



LEON COUNTY DRUG COURT PROGRAM

PROGRAM ORIENTATION CONSUMER EXPECTATIONS

This document has been prepared as a part of your orientation to the Drug Court Program for the purpose of providing you with an overview of the program and for assisting you in understanding what is expected of you as a Drug Court Program Consumer. (**Initial to acknowledge expectations**)

The Drug Court Program not only provides a judicial means of addressing the legal situation you have been involved in: but, primarily offers you the OPPORTUNITY and PRIVILEGE to receive clinical support services to aid you in dealing with the “issues” that caused your legal situation.

The length of the Drug Court Program is twelve (12) to eighteen (18) months. Please understand this may be extended at the discretion of the Court and ALRC. The Drug Court Program is administered by the Leon County Board of County Commissioners and program services have been contracted to A Life Recovery Center (ALRC), Inc. ALRC is licensed to provide substance abuse addictions treatment services.

The Drug Court Program consists of three (3) phases: Consumer’s Initials: _____

Phase I

Duration: Minimum: Three (3) months

Program Requirements: Two (2) Specimen Drug screens and/or adhere to random(s) (1-5) per week
Attendance at “IST” Group each week
Adherence to other Treatment Plan Goal directives

Phase II

Duration: Minimum: Three (3) months

Program Requirements: Two (2) Specimen Drug screens and/or adhere to random(s) (1-5) per week
Attendance at “RPP” Group twice monthly
Adherence to other Treatment Plan Goal directives

Phase III

Duration: Minimum: Six (6) months

Program Requirements: One (1) Specimen Drug screen and/or adhere to random (s) (0-5) per week
Participation in One (1) Individual Counseling session per month or as directed.
Attend 12-step/Alternative meeting one (1) time each week.
Verification of meeting must be turned in by Friday the next week.
Adherence to other Treatment Plan Goal directives

****NOTE: Prohibited on premises: Attire exhibiting any drug or sexual paraphernalia or logos, etc., including alcohol: “A shirts”; sleeveless shirts (including T shirts or under shirts); teeth covers; underwear showing; revealing blouses, (shorts must pass dollar bill test); including but not limited to visible navel jewelry. You will NOT be permitted in the facility, if not appropriate.**

Consumer’s Initials: _____

Assessments:

It is highly probable that your Psychosocial Assessment has been completed by the time you have received this document. The Psychosocial Assessment was completed in order to determine if you meet American Society of Addiction Medicine (ASAM) criteria to receive substance abuse or addictions treatment services. The assessment further determines if you are eligible to participate in the Drug Court Program. Upon the completion of your assessment, you are/were asked to sign it acknowledging that you were aware of its contents (including the program list and the recommendations list which ultimately laid the groundwork for your treatment plans).

Consumer's Initial's: _____

Drug Screens:

You will be permitted to schedule your drug screening appointments upon FIRST reporting to the center and each week thereafter. You are required to call the random line **(850) 222-0804** daily to verify if you have been chosen for a random Drug screen.

1. Scheduled Drug Screens CAN NOT be done on consecutive days (one day between test only). You may reschedule your tests only the week before the test is scheduled to be taken. You MAY NOT reschedule your test the week of the scheduled specimen. Random drug screens can be administered every day.
2. Should you have an emergency and need to re-schedule your appointment, you need to call BEFORE your appointment or as soon as possible. You should call **(850) 224-9991** in order to re-schedule. If no one answers, please leave your NAME, your NUMBER, and the best time(s) for us to call you back.

If you do not call before the appointment, it will be considered a “**NO SHOW**” and you will need to submit to us a written excuse (confirming the nature of the emergency) in order for the “no show” not be reported to the court.

3. Please know that if you are trying to re-schedule your appointment and there are no appointment slots available or you are **out of town**, you will be responsible for ensuring that you submit to a Drug screen with a approved agency. You will need to sign a release with that agency so that they can forward your results to us. You will need to be financially responsible for the association cost of that agency's drug testing. **You are responsible to ensure the correct drugs are tested; failure to do so will result in being placed on the “hot list”.**

Consumer's Initials _____

Group Attendance:

1. Your attendance at groups (“IST”; “RRP”; or “Special Assigned”) is required as stated in your Individualized Treatment Plans.
2. You will not be allowed to attend the group, you will be asked to leave if you are late. **If you have questions or concerns, hold them until you can speak to staff after group or the following day. Only three (3) missed group allowed in six months. Each Group begins at 600 p.m.**
3. If you not be able to attend group, you should contact us (850-224-9991) prior to the group so that you may be excused, if applicable. Group “Make Ups” **must be done immediately and consecutive** upon phasing up to the very next level. Make up groups will be treated as no show, if missed, without prior approval.

IMPORTANT: Please note that requests to re-schedule Specimen collection appointments AND/OR to schedule a group make up should be made ONLY to the Drug Court Coordinator and/or the Clerical Technician

4. If you are late for group and/or didn’t call ahead, you will be reported as a “no show” until you provide us with written confirmation of the need for you to receive an excused absence.

