

Waukesha County Alcohol Treatment Court Participant Handbook (3rd) July 2017



**Kristy Gusse; Assistant Program Director
Kristin Keck; Case Manager
Mary Wittwer; Director of Waukesha and Jefferson Programs**

TABLE OF CONTENTS

	Page #
1. Mission Statement	3
2. Program Information	3
3. Introduction	5
4. Waukesha County Alcohol Treatment Court Team Members	6
5. Overview of Program	8
6. Phases	
A. Phase I	9
B. Phase II	10
C. Phase III	11
D. Phase IV	12
7. SCRAM CAM Rules	13
8. Commencement Requirements	14
9. Waukesha County Alcohol Treatment Court Rules	15
10. What Your Case Manager Needs to Know	17
11. Drug/Alcohol Testing Rules and Procedure	18
12. Drug/Alcohol Testing Protocols	20
13. Self-Help Support Meeting Rules	26
14. Program Compliance and Noncompliance	27
15. Incentives and Sanctions	28
16. Sanction/Discharge Rights and Procedures	29
17. Participant Contract	30
18. Prescription medication form	31
19. Client Rights Statement	32
20. Grievance Procedure	33

Mission Statement

The mission of the Waukesha County Alcohol Treatment Court (ATC) is to protect the public by reducing recidivism among OWI offenders through intensive court supervision and treatment.

Program Information

The presiding Alcohol Treatment Court Judge is Judge Michael Aprahamian.

Court is held every Thursday from 2:30 P.M. to 4:30 P.M. in courtroom 115 unless otherwise noted.
You must stay for the entire court session unless excused!

The public defenders working on the team are Sam Benedict, Katie Kegal and Kelsey Loshaw.

The District Attorney is Susan Opper and the Assistant District Attorney is Abbey Nickolie.

Your case managers are Kristy Gusse and Kristin Keck.

Their contact information is:

Office Phone Number: (262) 544-4600 *Please use during office hours*

Drug Testing Line: (414) 921-0409 & (866) 207-2911

Drug Testing ID #: _____

Cell Phone Numbers: (262) 993-1271 (Kristy)
(262) 993-1796 (Kristin)

Fax Number: (262) 544-9456

WCS Address: 414 W. Moreland Blvd. Room 200
Waukesha, WI 53188

Email Addresses: Kristy Gusse – kgusse@wiscs.org
Kristin Keck – kkeck@wiscs.org

WCS Office Hours: 7:00 A.M. to 6:00 P.M. – Monday thru Thursday
7:00 A.M. to 4:00 P.M. – Friday
7:00 A.M. to 11:00 A.M. – Saturday

Drug Testing Times: Monday thru Saturday at WCS 7:00A.M. to 9:30 A.M.
Sundays & Holidays at a local police department 7:00A.M. to 9:30 A.M.

*If you are required to submit drug screens please be in one hour **before** our office closes. You will be provided one opportunity to provide a specimen **no later** than ½ hour before our office closes*

Absences: Only you, and NOT a family member, are required to call your case manager if you will be unable to attend your treatment sessions, meetings with your case manager, or court sessions. Any reasons for a missed appointment will be discussed with the Alcohol Treatment Court Team and, if deemed necessary, a sanction will be imposed. You need to notify your case manager 24 hours in advance if you need to reschedule your appointment or adjust your SCRAM CAM schedule. Failure to do so may also result in a sanction.

Introduction

In 2006, Waukesha County implemented the Alcohol Treatment Court (ATC) Program for alcohol and other drug dependent offenders. The ATC Program was created in response to the serious community problem of operating while intoxicated by repeat drunk drivers. As of November 2016, there are 74 active drug courts in Wisconsin, and the Waukesha program is the first to focus solely on alcohol as the drug of choice.

The Waukesha County Alcohol Treatment Court offers its participants the opportunity to break the cycle of drunk driving, to improve their chance of a sober and healthy life, and to contribute to a safe community while under strict judicial and community supervision.

This program's multifaceted approach utilizes a team concept made up of the Judge, ATC Case Manager, ATC Coordinator, Defense Attorney, District Attorney, Department of Corrections and treatment professionals. It is a four-phase program and the intensity of services decrease as participants progress through the program.

In each phase, participants must comply with routine court appearances, case management appointments – including office and home visits, treatment requirements and random alcohol and drug testing. Intensive case management is critical to support and monitor participants so that they can achieve their goals.

Treatment for participants consists of: assessment and treatment planning, individual and/or group counseling for substance use and other issues, regular attendance at community self-help support meetings, and assistance with education, life skills, parenting, financial and employment issues.

Positive reinforcement is provided for compliance in the program. Sanctions and therapeutic interventions is imposed for non-compliance.

The length of stay in the program is dependant on each participant's progress as they move through the four phases. Graduation **may** occur within one year, but it could take longer based on the participant's treatment needs and compliance with program requirements.

Participation in the program requires payment of a program fee. The fee will be assessed by Waukesha County based on ability to pay. WCS case managers will provide newly admitted participants with information which directs them to send relevant financial information to Waukesha County to be assessed the appropriate fee. **You must be assessed a program fee in order to be promoted to Phase III.** Participants will receive a monthly invoice from Waukesha County to submit monthly payments through the mail directly to Waukesha County or to WCS, which is turned over weekly. The Alcohol Treatment Court Team will monitor compliance with the program fee. Failure to comply with the monthly program fee may result in termination from the program and a referral to Waukesha County Collections.

