not the participant will be taken into custody. A single positive test will not automatically result in the participant being removed from the program but other issues will be considered as well.

If the participant is under a physician's care, the case manager must be notified immediately. Over the counter and prescription medications may have an affect on the test results. Any medication must be provided by or approved by a doctor with written documentation provided to the case manager.

The following will be considered a positive test result:

Dilution – adding liquid to the sample to achieve a drug concentration below the threshold

Adulteration – adding a chemical masking agent to the urine to inhibit the testing procedure

Substitution – replacing a legitimate urine sample with an alternative

Refusal to produce a sample

Inability to produce a sample of sufficient quantity
Inability to produce a sample after 30 minutes

The following procedures will be followed during the testing process:

Participant is escorted to the restroom by a trained, same sex monitor.

All coats, jackets, packages, backpacks, etc. shall be left outside the restroom.

The monitor will wear latex gloves when handling urine samples.

A label will be completed by the monitor indicating the date, time and name of participant.

The participant must wash their hands with soap and water and dry them completely before and after the collection process.

The monitor must directly and fully observe all sample collections. This may involve the removal of certain items of clothing or pulling down pants, skirts or undergarments and pulling up dresses, shirts or undergarments. At the monitor's discretion, a pat down may be conducted.

The monitor must be able to fully observe the passage of urine directly into the container.

Upon completion of the collection, the participant shall wipe off any excess liquid with a paper towel.

The participant shall secure the lid on the container, place a sealing strip around the container and affix the label to the outside of the container.

The participant and the monitor shall initial the label/sealing strip

The sample shall be stored appropriately in a refrigerator until collected by the lab.

Ethics And Confidentiality Statement

Case-Related Information:

Drug court employees and all permanent and temporary members of the drug court team shall regard all case-related materials and information as confidential, and such information cannot be released to anyone without proper authority in accordance with The Health Insurance Portability and Accountability Act (HIPAA) and 42 USC 290dd-2; 42CFR, Part 2.

The operation of the RCDC, as it related to the release of client information, shall be bound by the current federal and state laws on the subject. The legal citations of the federal law are 45 CFR, Parts 160 and 164; 42 USC (United State Code) 290dd-2; and the associated regulations, 42CFR (Code of Federal Regulations) Part 2.

All drug court personnel and representatives are required to be familiar with the federal confidentiality regulations regarding alcohol and drug abuse prevention and treatment confidentiality and the associated criminal and civil liability.

Release of Information to Agencies and Agency Personnel:

Information gained through drug court operations and all other case-related information may be disclosed to authorized agencies and their authorized personnel only in accordance with statutory provisions of Federal and New Hampshire law and established drug court procedures. Other release of information is prohibited. Drug court participants will be asked to sign a release of information form that authorizes release of information to the court.

Release of Information to News Media:

Only the judge or individuals so designated by the judge may release information concerning activities of the drug court to representatives of the news media and then only in accordance with Federal and State confidentiality regulations. All requests from the news media for such information shall be referred to the judge and/or the designee.