AGENDA:

1. Call Meeting to Order
2. Roll Call
3. Adopt Agenda
4. Approve Minutes from last Meeting: August 31, 2020 Treatment Court Steering Committee
5. New Business:
   a. Treatment Court program updates
   b. Review Graduation Application
   c. Review Referral flow chart
   d. Review Referral form
   e. Review of Memorandum of Understanding
   f. Review Response Guide for Violations and Positive Behavior Chart
6. Matters to be placed on a future agenda or to be referred to a Committee, Official or Employee
7. Next Meeting: September 28th, 2020
8. Adjourn

Deviation from the order shown may occur

In compliance with Disabilities Act, any person needing assistance to participate in this meeting, should contact the Office of County Clerk at 920-746-2200. Notification 48 hours prior to a meeting will enable the County to make reasonable arrangements to ensure accessibility to that meeting.

AGENDA Posted:_____________________, 2020 by ________________
1. Kelsey Christensen called the meeting to order at 12 p.m.


3. Adopt Agenda for this meeting: Motion by S. Seyfer, second by Judge Weber to adopt the agenda. Motion carried by unanimous voice vote.

4. Approve Minutes from Last meeting: August 31, 2020
   Motion by D. Altepeter, second by S. Seyfer to approve minutes. Motion carried by unanimous voice vote.

5. New Business:
   a. Treatment Court Program Updates:
      Motivational Interviewing Training scheduled for September 11th from 1pm-3pm. A. Nieman sent link to Steering Committee for those that wish to participate in the training.

   b. WATCP 2020 Virtual Trainings:
      Committee members present indicated which trainings they are interested in participating. Each committee member agreed to relay information from the participated training during a Steering Committee meeting that follow that training.

   c. Review of Treatment Court Participant Handbook:
      Committee agreed on final updates to the Participant Contract and ok'd K. Christensen to send to DOJ for further review.

   d. Review of Treatment Court Participant Contract:
      Committee agreed on final updates to the Participant Contract and ok'd K. Christensen to send to DOJ for further review.

   e. Review of Phase Packages and Phase Up Applications:
      Committee approved updates in Phase 2 Application and completed further updates in Graduation Application to be reviewed and approved at next meeting, September 14th. Updated application to be attached in September 14th agenda packet.

   f. Steering Committee Next Steps
      Committee discussed steps and agreed to dates and assigned responsibilities. Committee also voted on the number of agreed participant referrals for the first year of Treatment Court. Committee proposed up to 3 participant referrals would be accepted by December 31st, 2020. Then beginning January 1, 2021, Treatment Court would accept one new participant referral every other month. J. Krebsbach motioned to adopt participant referrals as indicated above, seconded by S. Seyfer. Motion to carried by unanimous voice vote.

Note: These minutes are subject to review and approval of the Treatment Court Steering Committee
6. **Matters to be placed on future agenda:** None

7. **Next Meeting Date:** Set next meetings for September 14th and 28th at 12pm.

8. **Adjourn:** Motion by J. Krebsbach, second by D. Altepeter to adjourn. Motion carried by unanimous voice vote. Meeting adjourned at 1:45 p.m.
APPLICATION FOR GRADUATION

Door County Treatment Court

Complete and turn into Court Services Coordinator

*Please see the Court Services Coordinator if you need assistance completing the application

NAME: _______________________________________________________

CURRENT ADDRESS: ____________________________________________

PHONE NUMBER: ______________________________________________

EMAIL: _________________________________________________________

DATE TURNED IN: ______________________________________________
GRADUATION APPLICATION

In order to phase up you must have met all the requirements of Phase Five. Please review those prior to completing this application.