WAUKESHA COUNTY ALCOHOL TREATMENT COURT TEAM MEMBERS

The team consists of the Judge, the Alcohol Treatment Court Coordinator, Case Manager, District Attorney, Defense Attorney, Department of Corrections and treatment provider. Prior to weekly court sessions, the team reviews the progress of those participants scheduled to appear in court that week. WCS prepares staffing reports detailing the progress of participants in the program. The team strives to reach consensus whenever possible. The Judge, however, has the final authority on case management issues.

CASE MANAGER

The case manager's role is to oversee the participant's recovery and treatment program, and is the link between the Court, the participant, and the treatment provider.

The case manager is responsible for:

- assessing potential participants for eligibility in the program
- monitoring and encouraging participants during their program
- maintaining participant information
- providing the Court with current information about client progress
- recommending treatment changes to the Court

The case manager also has specific responsibilities in the following areas:

- a. **Alcohol Treatment Court Team Staffings:** The case manager is a member of the Alcohol Treatment Court Team and is responsible for the preparation of cases for review at the team staffings. In addition, the case manager may, at anytime, provide information concerning any participant to the Alcohol Treatment Court Judge on a formal or informal basis; provided the necessary waivers have been signed by the participant and the content of the communication is made known to the participant.
- b. **Referrals:** The case manager refers Alcohol Treatment Court participants to providers for substance abuse treatment and other services, as determined in the case plan developed by the case manager and approved by the Court. The case manager maintains close contact with the treatment provider and monitors the services received by the participant.
- c. **Case Management:** The case manager periodically assesses the progress of each participant and the participant's adherence to the requirements of the Alcohol Treatment Court and the participant's approved case plan. They update the case plan as needed and make recommendations to the Court for appropriate changes.
- d. **Other Direct Client Services:** The case manager ensures participants are linked to services within Waukesha County on an as-needed basis, including: family counseling, education, group counseling and other activities as may be reasonably appropriate to maintain a client in the Alcohol Treatment Court Program.
- e. **Participant Documentation:** The case manager maintains a written record on each participant.

DEFENSE ATTORNEY

Each participant may have their individual attorney attend any and all treatment court staffings that occur prior to each treatment court session, as well as the court sessions.

DISTRICT ATTORNEY

A representative of the District Attorney's Office may attend all court staffings and treatment court sessions. The District Attorney also makes the initial eligibility determination of each participant.

TREATMENT PROVIDERS

The treatment providers have the primary responsibility for educating the participants and helping them deal with their alcohol and other drug abuse issues. They are responsible for ensuring that each participant is provided the treatment that he or she needs.

DEPARTMENT OF CORRECTIONS

A representative from Department of Corrections who supervises participants, attends the team staffing, providing updates on the participants' progress and compliance with their supervision.

THE JUDGE

The Judge plays a continuous role in reviewing treatment progress. The Judge responds to each participant's positive efforts and noncompliant behavior.

- a. The Judge presides over the Alcohol Treatment Court sessions and staffings.
- b. The Judge meets weekly with the Alcohol Treatment Court Team and is actively involved in determining appropriate sanctions and incentives.

OVERVIEW OF PROGRAM-3rd offense

	PHASE I 90 Days*	PHASE II 90 Days*	PHASE III 90 Days*	PHASE IV 90 Days*
Court Obligations	-Appear before Judge every two weeks *More frequently if non-compliant	-Appear before Judge every four weeks *More frequently if non-compliant	-Appear before Judge every four weeks *More frequently if non-compliant	-Appear before Judge every four weeks *More frequently if non-compliant
Supervision/ Monitoring Requirements	-15 days jail & 30 days SCRAM CAM -Meet with case manager at least once every week -Random alcohol testing at least 2 times per week following SCRAM	-Meet with case manager at least once every 2 weeks -Random alcohol testing at least 2 times/ week	-Meet with case manager at least once every 2 weeks -Random alcohol testing at least 2 times/ week	-Meet with case manager at least once/ month -Random alcohol testing at least 2 times/ week
Treatment Requirements	-Assessment and individualized treatment plan - Attend at least 2 self-help meeting per week - Obtain a sponsor and have minimum of weekly contact	-Attend treatment as identified in assessment -Attend at least 2 self-help meetings per week -Minimum of weekly contact with sponsor	-Attend treatment as identified in assessment -Attend at least 2 self-help meetings per week -Minimum of weekly contact with sponsor	-Develop aftercare plan -Attend AODA recovery group 1 time/month -Attend 2 self-help meetings per week -Minimum of weekly contact with sponsor
Other Requirements	- Attend Victim Impact Panel (if not previously attended) -Attend one ATC/HHS Alumni meeting per month	Attend Victim Impact Panel (if not previously attended) -Attend one ATC/HHS Alumni meeting per month	Attend Victim Impact Panel (if not previously attended) -Attend one ATC/HHS Alumni meeting per month	-Pre-graduation conference and exit interview -Attend one ATC/HHS Alumni meeting per month

All program components represent **minimum requirements. Phase length represents minimum time frame required to complete. It is expected that most participants will remain in Alcohol Treatment Court for 12 months.*

Waukesha County Alcohol Treatment Court Phase I Contract

Name _____

In addition to the rules listed previously, you will also be required to:

1. Report to your case manager's office in person, at least once per week, and/or as directed by your case manager.
2. Comply with SCRAM CAM requirements (See page 12)
3. Attend substance abuse counseling and/or group sessions as directed by your treatment provider.
4. Submit to random urinalysis and/or breath/blood tests at least two times per week following SCRAM CAM, or as directed by your case manager and/or treatment provider. (See page 1 for the procedure)
5. Attend Alcohol Treatment Court every two weeks, or as directed by your case manager. **You will be required stay until the end of each court session!**
6. Attend at least two self-help support meetings per week and provide written verification, as directed by the case manager. (See page 25)
7. Obtain a sponsor. Contact your sponsor at least once per week and provide written verification, as directed by case manager.
8. Attend **one** ATC/HHS Alumni meeting per month.
9. Attend a Victim Impact Panel (if no previously attended).
10. Comply with Drivers Safety Plan.
11. Participant must stay current with financial obligations and be assessed a monthly program fee by the end of Phase II, including but not limited to: monthly program participation fee, SCRAM fees, and OWI fine payment plan.

