Placer County Adult Drug Court
Mentors in Training Program

POLICIES AND PROCEDURES

Mentors in Training (MIT)

The Placer County Drug Court MIT Program exists to offer peer support to current program participants and an opportunity for participants approaching graduation to give back. MITs have a familiarity with the recovery community and Drug Court program, as successfully managing program requirements and maintaining their sobriety with their current treatment support. MITs are available to provide help in navigating the program, understanding the process, and acting as an ally through this difficult time. MITs can also maintain their own accountability through participation in the program as they look forward to graduation.

PROGRAM DESCRIPTION

The Placer County Adult Drug Court MIT Program is overseen by the Placer County Adult System of Care – Substance Use Services program in collaboration with Drug Court and Veteran's Treatment Court. MITs may be eligible to transition into mentors after graduation from the Drug Court program. The skills learned as a MIT will help to equip you for success as a mentor.

Drug Court MITs exist to:

- Support participants (via phone when requested by the case manager.)
- Help clients at court with basic questions and understanding the program's processes and requirements.
- Participate in the group orientations, and speak to initial challenges of starting the program.
- Answer general questions and lead group conversations at court.
- Participate in the planning of Drug Court events and graduations.

MIT ROLES AND RESPONSIBILITIES:

Mentors in Training (MIT) are Drug Court Participants who have successfully completed all aspects of the program, are in Phase 3 (Blue Phase) and are awaiting approval to graduate from the program. MITs must have been clean and sober for at least 6 months, be finished with treatment or participating in

aftercare, be up to date with all program requirements, and in good standing with program staff. The MIT program is part of the MITs treatment plan and aftercare within Drug Court.

The Drug Court program utilizes MITs to engage new participants in Drug Court and to assist them in navigating the program. With the direction and support of program staff, the MIT acts as a guide, offering support, and sharing their success in learning and completing program requirements. They help participants to more fully engage in their recovery, while the MIT incorporates life beyond Drug Court into their own recovery.

Responsibilities of a MIT:

The following list of tasks includes some examples of how a MIT can be of support. (Please note, all client contact must be requested and overseen by program staff.)

- Provide peer support to participants because of their previous and/or current experiences in the Drug Court program.
- Share what they've learned about how to successfully complete the Drug Court Program.
- Discuss personal experiences navigating the program in order for new participants to relate to their experience.
- Provide recovery resources to participants. This includes: recovery support meetings (i.e. NA/AA, Celebrate Recovery), how to obtain a sponsor, and open service positions.
- Provide updated recovery resources to program staff (i.e. share recent changes with recovery support meetings, open service positions, common topics and themes discussed).
- Serve as role models for clean and sober living sharing positive outcomes to the participant to show new or struggling participants the outcomes they could achieve in the program.
- Act as a liaison between the client and Drug Court team to communicate specific barriers or needs or support the client in reaching out to program staff.
- Act as a liaison between participants and the Drug Court team to relay common themes, barriers, or needs.
- Encourage participants to accept and participate in program requirements.

- Establish clear, professional boundaries for what is appropriate and not appropriate in your relationship with the participant and diligently uphold those boundaries.
- Support participants at Drug Court hearings (i.e. meeting with new or struggling participants to review concerns and offer support).
- Maintain confidential communications with all participants.

MITs WILL NOT…

- Act as a general case manager
- Be responsible for facilitating service delivery outside of recovery services
- Be responsible for providing any referrals for court ordered programs other than those directly related to recovery, such as support meetings (NA, AA, etc.), and recovery related community events.
- Drive participants
- Loan money or give gifts to participants
- Be a sponsor to a participant
- Provide legal advice
- Fraternize with other participants

CRITERIA FOR BECOMING A MIT

Each MIT should be personally committed to a life of recovery. Professionally, each MIT must be dedicated to helping others achieve a clean and sober lifestyle. To accomplish this goal, each MIT must meet all of the following requirements:

- Be eligible for graduation (Blue Phase).
- Have at least 6 months of sobriety.
- Be in good standing with the law, having no pending criminal cases or charges
- Maintain a professional relationship with other Drug Court participants at court proceedings, AA/NA meetings, community activities, etc.
- Commit to participation as a MIT up to their graduation.
- Complete the required training procedures.
- Adhere to all Placer County Drug Court policies and procedures.