☐ Have you been in Phase 5 for a minimum of 90 days? Date started Phase 5:_______________

☐ Have you had a minimum of 90 consecutive days of sobriety? Sobriety date: ______________

☐ Have you maintained stable housing? Date of move-in: _________________________________

☐ Are you in compliance with supervision? Yes or No
What have you identified as your driver in your probation case plan? _____________________
What have you done to address your driving factors? ______________________________________

Probation verification signature: __________________________________ DATE: ______________

☐ Are you engaged in treatment and attending regularly? Yes or No
Counselor verification signature: __________________________________ DATE: ____________

☐ Name three things you learned from treatment that will assist you in maintaining a substance free life:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

☐ List at least three main elements of your relapse prevention plan:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

☐ Are you engaged in recovery support groups? Which groups or what is your home group: ________

☐ Name three things you learned from your recovery support groups that will assist you in maintaining a substance free life:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Name positive support connections you have made since being in Treatment Court (you do not need to give names, but if it is an individual, who is that person in relation to you and why they are a positive support person for your sobriety):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Have you completed MRT- Criminal Thinking Group?

Counselor verification signature: ________________________________ DATE: ____________

Name three things you learned from your MRT – Criminal Thinking Group?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

What pro-social activities are you engaged?

__________________________________________________________________________________

What do you find most rewarding about participating in your pro-social activities?

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Identify 3 community resources you can reach out to if you need additional support:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Describe how your recovery has affected your relationship with others (spouse, children, parents, sisters/brothers, and close friends):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

If applicable, have you re-united with any of your children during your Treatment Court Program?

__________________________________________________________________________________

Are you currently employed?  Yes or No

If yes, where are you employed?

__________________________________________________________________________________

If no, what are your plans for future employment? If you are employed, do you have any future employment goals?

__________________________________________________________________________________
Are you currently enrolled in school or vocational training?  Yes or No
If yes, where are you attending? ____________________________________________
What type of degree or training are you enrolled in? ___________________________
If applicable, what are your educational plans or goals? ________________________

List all of the incentives you received during Phase 5: __________________________
Do you think these incentives were beneficial? Yes or No
If not, what type of incentives do you think would be beneficial? ________________

List the type of sanctions you received during Phase 5: ________________________
If jail was a sanction, how many days total did you serve during Phase 5?________
Do you think these sanctions were beneficial in changing your negative behavior? Yes or No
Explain:________________________________________________________________

Describe 3 accomplishments you achieved during Phase 5:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

What accomplishment are you most proud of since starting your Treatment Court Program and why?
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Identify 3 of your biggest struggles in Phase 5:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
☐ What do you think was your biggest obstacle during your Treatment Court Program?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

☐ List 3 specific goals you would like to accomplish after your graduation:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

☐ Why do you believe you should graduate from the Treatment Court Program?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Based on the above, I respectfully request that the Treatment Court Team approve my application for graduation.
Participant signature ________________________________ Date submitted: __________

This application has been approved by: ____________________________________________
Signature: ________________________________ Date approved: ________________________
Coordinator notifies individual and referral source.

Team agrees individual is eligible.

Referred eligible Individual pleads guilty or no contest. Judge sentences them to probation, and as a condition of probation individual must participate in Treatment Court.

Coordinator meets with individual to sign contract, ROI, Ex-Parte forms, and give Treatment Court participant Treatment Court Materials.

Participant begins Treatment Court Program.

Coordinator conducts an assessment and UNCOPE screener with referred individual.* Has individual sign assessment release form.

Ineligible. Referred individual scores low recidivism risk, low-medium criminogenic needs, and less than a 2 on the UNCOPE.

Ineligible. Referred individual has a mild substance use disorder diagnosis.

Individual is referred to DHHS for an AODA assessment.

DHHS Therapist conducts an AODA assessment and sends report to Coordinator.

Eligible. Referred individual has a moderate to severe substance use disorder diagnosis.

Eligible. Referred individual scores on COMPAS assessment as medium to high recidivism risk, high criminogenic needs, 2 or more on the UNCOPE, and meets all other eligibility requirements.

Coordinator conducts an assessment and UNCOPE screener with referred individual. Has individual sign assessment release form.

Coordinator conducts an assessment and UNCOPE screener with referred individual.

Coordinator conducts an assessment and UNCOPE screener with referred individual.