I understand and agree to abide by all conditions and rules of the Phase I Contract. Any violation of these conditions may result in sanctions, incarceration, or expulsion from the program.

I understand that I will be required to serve the minimum mandatory jail sentence. I may be eligible to serve this in the Waukesha County Jail or Huber Facility, or be placed on electronic monitoring or SCRAM, as determined by the Treatment Court Judge.

Participant

Date

Case Manager

Date

Waukesha County Alcohol Treatment Court Phase II Contract

Name _____

In addition to the rules listed previously, you will also be required to:

1. Report to your case manager's office, in person once every two weeks, and/or directed by your case manager.
2. Attend substance abuse counseling and/or group sessions as directed by your treatment provider.
3. Submit to random urinalysis and/or breath/blood tests at least twice a week, or as directed by your case manager and/or treatment provider. (See page 17 for the procedure)
4. Attend Alcohol Treatment Court every four weeks, or as directed by your case manager. **You will be required stay until the end of each court session!**
5. Attend at least two self-help support meetings per week and provide written verification, as directed by your case manager. (See page 25)
6. Continue contact with your sponsor at least once per week and provide written verification, as directed by the case manager.
7. Attend **one** ATC/HHS Alumni meeting per month.
8. Attend Victim Impact Panel (if not previously attended).
9. Comply with Drivers Safety Plan.
10. Must be assessed a program fee.
11. Participant must stay current with financial obligations, including but not limited to: monthly program participation fee, SCRAM fees, and OWI fine payment plan.

I understand and agree to abide by all conditions of the Phase II Contract. Any violation of these conditions may result in possible sanctions, incarceration, return to Phase I or expulsion from the program.

Participant

Date

Case Manager

Date

Waukesha County Alcohol Treatment Court Phase III Contract

Name _____

In addition to the rules listed previously, you will also be required to:

1. Report to your case manager's office, in person once every two weeks, and/or as directed by your case manager.
2. Attend substance abuse counseling and/or group sessions as directed by your treatment provider.
3. Submit to random urinalysis and/or breath/blood tests at least twice a week, or as directed by your case manager and/or treatment provider. (See page 17 for the procedure)
4. Attend Alcohol Treatment Court every four weeks, or as directed by your case manager.
You will be required stay until the end of each court session!
5. Attend at least two self-help support meetings per week and provide written verification, as directed by your case manager. (See page 25)
6. Continue contact with your sponsor at least once per week and provide written verification, as directed by your case manager.
7. Attend **one** ATC/HHS Alumni meeting per month.
8. Attend Victim Impact Panel (if not previously attended).
9. Comply with Drivers Safety Plan.
10. Participant must stay current with financial obligations, including but not limited to: monthly program participation fee, SCRAM fees, and OWI fine payment plan.

I understand and agree to abide by all conditions of the Phase III Contract. Any violation of these conditions may result in possible sanctions, incarceration, return to Phase II or expulsion from the program.

Participant

Date

Case Manager

Date

Waukesha County Alcohol Treatment Court Phase IV Contract

Name _____

In addition to the rules listed previously, you will also be required to:

1. Report to your case manager's office in person, once every four weeks, or as directed by your case Manger.
2. Attend Alcohol Treatment Court at least once a month, or as directed by your case manager. **You will be required stay until the end of each court session!**
3. Submit to random urinalysis and/or breath/blood tests at least twice a week, or as directed by your case manger and/or treatment provider. (See page 17 for the procedure)
4. Attend at least two self-help support meetings per week and provide written verification, as directed by your case manager. (See page 25)
5. Continue contact with your sponsor at least once per week and provide written verification, as directed by your case manager.
6. Attend **one** ATC/HHS Alumni meeting per month.
7. Participant must stay current with financial obligations, including but not limited to: monthly program participation fee, SCRAM fees, and OWI fine payment plan.
8. Other_____.

I understand and agree to abide by all conditions of the Phase IV Contract. Any violation of these conditions may result in possible sanctions, incarceration, return to Phase III or expulsion from the program.

Formal completion of the Alcohol Treatment Court Program means you will never have to serve the balance of your remaining jail days

Participant

Date

Case Manager

Date

SCRAM CAM Rules

The MAXIMUM time you may be allowed out is no more than 12 hours per day-this includes travel time. Schedules must be arranged and approved with WCS staff ONE specific day each week.

Release Privileges:

- Self-help meetings (AA, NA, CA, Celebrate Recovery, SMART Recovery).
- AODA treatment.
- Doctor's appointments: letter confirming appointment day and time on company letterhead.
- Work: must provide pay stubs indicating hours worked.
- Appointments with Probation/Parole Agent.
- Elder care: letter from doctor indicating the name of individual in need of care and documenting the need for care. Address where the elder care will take place.
- Child Care.
- Shopping/errands: must provide all receipts.
- Church: must provide bulletin.
- Work Search: provide applications, business cards.
- Release for Education: this includes high school/college/vocational school. School schedule (official document from the educational institution) is required and must be submitted.
- WCS appointments and court appearances.