Client’s Initials: _____

Program Rules:

Please be reminded that you will probably be asked to leave a group session if you are in violation of the agency’s program rules. If you are asked to leave group due to the violation of a program rule, it will be reported to the court.

Client’s Initials: _____

Medications:

If you are prescribed **any medication** while in the Drug Court program, it is **your responsibility** to inform this office of this as soon as/or prior to, taking medication and you should bring in a copy of the medication description from the pharmacy, for filing in your record.

Failure to do the aforementioned and testing positive for a substance **WILL** result in your having a positive drug screen which will be reported to the court.

Client’s Initials: _____

Unapproved Medications that Sabotage:

You should also understand that if you are prescribed medications which may have the potential to sabotage your recovery efforts, recommendations may be made that you be terminated from the program. I understand that any addictive medications according to the Food and Drug Administration are considered inappropriate in **Drug Treatment Court**.

Client’s Initial _____

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“Dilute” Drug Screen Results:

It is **STRONGLY** suggested that you do not consume large amounts of fluid prior to your scheduled UA collection appointment. Consumption of large amounts of fluid may/will result in a dilute specimen.

We recommend that clients do not consume in excess 12 ounces of fluid during the two (2) to four (4) hour period preceding their UA/Specimen collection appointment.

If you work in a capacity that requires you to drink a lot of fluids during the day, it is recommended that you schedule your UA collection appointment as late as possible allowing your body to hydrate and require fewer fluids.

Please be aware that dilute specimens **WILL** be reported to the court and the Court will consider the specimen as it would a “positive” specimen with subsequent program sanction(s).

Client’s Initials _____

“Going Out-of-Town”:

When you have to go out-of-town, it is required that you request a Client “Away” Notice from the Drug Court Staff. You will need to take that form to the Drug Court Probation Officer (850-448-3596). After receiving clearance from Officer White or a representative AND a signature on the “Away” Notice form, you should return that form to the Drug Court Staff so that the two of you may complete the form. You will need to take that form to the testing agency that will provide your Specimen service. All test must be Urine or Ora Sure and must contain a minimum with the same specimens that are tested at ALRC/Felony Drug Treatment Court. **(MORE NOT LESS IS ACCEPTABLE)**

Client’s Initials _____

Pre-Trial Release Program Clients :

Many new Drug Court Clients are enrolled in the Pre-Trial Release Program when initially referred to the Drug Court Program. Please adhere to the following:

1. You **MUST** continue reporting to Pre Trial as directed until your Pre Trial Specialist directs you to stop reporting to them.
2. When you report to us your Specimen collection appointment, you should inform us that you are still on Pre Trial and that you need a copy of your **COLLECTION CUSTODY** form to take with you to Pre Trial to confirm that you have been drug tested.

If you do not inform us of this, you will be in non-compliance with Pre Trial in that you will not be able to report to them that you are being drug tested.

When the Pre Trial Program has told you that you don’t need to report anymore, you do not need to request a copy of your Collection Custody Form anymore.

Client’s Initials _____

Misc. Expectations

#	<u>EXPECTATION</u>	<u>CLIENT'S INITIALS</u>
<u>1</u>	When you are driving onto our agency's property, you are asked to drive with care and turn down the volume of your vehicle's sound system. We provide therapeutic services during all business hours and the loud volume and/or "vibrations" of your sound systems are extremely disruptive to on-going therapy groups, therapy sessions as well as other businesses.	
<u>2</u>	Proper attire is required to enter this facility, i.e. no halter tops or spaghetti strap tops, shorts should be appropriate, etc. If you have a question on appropriate attire, please ask Drug Court Coordinator. If your attire is inappropriate, you will be asked to leave.	
<u>3</u>	Please do not leave food nor drinks in the building. We need your help in at least keeping the environment clean and sanitary for everyone.	
	Specimen collection appointments are scheduled only during allocated collection times. When you enter the facility for your specimen appointment, please check in with the Clerk/Tech. and follow their instructions thereafter.	
<u>4</u>	While waiting in the lobby, we would appreciate your courtesy in not participating in loud conversation, as we have on-going business being provided.	
<u>5</u>	If you report to the facility prior to your appointment time, please understand that other services are being provided and you will probably need to be prepared to wait until the time you are scheduled to be seen.	
<u>6</u>	If you arrived at the facility after the time your appointment is scheduled, please understand that we will see those who have arrived timely and work you in as we can. (if your tardiness has be pre-approved)	
<u>7</u>	HATS, SCARFS, ETC not allowed. Please remove any head/hair attire upon entering the building.	
<u>8</u>	You are expected to remain in groups for One (1) hour and a half (30 min) from 6 p.m. until 7:30 p.m. Less time could result in appropriate sanctions.	
<u>9</u>	We will report <u>Positive specimen results; Dilute results; Program Rule Infractions; Group Attendance Issues; Disruptive Behavior Issues, etc.</u> to the Court via the Program's "Hot List" at each Drug Court Proceeding.	

CONSUMER'S PRINTED NAME _____

SIGNATURE _____ DATE: _____

STAFF WITNESS: _____ DATE: _____