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Coordinator conducts an assessment and UNCOPE screener with referred individual.

Coordinator conducts an assessment and UNCOPE screener with referred individual.
DOOR COUNTY
TREATMENT COURT REFERRAL

<table>
<thead>
<tr>
<th>Form Completed By:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Referral Source:</td>
</tr>
</tbody>
</table>

**APPLICANT INFORMATION:**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>DATE OF BIRTH:</th>
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<tr>
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</table>

<table>
<thead>
<tr>
<th>PHONE NUMBER:</th>
<th>ADDRESS:</th>
</tr>
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</table>

Door County Resident? □ Yes or □ No

<table>
<thead>
<tr>
<th>Employment Status:</th>
<th>Race/Ethnicity:</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Housing Type:</th>
<th>Last 4 digits of SSN:</th>
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<table>
<thead>
<tr>
<th>Gender Identity:</th>
<th>Primary Language spoken:</th>
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<tr>
<th>Level of Education:</th>
<th>Insurance Information:</th>
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<tr>
<th>Marital Status:</th>
<th>Number of Children:</th>
</tr>
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</table>

Served in the US Armed Forces, National Guard, or Reserves? List which branch, dates served and discharge type:
Does the applicant currently have defense counsel? □ Yes or □ No

<table>
<thead>
<tr>
<th>Current/Pending Charges and Case Number:</th>
<th>For ATRs- Current Conviction:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Next Scheduled Court Date and Branch:</th>
<th>Type of Hearing (pre-trial, trial, sentencing, etc.):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Supervision Status:</th>
<th>Agent Name:</th>
</tr>
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</table>

**CRIMINAL HISTORY**

<table>
<thead>
<tr>
<th>DATE:</th>
<th>OFFENSE:</th>
<th>LOCATION:</th>
<th>DISPOSITION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Does the applicant currently have defense counsel? □ Yes or □ No

Name of Defense Counsel and Phone Number

<table>
<thead>
<tr>
<th>Current AODA/Mental Health Treatment:</th>
<th>Previous AODA and/or Mental Health Diagnosis:</th>
</tr>
</thead>
</table>

If applicant has had a previous AODA Assessment completed, list date(s) completed and with what agency.
<table>
<thead>
<tr>
<th>Reason for Referral (pending charges, term of probation, ATR) and explanation of how and why criminal behavior is related to diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observable Characteristics of Mental Illness/Distress/AODA:</td>
</tr>
<tr>
<td>Previous Drug or Alcohol Treatment (i.e. detox, residential, outpatient, etc.):</td>
</tr>
<tr>
<td>Previous Mental Health Treatment (i.e. hospitalization, residential, outpatient, etc):</td>
</tr>
<tr>
<td>General Health Issues/Concerns or Service Connected Disability:</td>
</tr>
</tbody>
</table>
DOOR COUNTY
TREATMENT COURT REFERRAL

To be filled out by the applicant:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why do you want to join Treatment Court?</td>
<td></td>
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<tr>
<td>What goals would you like to accomplish while in Treatment Court?</td>
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<tr>
<td>What are you willing to do to accomplish the above goals?</td>
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</tbody>
</table>
MEMORANDUM OF UNDERSTANDING DOOR COUNTY TREATMENT COURT PROGRAM

This memorandum of understanding is made by and between the Door County Treat Court Program, Department of Health and Human Services, Department of Corrections, District Attorney’s Office, Public Defender’s Office, Sheriff’s Office, Sturgeon Bay Police Department, and State of Wisconsin Circuit Court.

The parties to this agreement agree that the following should be the mission of the Treatment Court: “The mission of the Door County Treatment Court is to use an evidence-based judicial process to enhance public safety and restore sober, productive, and law-abiding citizens to the community.”

The parties to this agreement support and endorse the goals and mission of Treatment Court in order for participants to eliminate future criminal behavior, improve the quality of their lives and the well-being of the community. In keeping with best practice, the parties to this agreement are also expected to work together to comply with grant and state regulations, and maintain confidentiality of each participant in the Treatment Court.