Any other requests must have prior approval from the Alcohol Treatment Court Team and the Judge. Failure to follow any of the above rules may cause suspension or revocation of privileges.

Release restrictions:

- Clients must request any change in their schedules with at least 24 hour notice.
- All changes must be approved by staff.
- Clients are not permitted out for more than 12 hours per day, seven days per week.
- Must be reachable by telephone during scheduled hours at the approved work site, childcare site, or other destination.
- Approval for release on holidays must be granted in advance.

Travel:

- Clients are required to take the most direct route to and from their destination with no unauthorized stops and within the allotted travel time.

Overtime:

- When overtime is required, the client must obtain permission from the staff.
- Clients must also provide, on company letterhead, written notification signed by a supervisor listing when work was completed. If overtime is scheduled for a future date, a letter from the employer on company letterhead must be submitted in advance for staff approval.
- All overtime requests for future dates must be submitted at least 24 hours in advance of need.

COMMENCEMENT REQUIREMENTS

Participants will graduate from the program (and not be subject to any further jail sentence or sanctions for this offense) if the following requirements are met:

1. **NO positive urinalyses and/or breath tests within three - six months of commencement.**
 - If the participant has a positive urinalyses and/or breath test within three - six months of anticipated graduation date, contract will be extended for three - six months from date of positive urinalysis and/or breath test. Participant must have three - six months of sobriety in order to graduate (with at least three months of consecutive unassisted sobriety).

2. **NO missed urinalysis and/or breath test within three - six months of commencement.**
 - First missed urinalysis and/or breath test during last three - six months of contract may extend contract a minimum of one week. Second or subsequent missed urinalyses and/or breath test during last three - six months of contract may extend contract for a minimum of two months from date of missed urinalysis and/or breath test.

3. **NO missed court dates, treatment sessions, or case management appointments within three- six months of commencement.**
 - The Court reserves discretion to deny graduation and extend the contract if a miss occurs within three - six months of graduation.

4. **Complete all four phases of the program.**

5. **Pay all financial obligations associated with the offenses**
 - **i.e. program participation fees, SCRAM fees, fines, court costs, attorney fees, Huber fees, and treatment and assessment costs.**

Waukesha County Alcohol Treatment Court Rules

1. Do not possess or consume any alcohol or drugs. This includes “non-alcoholic” beer, foods cooked with alcohol, and drugs not prescribed to you.
2. NO driving/operating any vehicle without a valid driver’s license. You are responsible for all IID readings, including any positives, they will be assumed to be yours. You really should not allow anyone to drive your vehicle to protect yourself. You are also required to get your IID recalibrated monthly.
3. You **must** be a Waukesha County resident throughout your **entire** participation in the program. All participants will be required to provide proof of residency prior to admission.
4. You shall not enter or frequent any establishment whose primary function is the sale of alcohol, including bars, taverns and liquor stores without prior consent.
5. Meet with your case manager as directed, and attend all scheduled court sessions.
6. Your case manager can request an immediate urinalysis/breathalyzer at anytime and reserves the right to conduct a scheduled or unscheduled home visit at anytime.
7. Comply with all treatment requirements, including any aftercare recommendations and weekly attendance at self-help meetings. Must attend **one** ATC/HHS Alumni meeting per month.
8. NO use of any medications containing alcohol (i.e. Nyquil and cough medications) or any mouthwashes containing alcohol (i.e. Listerine). Make sure to read labels prior to use. It is your responsibility to be certain that the products you are using do not contain alcohol. Ignorance is not an excuse.
9. Report ALL medications you use to your case manager (including over-the-counter products). You need to report when you are prescribed a new medication, when you get your prescriptions refilled and when you stop taking a medication. You must provide the actual prescription bottle for verification and sign releases for your case manager to contact your prescribing physicians and dentists. You must provide a signed prescription medication form from every prescribing physician and dentist. (see page 31)
10. Report police contact of **any** sort and follow all probation/parole rules if applicable.
11. Submit work information to be verified by case manager.
12. Comply with all sanctions as a result of noncompliance in the program.
13. Seek permission of the Alcohol Treatment Court Team **prior** to making plans to leave town. (See page 16 for rules regarding alternative testing while out of town)
14. Comply with the Drug/Alcohol Testing Rules and Procedures.
15. Participants must hold or obtain full-time employment, and/or be enrolled in full or part-time school.

- 16.** Participants must disclose their means of support and may be required to develop a budget, detailing their monthly income. This could result in a change in the monthly program fee.
- 17.** Participant must stay current with financial obligations, including but not limited to, monthly program participation fee, SCRAM fees, and OWI fine payment plan.

YOUR CASE MANAGER NEEDS TO KNOW

1. **Alcohol or Drug Use:** *Any* use of drugs or alcohol needs to be self-reported to your case manager.
2. **Occupational License:** When obtained and what Ignition Interlock company you use. You should also inform staff of any issues, including lockouts.
3. **Criminal Behavior:** *Any* police contact, including traffic stops, needs to be reported to your case manager.
4. **Employment:** *Any* change of employment status needs to be reported to your case manager.
5. **Money Management:** *Any* debt, fines, court costs (i.e. SCRAM, restitution, child support, probation supervision fees, etc) or other financial problems need to be reported to your case manager.
6. **Personal Relationships:** *Any* relationship issues that may affect treatment need to be discussed with your case manager.
7. **Health:** *Any* physical health or mental health issues that may affect treatment need to be discussed with your case manager.
8. **Prescription Medications:** *Any* medications prescribed for you must be reported to your case manager for verification. You need to report when you are prescribed a new medication, when you get your prescriptions refilled and when you stop taking a medication. Any over-the-counter medications must also be reported to your case manager.
9. **Residency:** *Any* change in address, phone number (change or disconnection) or living arrangements; including roommates; needs to be reported to your case manager.