DESIRABLE QUALITIES OF A MIT:

- Empathetic
- Active listener
- Encouraging
- Supportive
- Believer of the process
- Positive
- Respectful
- Caring
- Responsible
- Believer of the program

ADMINISTRATION OF THE MIT PROGRAM

MIT participation is part of your treatment plan in the Drug Court program. Your Drug Court Case Manager will be the primary person providing direction, but you may receive support, correspondence, and communication from the entire Drug Court team (i.e. Placer County Courts, Substance Use Services, and Probation). Contact between MITs and other participants will only occur if initiated at the request of the Case Manager. This may include a one-time contact or an ongoing check-in conversation (i.e. calling the participant 3 times in a one week span). A monthly report will be due at court summarizing what you gained over the course of that month's interactions (See Attachment E for details). In addition, you will be responsible for submitting a timecard to document your contact with participants (See attachment F for details). This will be used by the courts to address your fines and fees and will be due the Friday before each court appearance. MITs will receive basic training regarding confidentiality and ethics, the Adult System of Care, and various services available.

RECRUITMENT POLICY

All inquiries about participation as a Drug Court MIT will be directed to the Drug Court Case Manager. Responsibility for recruitment of MITs is shared between Substance Use Services, Probation, and the Placer County Courts. The Drug Court Team, its collaborative partners and current Mentors/MITs may refer individuals who may be suitable for this role. Informational sessions and training may be offered to prospective MITs/Mentors.

KNOWLEDGE OF A PROSPECTIVE MENTOR'S NEGATIVE HISTORY

All MITs/Mentors are responsible for the integrity of the program as a whole and agree to discuss concerns about other MITs/Mentors with the appropriate staff.

SCREENING POLICY

Each prospective MIT must complete the screening process. The Drug Court Case Manager and Supervisor are responsible for conducting the screening process. The decision to accept or deny an applicant will be made by the Drug Court team. Feedback regarding the prospective MIT's denial may or may not be given. The right to withhold or give feedback is solely at the discretion of the Drug Court team.

CONFIDENTIALITY

An MIT must, at all times, maintain confidential communications with Drug Court participants. A MIT is mandated by the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient/Parent Records 42 CFR, Part 2, and/or the Welfare & Institution Code 5328, governing confidentiality of Mental Health Patient/Parent records, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 & 164, which states that information regarding Drug Court participants is protected and cannot be disclosed without written consent, unless otherwise provided for in the regulations or by court order. Each Drug Court MIT will be required to sign a document attesting to their acknowledgement of the mandates of federal laws 42 CFR, Part 2, and 45 CFR Parts 160 & 164.

UNACCEPTABLE BEHAVIOR POLICY

Because of the direct impact a mentor has on Drug Court Participants, behaviors not aligned with the mission, vision, goals, and values of the Drug Court Program are unacceptable and prohibited during mentor sessions and court proceedings. If it is determined that a MIT is using alcohol or other drugs, it is grounds for termination.

ATTACHMENT A

DRUG COURT MENTOR IN TRAINING PROGRAM

CONFIDENTIALITY AGREEMENT

I understand that these are the confidentiality laws that I am required to follow.

I understand I may not disclose any Drug Court participant information to anyone (verbally, in writing, via e-mail, phone or fax).

I have read and understand 42 C.F.R., Part 2, (copy attached).

I understand that if someone I know through any personal or professional relationship, included, but not limited to acquaintances, family, extended family, friends, etc. is involved in the Drug Court Program, I will immediately notify the Drug Court case manager. I understand that information related to that client would be inaccessible to me.

I understand that any breach of client confidentiality will result in a termination of my participation with the Drug Court Mentor Program.