For this program to be successful, cooperation must occur within a network of systems in order to facilitate and achieve the mission of Treatment Court. To achieve this the parties to this agreement, recognize that each has a responsibility to attend all Treatment Court Team staffings, meetings, and Treatment Court hearings. The parties agree to ongoing communication and the sharing of information and participant progress with all parties to this agreement in a timely fashion. During each staffing, each team member recommends appropriate sanctions and incentives.

THEREFORE, IT IS AGREED THE FOLLOWING SHALL BE THE INDIVIDUAL AGENCY RESPONSIBILITIES AND STAFF COMMITMENTS:

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES:

TREATMENT PROVIDER:

1. Provide treatment using evidenced based practices
2. Conduct and verify assessments and referrals as needed
3. Monitor progress of participant through Stages of Change
4. Establish rapport with participant
5. Ensure signing of all confidential releases required for communication with Treatment Court Team
6. Coordinate/Advocate for pro-social activities

Ethical Considerations

- The Treatment Provider must keep its integrity to the client
- The Treatment Provider must have a valid release of information executed before sharing patient information
- The Treatment Provider only needs to share information that is pertinent to court requirements (i.e.; attendance, testing results, where client is in treatment, changes in client treatment)

**COURT SERVICES COORDINATOR:**

1. Evaluate potential participants for eligibility
2. Conduct assessments and intake
3. Make referrals for programming as needed
4. Verify & monitor participant compliance with program and treatment requirements
5. Collect all relevant information and distribute at Treatment Court team meetings
6. Coordinate and monitor all Treatment Court drug testing
7. Gather and input data for evaluator
8. Monitor data management system
9. Supervise day-to-day operations
10. Maintain a confidential file on each participant
11. Monitor budget and financial management
12. Review policies and practices and monitor need for changes
13. Facilitate team/staff meetings
14. Set agenda for meetings
15. Act as community liaison
16. Help coordinate funding sources/Grant Writing/Grant Management

**Ethical Considerations**

- The Coordinator must be knowledgeable of each team members ethical boundaries and how they are incorporated into the treatment court

**THE DEPARTMENT OF CORRECTIONS:**

1. Provide community supervision of each participant
2. Complete COMPAS assessment if not already completed
3. Make referrals to community resources
4. Carry out drug testing per standard DOC policy
5. Perform home/school/employment visits
6. Monitor compliance through meetings with collateral contacts
7. Monitor and encourage participant’s compliance with programs
8. Impose sanctions and rewards
9. Work with DA’s office and Defense Attorney to identify potential participants for Alternatives to Revocation
10. Gather data for the evaluator
Ethical Considerations

- The Probation Officer must make decisions to protect public safety
- The Probation Officer must inform the court of non-compliance with judicial orders in a timely manner

THE DISTRICT ATTORNEY’S OFFICE:

1. Review potential participants for eligibility
2. Make referrals to Treatment Court
3. Maintain a non-adversarial role during Treatment Court proceedings
4. Ensure compliance with State law
5. Negotiate and complete plea agreements on behalf of the State
6. Educate peer professionals on effectiveness of program and changes in state law that affect the program
7. Act as community advocate for effectiveness of program
8. Make recommendations for charging and/or sentencing after revocation if the participant is terminated from the program
9. Work with Defense Attorney and DOC to identify potential participants

Ethical Considerations

- The Prosecutor must make decisions to protect public safety
- The Prosecutor must advocate for the victims’ interest

THE PUBLIC DEFENDER’S OFFICE:

1. Discuss pros and cons with potential participant before entering Treatment Court
2. Review cases for potential legal issues
3. Discuss resolution of case with District Attorney before entering Treatment Court
4. Remain accessible to participant
5. Advocate for fair process
6. Be prepared to practice a different kind of law in non-adversarial manner
7. Facilitate representation for the participant in termination proceedings if eligible

Ethical Considerations

- The Public Defender must demonstrate integrity to the client
- The Public Defender must protect attorney/client privilege
- The Public Defender must insure the client’s due process rights are protected