Drug/Alcohol Testing Rules and Procedure

While you are in the program, you will be assigned an ID # (s) that will tell you when to report for testing. Listed below are instructions for urinalysis (UA) collection and Preliminary Breath Tests (PBT). Through cooperation with this program, you can help yourself by proving that you are drug and alcohol free.

Procedure:

1. You are assigned an ID #(s) by your case manager.
2. Call the testing line, **(414) 921-0409 & (866) 207-2911**, each day after **4:00 A.M.** to find out if you are required to report for testing.
3. If you hear “You are required to test today”, report for testing between 7:00 A.M. and 9:30 A.M.
 - Monday through Saturday report to the WCS office. If you are require to provide a drug screen on Saturday’s you must be prepared to do a urine screen or saliva test.
 - Sunday and Holidays report to your local Police Department
 - Other arrangements for testing locations can be made; however, they **MUST** be approved by your case manager prior to any changes in testing location (see next page or rules and procedure).
4. If you hear “Do not test today”, you do not need to report for testing.
5. Follow the same procedure daily.

Rules:

1. You may be called upon to submit to a PBT or UA at anytime, 24 hours a day, seven days a week.
2. PBT’s will be conducted each time you are in the office. Your case manager will not test you unless your mouth is empty. If you have gum, cough drops, chewing tobacco, etc., you will be instructed to wait 10 minutes before testing.
3. Be prepared to provide a urine specimen **EVERY** time you come to the office.
4. **DO NOT** use Nyquil, Listerine, or any other products containing alcohol. Use of such products may result in a positive PBT. This **WILL BE** deemed a failed test.

Tampering with Drug-Testing: Tampering with urine or interfering with drug testing, including ingesting substances in an attempt to alter the result, putting something in the urine, providing a sample that is not urine or not from the person being tested or in any other manner is a very serious violation. A diluted or altered specimen will be considered a positive test. Success in the Alcohol Treatment Court Program depends on a relationship of trust among staff and participants, and participants are expected to be honest and truthful in their interactions with ATC personnel. Therefore, tampering offenses will likely result in termination from the program.

Drug/Alcohol Testing Rules and Procedure (Continued)

Testing at Local Police Departments:

The Alcohol Treatment Court works with various local police departments to provide you with other, more convenient, options for PBT testing. You can choose to use a local police department for testing on days you are required to test. Below are the rules for participants choosing to take advantage of this option.

1. Prior to testing at a local police department, you **MUST** get approval and inform your case manager.
2. If you are approved, you may only test at that specific police department or WCS. You may not select another testing location without prior approval.
3. You must inform WCS each day you test off site. Failure to do so **WILL** result in a suspension of off-site testing privileges.
4. Testing at the local police departments is a privilege and can be taken away at any time for non-compliance or for not following protocol.
5. All original PBT verification slips must be submitted at your regularly scheduled office appointment and/or court session.

Testing while out of town:

The Alcohol Treatment Court is, at minimum, a year long program. The team understands that you may want to go out of town or on vacation while in the program. As stated in the program rules, you are required to seek permission from the team **prior** to making plans to leave town. If approved, you are required to follow the alternative testing protocol the team deems appropriate.

1. SCRAM or Remote Breath
2. Testing at the local police department
 - Contact a police department near where you are planning to travel and get their approval.
 - If approved, inform your case manager and provide them with the contact information for the police department you will be using. This should include the address, phone number, and fax number; as well as the name of the person you got permission from.
3. EtG

** If the participant intends to obtain a secondary validity test on their own, the participant should contact WCS as to an approved testing facility. Under no circumstances will secondary testing for hair or fingernail testing be permitted.

PARTICIPANT ACKNOWLEDGEMENT OF the DRUG TESTING COLLECTION PROTOCOL

The reliability of drug testing is dependant on the integrity and accuracy of the collection process along with the chain of custody of the sample. Staff realizes that drug testing can be an invasive procedure. However, strict adherence to the following collection protocol will ensure reliability and validity of all drug test results.

Participant Preparation

1. Upon admission to the program, case managers will review the drug testing collection protocol with the participant and provide the participant with a copy.
2. Upon admission to the program, participants will be provided with a list of over-the-counter medications and foods they **MUST** avoid while in drug testing (attached).
3. Because selection for testing is done on a random basis, **ALL program participants MUST appear in the office ready to provide a urine sample for testing.**
 - a. Participants who cannot provide a sample will wait in a designated area.
 - b, Children are not to be present during the drug testing process.**
4. **All drug testing will take place first**, followed by the supervision appointment with the participant's case manager. The case manager will review the results of the drug test at the supervision appointment after the drug testing process is complete and the participant is escorted back to the office by the case manager.
5. "Shy Bladder" procedure. If a participant cannot provide a sample, they will remain in the designated drug testing waiting room until they are able to do so. **THEY WILL NOT BE ALLOWED TO LEAVE AND RETURN TO PROVIDE A SAMPLE. Participants are not allowed to leave to go to their car, get a drink, smoke, or any other reason.** If the participant leaves the drug testing waiting area for any reason before providing a sample, a "Refusal" will be documented and reported to the Court. **NO EXCEPTIONS!**