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Name of Mentor in Training (Print)

_____ _____

Signature of Mentor in Training Date

ATTACHMENT B
42 CFR Part 2
Confidentiality of Alcohol and Drug Abuse Patients Records

21796 Federal Register \ Vol. 52, No.110 \ Tuesday, June 9, 1987/ Rules and Regulations

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
42 CFR Part 2

Confidentiality of Alcohol and Drug Abuse Patients Records

AGENCY: Alcohol, Drug Abuse, and Mental Health Administration, PHS, HHS.
ACTION: Final Rule.

SUMMARY: This rule makes editorial and substantive changes in the "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations. These changes are in outgrowth of the Department's commitment to make its regulations more understandable and less burdensome. The final rule clarifies and shortens the regulations and eases the burden of compliance.
EFFECTIVE DATE: August 10, 1987

FOR FURTHER INFORMATION CONTACT:
Judith T. Galloway
(301) 443-3200
SUPPLEMENTARY 1NFORMATION:
The "Confidentiality of Drug Abuse patient Records" regulation, 42 CFR Part 2, implement two federal statutory provisions applicable to alcohol abuse patient records (42 U.S.C. 290dd-3) and drug abuse patient records (42 U.S.C. 290ee-3).

The regulations were originally promulgated in 1975 (40 FR 27802). In 1980 the Department invited public comment on 15 substantive issues arising out of its experience interpreting and implementing the regulations (45 FR 53). More than 450 public responses to that invitation were received and taken into consideration in the preparation of a 1983 Notice of Proposed

Rulemaking (48 FR 38758). Approximately 150 comments were received in response to the Notice of Proposed Rule- making and were taken into consideration in the preparation of this Final Rule.
The proposed rule made both editorial and substantive changes in the regulation and shortened them by half. This Final Rule adopts most of those changes, with some significant substantive modifications and relatively few editorial and clarifying alterations.

Synopsis of Substantive Provisions.

The Confidentiality of Alcohol and Drug Abuse Patient Record regulations (42 CFR Part 2) cover any program that is specialized to the extent it holds itself out as providing and provides alcohol or drug abuse diagnosis, treatment, or referral for treatment and which is federally assisted, directly or indirectly (2.12 (a) and (b).

The regulations prohibit disclosure or use of patient records ("records" meaning any information whether recorded or not) unless permitted by the regulations (2.13). They do not prohibit giving patient access to his or her own records (2.23). However, the regulations alone do not compel disclosure in any case (2.3(b)).

The prohibition on disclosure applies to information obtained by the program which would identify a patient as an alcohol or drug abuser (2.12 (a)(l)). The restriction on use of information to investigate or to bring criminal charges against a patient applies to any alcohol or drug abuse information obtained by the program. (2.1 2(a)(2)).

Any disclosure permitted under the regulations must be limited to that information which is necessary to carry out the purpose of that disclosure. (2.13).

The regulations permit disclosure of information if the patient consents in writing in accordance with 2.31. Any information disclosed with the patients consent must be accompanied be a statement which prohibits further disclosures unless the consent expressly permits further disclosures or the re-disclosure is otherwise permitted by the regulations (2.32). Special rules govern the disclosures with the patient's consent for the purpose of preventing multiple enrollments (2.34) and for criminal justice referrals (2.35).

The regulations permit disclosure without patient consent if the disclosure is to medical personnel to meet any bona fide medical emergency (2.51) or to qualified personnel for research (2.52), audit,

or program evaluation (2.53). Qualified personnel may not include patient identifying information in any report or otherwise disclose patient identities except back to the program which was the source of the information (2.52(b) and (2.5 3(d)).

The regulations permit disclosure pursuant to a court order after the court has made a finding that

"good cause" exists. A court order may authorize disclosure for noncriminal purposes (2.84); for the purpose of investigating or prosecuting a patient if the crime involved is extremely serious (2.85); for the purpose of investigating or prosecuting a program or a person holding the records (2.86); and for the purpose of placing an undercover agent or informant to criminally investigate employees or agents of the program (2.87)

A court order may not authorize disclosure of confidential communications unless disclosure is necessary to protect against an existing threat to life or serious bodily injury of another person; to investigate or prosecute an extremely serious crime; or if the patient brings the matter up in any legal proceeding. (2.83).