DOOR COUNTY SHERIFF’S OFFICE AND STURGEON BAY POLICE DEPARTMENT:

1. Assist DOC in home visits and checks on participants
2. Allow for incarcerated participants to attend treatment and jail services as requested by the participant and the Treatment Court Team

3. Facilitate Treatment Court attendance and supervision for incarcerated participants

**Ethical Considerations**
- Law Enforcement must protect public safety
- Law Enforcement is sworn to uphold the law and serve their community

**THE DOOR COUNTY CIRCUIT COURT:**

**JUDGE:**
1. Preside over courtroom proceedings
2. Explain legal rights, options, and program requirements at orientation and confirm them with each participant as they enter the program
3. Impose appropriate incentives and sanctions
4. Review treatment progress and address it directly with the participant in Court, considering the recommendations of the Treatment Court Team
5. Supervise Treatment Court administration
6. Ensure compliance with Treatment Court program rules by participants
7. Provide final decision in outcome of participant’s progress or termination

**Ethical Considerations**
- The Judge must show impartiality
- The Judge must be aware of ex parte communication
- The Judge must demonstrate judicial authority
- The Judge must not give up their final decision-making authority
- The Judge must recognize constitutional rights and follow appropriate legal processes

**EVALUATOR:**
1. Evaluate process and outcomes
2. Give information to help improve the Treatment Court and make it more successful
3. Help facilitate team understanding of areas needing improvement
4. Set up evaluation process – what and how information will be collected and maintained, how analyzed, etc.

**EMPLOYMENT REPRESENTATIVE:**
1. Provide participant educational and vocational resources where necessary
2. Oversee participant’s vocational and educational programming
3. Serve as liaison between Treatment Court and employment community
RECOVERY COMMUNITY RESPRESENATIVE:

1. Connect participants to recovery-supportive resources that are instrumental to sustaining recovery
2. Serve as a liaison to formal and informal community supports, resources, and recovery-supporting activities

CONFIDENTIALITY

All parties agree assigned participants of their respective agencies shall attend all scheduled Treatment Court staffings and Treatment Court meetings. They shall maintain the confidentiality of the details and content of the Treatment Court Team discussions, and the votes of the individual Treatment Court Team members. No Treatment Court Team member shall disclose this confidential information to any third person absent agreement by the majority of the Treatment Court Team members, or pursuant to court order. No agency or Treatment Court Team member shall disclose confidential information regarding participants without the consent of such participant and approval of the Treatment Court Team.

AGREEMENT MODIFICATIONS

Any individual agency wishing to amend/modify this agreement will notify the Treatment Court Team. The Treatment Court Team will address the issue(s) for purposes of modifying/amending the issue(s). The issue(s) will be decided by consensus (if possible) or by simple majority.

TERMINATION OF AGREEMENT

Individual agencies contemplating termination of their participation in this agreement shall first notify the Treatment Court Team of their concern. The Treatment Court Team will attempt to resolve the problem to ensure continuation of the Treatment Court. If unable to resolve the problem, the individual agency or department can exercise its right to terminate this agreement by notifying all other agencies in writing a minimum of 90 days prior to such termination.

________________________________________________________________________

DHHS - TREATMENT PROVIDER

DATE

________________________________________________________________________

DHHS – COURT SERVICES COORDINATOR

DATE
### Drug Treatment Court Response Guide for Violations and Positive Behavior