Sample Collection

1. The case manager will prepare for drug testing, securing the proper forms and labels. The case manager will ask the participant if s/he is taking **any prescription medication**. This will be noted in the hard file, and all **prescriptions must be verified**.
2. The case manager will ask the participant if they are ready to provide a specimen and will escort the participant to the designated bathroom, while maintaining all drug testing documents in their possession.
3. Staff collecting the sample will verify the identity of the person to be tested by asking their name and date of birth. **Participants MUST match the photograph in the participant's file.**

4. Collection staff will enter the collection date, specimen number, last name, first name and date of birth of the participant on the “Drug Testing Collection Log”.
 5. Participants will be required to remove **ALL extra layers of clothing down to one layer of clothing**, including: coats, jackets, hooded sweatshirts or large pocket clothing items prior to testing.
 6. Participants will empty ALL pockets, and place all items in a storage tray (any money will remain in possession of the participant) until the testing process is complete.
 7. The participant will thoroughly rinse and dry their hands **immediately** prior to testing. **This activity will be observed by collection staff.**
 8. Collection staff will secure and wear gloves at this time and ensure that the toilet has been flushed prior to sample collection.
 9. Collection staff will ask the participant to inspect the package to make sure it is sealed.
 10. The collection staff will direct the participant to provide a urine sample, filling the testing cup to the minimum fill line (as marked on the test cup).
- **Collection staff will ensure the collection of an unadulterated sample by monitoring the collection of the specimen.**
- ** There will be no talking during the collection of the specimen!**
11. Upon completion of providing the sample, the participant will **hand the testing cup to the collection staff** to place the container lid securely on the cup.
 12. The collection staff will verify the temperature of the sample by inspecting the temperature strip on the testing cup to ensure the validity of the sample.
 13. The participant will be instructed to dress, flush the toilet and wash their hands.
 14. The collection staff will activate the test, and secure the sample by placing the key in the cup lid and placing a green drug testing sticker over the lid and key down the side of the cup **in the presence of the participant.**
 15. The date and the offender ID number will be documented on the testing cup with a Sharpie marker. Collection staff will ask the participant to verify all information documented on the cup label to ensure its legibility.
 16. Participants will be asked to wait in the designated area for release to their case manager to return to the program office for the supervision appointment.
 17. If collection staff believes an adulterated sample has been submitted, the participant will be required to submit a new sample.

18. If the specimen is diluted, the participant is instructed to remain in the waiting room and to provide a new specimen. The participant **MUST** wait an hour before providing a new specimen. The results of the second specimen are reported to the Court. In the event the second specimen is diluted, no additional specimens will be collected and those results reported to the Court.
19. All positive specimens will be placed in a secure (locked) container and collected for transport to the secure storage site on a frequent basis. **All positive samples will be stored in the designated, locked refrigerator on-site at the Waukesha office for 10 days.**
20. After the testing process is completed, the participant **MUST** wait to meet with their case manager.

Challenges to Accuracy of Test Results

1. Under **no circumstance** will a participant be allowed to submit a “new” specimen based on a claim of lab error. If a participant wishes to challenge the accuracy of a test result, **the challenge MUST be made within 24 hours of the participant receiving notice of the positive result.**
2. When a test is positive and participants have presented verified prescriptions, the only way WCS can verify the positive result is due to a prescription is through a confirmation test. If a participant declines a confirmation test, the result is reported as positive and details the verified prescription(s).
3. The participant is responsible for informing their attorney of their intent to challenge the drug test result.
4. The participant and/or their attorney must notify the assigned case manager if a confirmation test is being requested within 24 hours of the positive result. The case manager will then notify the WCS Drug Testing Lab of the challenge and request for confirmation.
5. The participant will be responsible for **pre-paying for the confirmation test (\$25/test) and that fee MUST be paid within 48 hours of the positive test.**

**OVER-THE-COUNTER MEDICATIONS
AND FOODS TO AVOID WHILE BEING
URINE/BREATH/SCRAM TESTED**

It is the participant's responsibility to limit exposure to the below list of products. It is the participant's responsibility to read labels or inquire of a pharmacist or assigned case manager before using/consuming the following products. Use of the products detailed below will NOT be allowed as an excuse for a positive drug, breathalyzer or SCRAM test. When in doubt, do not use of consume:

1. **Cough and Other Liquid Medications:** Alcohol containing cough/cold syrups such as Nyquil. Other cough syrup brands containing ethyl alcohol. All prescription and over-the-counter medications must be reviewed with your case manager before use. Non-alcohol containing cough/cold remedies are readily available at most pharmacies and major retail stores.
2. **Non-Alcoholic Beer/Wine:** Although legally considered non-alcoholic, NA beers (Sharps, O'Doul's) contain a residual amount of alcohol that may result in a positive test result for alcohol, if consumed.
3. **Food and Other Ingestible Products:** There are numerous other consumable products that contain ethyl alcohol. Flavoring extracts such as vanilla or almond extract, and liquid herbal extracts (such as Ginkgo Biloba), could result in a positive screen for alcohol or its breakdown products. Energy drinks, Communion wine, food cooked with wine and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided.
4. **Mouthwash and Breath Strips:** Most mouthwashes (Listermint, Cepacol, etc.) and other breath cleansing products contain ethyl alcohol. The use of mouthwashes containing ethyl alcohol may produce a positive test result. Non-alcohol breath fresheners are readily available and are an acceptable alternative.
5. **Hygiene Products:** After shaves, colognes, hairsprays, mousse, astringents, bug sprays (Off) and some body washes contain ethyl alcohol. While it is unlikely that limited use of these products would result in a positive test for alcohol, excessive, unnecessary or repeated use of these products could affect test results. Participants must use these products sparingly to avoid reaching detection levels.
6. **Solvents and Lacquers:** Many solvents, lacquers and surface preparation products contain ethyl alcohol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. Frequency of use and duration of exposure to such products must be kept to a minimum. There are alternatives to nearly any item containing ethyl alcohol. A positive test result will not be excused by reference to use

of an alcohol-based solvent. If a participant is employed where contact with such products cannot be avoided, this must be discussed with the case manager.