A court order may not authorize qualified personnel who received information without patient consent for the purpose of conducting research, audit, or program evaluation to disclose that information or to use it to conduct any criminal investigation or prosecution of a patient (2.82).

Information obtained under a court order to investigate or prosecute a program or other person holding the records or to place an undercover agent or informant may not b e used to conduct any investigation or prosecution of a patient or as the basis for a court order to criminally investigate or prosecute a patient (2.86(d)(2) and 2.87(e)).

These regulations do not apply to the Veterans' Administration, to exchanges within the Armed Forces or between the Armed Forces and the Veterans Administration; to the reporting under State law of incidents of suspected child abuse and neglect to appropriate State or Local authorities; to communications within a program or between a program and an entity having direct administrative control over the program; to communications between a program and a qualified service organization; and to disclosures to law enforcement officers concerning a patient's commission of(or threat to commit) a crime at the program (2. 12(c)).

If a person is not now and never has been a patient, there is no patient record and the regulations do not apply. (2.1 3(c)(2).

Any answer to a request for a disclosure of patient records which is not permitted must affirmatively reveal that an identified individual has been or is an alcohol or drug patient. One way to make such an answer is to give a copy of the confidentiality regulations to the person who asked for this information along with general advice that the regulations restrict the disclosure of alcohol or drug abuse patient records and without identifying any person as an alcohol or drug abuse patient (2.13(c)).

Each patient must be told about these confidentiality provisions and furnished a summary in writing (2.22).

There is a criminal penalty for violating the regulations: not more than $500 for a first offense and not more than $5,000 for each subsequent offense (2.4).

ATTACHMENT C

DRUG COURT MENTOR IN TRAINING PROGRAM
PROGRAM VALUES

A. SHARED EXPERIENCE

- Inspire hope and offer encouragement
- Disclose own experience of recovery

B. COMMUNICATION

- Bridge communication between case manager and client
- Bridge communication between probation and client
- Bridge communication between court system and client

C. PROVIDE SUPPORT

- Give emotional/social support to client
- Attend court hearings, and other meetings at request of client
- Support clients trying to stay clean and sober
- Reduce anxiety about the program

D. BRIDGE GAPS / CLIENT EDUCATION

- Increase client's understanding of the court system and recovery
- Help clients navigate the system and explain the system from a peer perspective
- Explain the role of all Drug Court team members
- Offer guidance on who to call for different services/resources
- Help break through barrier of client's denial/fear

E. MOTIVATE CLIENTS

- Explain benefits of Drug Court
- Encourage clients to engage quickly in recovery services and treatment
- Deepen participation in recovery so it's not just about compliance
- Support clients to engage in step work

ATTACHMENT D

DRUG COURT MENTOR IN TRAINING PROGRAM
PROFESSIONAL BOUNDARIES

What Are Professional Boundaries?

- Clearly established limits that allow for safe connections between service providers and their clients.
- "Being with" the client, NOT becoming the client.
- Being friendly, NOT friends.
- The ability to know where you end and the client begins.
- A clear understanding of the limits and responsibilities of your role as a MIT.

Why Is It Important To Have Boundaries?

- Role modeling to the client healthy communication and professional relationships
- Avoiding the "rescuer" role.
- Staying focused on one's responsibilities to the client and the provision of helpful and appropriate services to the client.
- Avoiding burn-out ("compassion fatigue").
- If working in conjunction with other service providers it helps maintain a healthy, open, communicating and functioning team.
- Maintaining one's physical and emotional safety.

What Are Signs That There May Be Boundary Issues?