<table>
<thead>
<tr>
<th>ACCOUNTABILITY RESPONSES</th>
<th>NEGATIVE</th>
<th>BEHAVIOR</th>
<th>POSITIVE</th>
<th>Suggested Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reset sobriety date</td>
<td>• Positive drug test/PBT/SCRAM with honesty</td>
<td>• Attendance at all court hearings</td>
<td>• Verbal praise and affirmation</td>
<td></td>
</tr>
<tr>
<td>Delay phase up</td>
<td>• Insufficient (Insults) 2% sample</td>
<td>• Support for scheduled drug tests; be punctual for drug tests and office visits; submit a valid UA</td>
<td>• Applause in court</td>
<td></td>
</tr>
<tr>
<td>Review Participant contract/Program Conditions</td>
<td>• Late to appointment / missed appointment</td>
<td>• Attend all appointments; arrive on time; notify providers of tardiness or absence; make-up missed appointment within a timely manner</td>
<td>• Points toward fishbowl</td>
<td></td>
</tr>
<tr>
<td>Verbal admonishment</td>
<td>• Failure to present required documentation</td>
<td>• Attend DTC orientation/Coping Skills groups</td>
<td>• More card with message</td>
<td></td>
</tr>
<tr>
<td>Increased Communication &amp; Reminders</td>
<td>• Failure to notify parties of changes in address and contact information *</td>
<td>• Obtain a sponsor/mentor</td>
<td>• Other individualized incentives</td>
<td></td>
</tr>
<tr>
<td>Adjust Reporting Schedule</td>
<td>• Failure to meet recovery hours</td>
<td>• Participate in a positive ( sober ) leisure activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Case Staffing</td>
<td>• Failure to attend support groups</td>
<td>• Provide requested verifications and physician disclosure forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Changing Responses</td>
<td>Case Management Intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Joint Problem Solving Sessions</td>
<td>Reflective Writing Assignment</td>
<td></td>
<td></td>
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<tr>
<td>Case Staffing</td>
<td>Executive Counseling/Treatment plan</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Cognitive Intervention</td>
<td>Community Service</td>
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</tbody>
</table>