7. **Poppy Seeds**: It is possible to test positive for opiates after having consumed poppy seeds. Poppy seeds contain trace amounts of opium, which like heroin, is derived from the poppy plant. Research measuring the amount of seeds necessary to produce a positive result is varied. To avoid this issue, participants must avoid consuming poppy seeds.

Participant Preparation for Saliva Testing

The reliability of saliva drug testing is dependent on the integrity and accuracy of the collection process along with the chain of custody of the sample. Strict adherence to the following collection protocol will ensure reliability and validity of all drug test results. Saliva testing will be conducted on Saturdays only and is not permissible as an alternative to a urine test at any other time during your supervision.

1. No food or beverage, including water, will be allowed in the testing area.
2. You must wait a minimum of 15 minutes after the consumption of food or beverage before the saliva test is administered.
3. You must be tobacco free, including electronic cigarettes and chewing tobacco for a minimum of 15 minutes prior to testing.
4. There will be no talking during the *collection* process. You must stay in direct view of the case manager conducting the test until the sample is secured in the testing cup. If you leave during the testing process the test will be recorded as a refusal. Participants should expect the *complete* testing process to last approximately 15-20 minutes.
5. If you test positive for a substance, other than a substance you have a valid script for, you will be required to provide another specimen with a confirmation test swab.

SECOND HAND MARIJUANA SMOKE

In various studies on passive inhalation, positive results have occurred where individuals were exposed to the smoke of 4-16 marijuana cigarettes in an extremely small, sealed, unventilated area for one hour a day over the course of several days. The conditions were extremely uncomfortable, causing watering of the eyes and irritation to the mucous membrane of the nose and throat. The few positive test results were detected at the 20 ng/ml level which is the most sensitive testing level.

The only study where the results were detectable at the 50 or 100 ng/ml level were a product of hour long exposure in the above sealed conditions to 16 cigarettes over 6 consecutive days. It is highly unlikely that the extreme conditions necessary to produce ANY positive test (even at the lowest 20 ng/ml level) could be encountered in a real-life situation without, at least, the tacit consent of the participant. **Accordingly, it is the participant's responsibility to remove him/her self from that situation.**

I, _____ (FULL name) acknowledge that my case manager thoroughly reviewed the above procedures for drug testing. I understand and agree to comply with all above procedures as an active participant of the WCS Pretrial Program in accordance with my court ordered conditions of release. I understand that failing to sign this document will be reported to the Court.

Participant: _____ Date: _____

Witness (Case Manager): _____ Date: _____

Self-Help Support Meeting Rules

1. Attend two self-help support meetings weekly in Phase I and II; two self-help support meetings weekly in Phase III and IV. You are encouraged to attend 12-step meetings, such as AA, NA, HA, MA or CA; however, you can also attend other self-help support meetings, such as SMART Recovery, Celebrate Recovery or SOS (Save Our Selves).
2. The required self-help meetings must occur on separate days of the week. You may attend more than one meeting in one day; however, this will not full-fill the weekly self-help meeting requirement.
3. You must attend at least **one** ATC/HHS Alumni meeting per month. This may full-fill one of your weekly attendance requirements.
4. Fill out the Self-Help Group Attendance Slips completely with the group name, location, date, time and secretary's signature. Also, include any contact you have had with your sponsor during that week. Your responses for categories 'How I was helped' and 'How I helped others' need to be a minimum of two sentences. **Slips which are not filled out completely (ie: missing secretary signature and phone number) will not be accepted.**
5. **Slips are due by 11:59 P.M. every Wednesday.** Turn in your Self-Help Group Attendance Slips on a weekly basis. Failure to submit you slips on time will result in a sanction.
6. You can turn slips in via the following methods:
 - In person at WCS
 - Fax to: 262-544-9456
 - Email to: kgusse@wiscs.org and kkeck@wiscs.org
 - Text: 262-993-1271 or 262-993-1796
 - Mail to: WCS Alcohol Treatment Court
414 W. Moreland Blvd Room 200
Waukesha, WI 53188
7. If you fax, email, or text in your slips, you need to hold onto all of the originals. You are expected to provide you original slips at your regularly schedule office appointment or court session
8. Obtain a sponsor or temporary sponsor during Phase 1 and contact them weekly throughout the entire program. You will not be promoted to Phase 2 until you have found a sponsor or temporary sponsor. Record your weekly contact with your sponsor on the Self-Help Group Attendance Slips.

PROGRAM COMPLIANCE AND NONCOMPLIANCE

As with any Alcohol Treatment Court, a participant's progress is measured through his or her compliance with the treatment regimen. The ultimate goal of the Alcohol Treatment Court is complete abstinence from alcohol and illegal drug use. Alcohol Treatment Court rewards compliance and sanctions noncompliance.