- MIT receives gifts from or gives gifts to client.
- Client asks/expects MIT to socialize with him/her outside of professional setting, e.g. client asks MIT to begin attending church with his/her family.
- MIT reveals excessive personal information to client (outside of sharing personal experiences with dependency/drug court or recovery).
- Discussion regarding work/client dominates MIT's social interactions with friends and family.
- MIT offers to provide assistance to client outside of his/her role, e.g. babysitting; transportation.
- MIT finds him/herself "venting" with client about other service providers on the team.

What Are Some Consequences of Having Loose/Poor Boundaries?

- Compassion fatigue – MIT's role may not feel sustainable.
- Potential for "splitting."
- Client may not be given appropriate or helpful services, which could affect his/her willingness to accept future services.

- Client may feel betrayed, abandoned and/or poorly served.
- The MIT may act unethically.
- The reputation of the MIT's agency and/or profession may be compromised.
- The MIT and/or client may be emotionally traumatized and/or put in physical danger.

Why Is It Difficult to Establish and Maintain Professional Boundaries?

- Dual Relationships – the MIT and client know each other in a personal context from another setting.
- Values conflicts – the client's choices, history, relationships, feelings, lifestyle and/or life circumstances conflict with the service provider's values and/or knowledge about best practices.
- Vicarious trauma – the MIT experiences trauma symptoms from hearing about the client's experiences. The service provider may be triggered due to having a history of similar circumstances.
- Playing the "hero" role – the MIT feels the need to "save" the client.
- Poor teamwork – the MIT does not trust that other team members are fulfilling their responsibilities to the client, believes that he/she can provide their services better than they can, and/or believes that the client works best only with him/her. The MIT takes over the roles of the other team members.

What Are Some Techniques for Creating and Maintaining Healthy Professional Boundaries?

- As early as possible in your relationship, establish clear agreements with the client regarding your role as a MIT, including your availability, best ways to communicate with you, and what to do if you see one another in public.
- When boundary issues or warning signs appear, address these issues with the client quickly. Be sensitive to their feelings when doing this; emphasize the importance of your commitment to maintaining healthy boundaries .
- Self-disclosure – if you do decide to tell a client something personal about yourself, ensure that the information is related to the client's goals. Too much self-disclosure shifts the focus from the client to the MIT and can confuse the client in terms of roles and expectations of the relationship.
- Realize that how a client interprets your words and actions might not match what you were trying to communicate. With these sensitive relationships, you may need to frequently clarify your role and boundaries and ask the client to repeat back what you said to ensure that he/she understands. This will also give the client an opportunity to ask clarifying questions.
- Use your supervisor as a sounding board when you have questions or concerns regarding boundaries, and especially when boundary issues are impacting your ability to provide objective, compassionate care. Also consult with your

supervisor if you are feeling uncomfortable about talking with your clients about boundaries.

- Dual relationships – if you had a personal relationship with a client before becoming the client's MIT, realize that you must use your professional judgment when interacting with the client in social settings. Pay particular attention to the client's confidentiality as well as his/her physical and emotional security. Situations in which one person is in a position to hold power over the other person must be avoided if at all possible.
- If you're working with a team of service providers, remember to promote and role-model positive, open communication and respectful sharing of information. Trust that team members are fulfilling their roles as service providers, and remember that you can't and shouldn't "do and be everything" for your client
- Take care of yourself! Make sure you're getting enough sleep, eating well, spending time with friends and family, exercising, and seeking supervision as needed.

ATTACHMENT E

DRUG COURT MENTOR IN TRAINING PROGRAM
MONTHLY CLIENT CONTACT REPORT

Describe how your experiences this month as a Mentor in Training. In what ways were you of support to the other Drug Court participants? In what ways will this continue to support you in your continued recovery?

ATTACHMENT F

DRUG COURT MENTOR IN TRAINING PROGRAM TIMECARD

Month:_____

DATE	NUMBER OF HOURS	TYPE OF SUPPORT	SIGNATURE
Total Hours:			

By signing below, I acknowledge that the information above accurately reflects time I spent providing support to other clients of the Drug Court program.

_____ _____
Mentor in Training Signature Date

_____ _____
Case Manager Signature Date

_____ _____
Program Supervisor Signature Date