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<thead>
<tr>
<th>ACCOUNTABILITY RESPONSES</th>
<th>NEGATIVE</th>
<th>BEHAVIOR</th>
<th>POSITIVE</th>
<th>Suggested Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any low responses plus</td>
<td>• Failure to report police contact/new arrest</td>
<td>• Clean UA/PBT; no missed, refusal or dishonest positive UA/PBT/SCRAM</td>
<td>• Any of the above responses</td>
<td></td>
</tr>
<tr>
<td>Increased Reporting Schedule</td>
<td>• Failure to engage in treatment</td>
<td>• Engage in treatment; develop support system; attend support groups; complete Coping Skills; Phase V</td>
<td>• Certificate of Accomplishment</td>
<td></td>
</tr>
<tr>
<td>Increase frequency of UA/PBT testing</td>
<td>• Report of unacceptable/detrimental behavior</td>
<td>• Enter treatment settings whose primary function is sale of alcohol or gambling</td>
<td>• Irish Bowl draw</td>
<td></td>
</tr>
<tr>
<td>Behavioral Change Responses</td>
<td>Any low responses plus</td>
<td>• Failure to report new arrest</td>
<td>• Engage in treatment; develop support system; attend support groups; complete Coping Skills; Phase V</td>
<td>• Person of the Week</td>
</tr>
<tr>
<td>Revisions to Treatment Plan/release prevention plan/case management plan</td>
<td>• Failure to perform assigned tasks after court</td>
<td>• Comply with court orders and directives; submit phase up letters and written assignments</td>
<td>• Early call on docket</td>
<td></td>
</tr>
<tr>
<td>Case Staffing</td>
<td>• Continued association with drug users</td>
<td>• Live in drug-free housing; follow housing rules</td>
<td>• Permission to travel</td>
<td></td>
</tr>
<tr>
<td>Bring Before The Court</td>
<td>• Missed/refusal or dishonest positive drug/PBT/SCRAM</td>
<td>• Complete Restitution/Time/Child support payment plan</td>
<td>• Positive note from team</td>
<td></td>
</tr>
<tr>
<td>Execute a Behavioral Contract</td>
<td>• Failure to adequately address mental or physical health needs **</td>
<td>• Positive report from 3rd party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mandate attendance at Self Help Groups</td>
<td>• Failure to comply with restitution plan/budget</td>
<td>• Medication and Treatment Compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cognitive Intervention</td>
<td>• Failure to take steps to improve literacy/education/vocational training/employment/obtain income/secure housing</td>
<td>• Take steps to improve education/vocation and employment skills</td>
<td></td>
<td></td>
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<tr>
<td>Community Service</td>
<td>• Attending businesses that conflict with recovery</td>
<td>• Develop plan to address family/marital issues</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCOUNTABILITY RESPONSES</th>
<th>NEGATIVE</th>
<th>BEHAVIOR</th>
<th>POSITIVE</th>
<th>Suggested Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any low or moderate responses plus</td>
<td>• Suspended UA</td>
<td>• Demonstrate use of recovery skills, pattern of continued sobriety, active engagement in recovery activities and/or taking a leadership role in recovery activity or prosocial activity</td>
<td>• Any of the above responses</td>
<td></td>
</tr>
<tr>
<td>Increased notification of DTC team</td>
<td>• Violation of GPS conditions/SCRAM</td>
<td>• Maintain healthy support system, active engagement in healthy, prosocial activities, peers and relationships. Active engagement in Phase V</td>
<td>• Phase up</td>
<td></td>
</tr>
<tr>
<td>Jail sanction</td>
<td>• Dishonest positive UA/PBT/SCRAM when on medication assisted treatment</td>
<td>• Demonstrate good problem solving, coping and decision making skills</td>
<td>• Increased Frequency/Level of Reporting</td>
<td></td>
</tr>
<tr>
<td>Earlier Court Date/On Bench Warrant Issued</td>
<td>• Continued substance use while on MAT</td>
<td>• Maintainment of safe, drug free housing; employment; class and job training attendance</td>
<td>• Positive Feedback to Court</td>
<td></td>
</tr>
<tr>
<td>Revocation/Termination of Agreement</td>
<td>• Failure to actively participate in treatment as required by DTC</td>
<td>• Active participation in mental health counseling; healthy pain management regimen; and demonstrate self efficacy in physical and mental health</td>
<td>• Recognition Ceremony in Court</td>
<td></td>
</tr>
<tr>
<td>Add GPS Monitoring/SCRAM or additional conditions such as curfew, house arrest no contact order</td>
<td>• New criminal charges</td>
<td>• Forgery or alteration of document</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amend DTC agreement to include additional charges</td>
<td>• Amend court appearance</td>
<td>• Violence at contact order/stay away order/continued engagement in unhealthy relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Change Responses</td>
<td>Any low or moderate responses plus</td>
<td>• Failure to report to J2 after negative treatment discharge</td>
<td>• Failure to report to J2 after negative treatment discharge</td>
<td></td>
</tr>
<tr>
<td>Case Staffing</td>
<td>• Repeated moderate violations (2x)</td>
<td>• Repeated moderate violations (2x)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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* ** denotes a moderate violation for Phase 3 and Phase 4

** Includes taking medications as prescribed
INCENTIVES AND SANCTIONS

INCENTIVES MAY INCLUDE, BUT ARE NOT LIMITED TO:

- Positive feedback/praise from the Judge, treatment court team member, or family member
- Applause in Court
- Special acknowledgement for maintaining sobriety & other accomplishments
- Increased privileges
- Lowered reporting standards with the Coordinator and Probation Agent
- Before and after pictures
- Sobriety tokens
- Certificates of accomplishment
- Phone cards
- Ride vouchers
- Graduation ceremony
- Gift Certificates
- Movie passes
- Hair cuts
- Fish Bowl drawings for appearance and extra slips

SANCTIONS MAY INCLUDE BUT ARE NOT LIMITED TO:

- Verbal warning
- Letter of apology
- Limitation or decrease in privileges
- Reading, writing or other assignment
- Journaling
- Peer review
- Behavior contract
- Community service hours
- Take away driving privileges
- Electronic Monitoring (EMP)
- Increased reporting to court and/or coordinator/probation agent
- Increased drug or alcohol testing
- Extension of current phase
- Disciplinary custody
- Imposition of Jail Time
- Termination from the program