Treatment providers, the Judge and other program staff maintain frequent, regular communication to provide timely reporting of progress and noncompliance, enabling the Court to respond immediately. Responses to compliance and noncompliance are explained verbally and provided in writing to the Alcohol Treatment Court participants at orientation. Periodic reminders are given throughout the treatment court process.

Individual treatment providers will establish their own policies and procedures as to when noncompliance reports will be submitted to the Court and other Alcohol Treatment Court team members. Treatment providers **must** provide timely notification and/or reports to the Alcohol Treatment Court Team.

Behaviors that **MUST** be reported as noncompliance include, but are not limited to: failure to attend self-help support groups, failure to attend relapse group, failure to provide a urine specimen and/or breath for testing, a positive drug screen and/or breath test, providing a diluted specimen, tampering with a SCRAM bracelet, absences that are not excused, failure to do required sanction, failure to report police contact, and failure to attend individual or group counseling sessions, as well as Alcohol Treatment Court sessions.

A positive breath or urine test for the presence of alcohol or drugs or a confirmed consumption on SCRAM will be considered a probable cause violation of the absolute sobriety requirement. If the participant intends to obtain a secondary validity test on their own, the participant should contact WCS as to an approved testing facility. Under no circumstances will secondary testing for hair or fingernail testing be permitted. A sanction for noncompliance will be imposed. A participant, however, may request a hearing to challenge the finding of non-compliance.

The Judge is the ultimate authority for sanctions and incentives concerning Alcohol Treatment Court participants.

Incentives

Incentives which MAY be used to reward compliance:

- Reduced time in jail
- Promotion to next phase
- Certificates of completion
- Encouragement and praise from the team
- Case called early during court sessions
- Longer time between court appearances
- Reduced meetings with case manager
- Gift Certificates (restaurants, grocery stores, etc.)
- Reduced drivers license revocation time

Sanctions/Therapeutic Interventions

Sanctions/Therapeutic Interventions which MAY be used:

- Time in jail with or without Huber
- Start current phase over or extend time spent in a current phase
- Phase demotion
- Increase frequency of court appearances and/or home/office visits
- Increase frequency of breath tests and/or urinalysis
- Increase intensity of treatment and/or re-enroll in treatment
- Increase self-help support meetings
- Community service hours
- Writing assignments
- Electronic Monitoring System/SCRAM
- Individually tailored sanctions

When sanctions MAY be imposed:

- Driving without a valid license
- Using alcohol or other controlled substance
- Missing urinalysis, providing a diluted specimen, and/or providing a fraudulent specimen
- Missing and/or being tardy for case management, court, or treatment appointments
- Missing and/or being tardy for testing when color is called
- Behavior inconsistent with a commitment to meeting Alcohol Treatment Court goals
- New arrests for any kind of offense

In addition to non-compliance with the terms and conditions of the ATC Program, the following may result in *termination* from the program:

- New OWI arrest
- Arrest on probable cause for a felony
- Arrest on probable cause for a violent misdemeanor;
- Arrest for any aggravated OWI charge (e.g. causing injury or death, with a minor passenger, etc.)
- Tampering with a drug test (see page 18 for details)

Sanction/ Discharge from the Program Rights and Procedures

SANCTIONS

For those subject to a **sanction** only, the treatment team has alleged that you violated one or more of the program rules. Examples of violations are as follows: drug or alcohol use, providing false information to a member of the treatment court team, committing a new criminal act, drug or alcohol screen refusal, failing to attend treatment/court sessions, failing to submit self-help slips or to attend required meetings, etc.

As a result of the alleged violation, the team intends to impose a sanction. Potential sanctions can include restrictions on travel, jail time, community service, a writing assignment or other penalties as deemed appropriate by the team.

DISCHARGE FROM THE PROGRAM

For those subject to **discharge** from the program, the treatment team has alleged that you violated one or more of the program rules **and** that this violation is so severe that you remaining a participant of the treatment court jeopardizes the legitimacy of the treatment court program and endangers the safety of the public.

If you are discharged from the program, you will be required to serve the balance of your sentence, whether that be conditional jail time if you are on probation or time imposed as part of a jail only. If you are on probation, you may also be subject to revocation of your supervision status as a result of your alleged violation(s).

YOUR RIGHTS

You have the right to contest a sanction or discharge from the court and to have a due process hearing. At the due process hearing, you have the right to present evidence and to call witnesses to testify on your behalf regarding the alleged violation. At the hearing, you also have the right to have an attorney represent you. The treatment court team will provide you with a reasonable adjournment of the hearing for you to seek counsel. If you are unable to afford private counsel, you may be eligible for an appointed attorney either through the State Public Defender or court appointment. Please do not wait to seek representation.

If you are in custody and would like to meet with the State Public Defender, immediate fill out an Inmate Communication Form requesting to be seen for an evaluation, indicating the date of your next hearing. If you are out of custody prior to your hearing, please come in person for an evaluation at the Waukesha Office of the State Public Defender, located at 407 Pilot Court, Suite 500, Waukesha, WI. Evaluations are done on a first come, first serve basis Monday through Friday from 1:00 p.m. to 4:00 p.m. If you have questions about the evaluation process, please call (262) 521-5173.

If you do not qualify for representation through the State Public Defender and cannot afford to hire an attorney, the county may be able to appoint counsel for you. The court will not consider appointing an attorney to assist you until you are deemed ineligible for the services of the State Public Defender. To seek representation from a court appointed attorney, please fill out the attached "Petition for Appointment of An Attorney, Affidavit of Indigency and Order" and submit it to the court.

Participant Contract

1. I fully agree to participate in the Waukesha County Alcohol Treatment Court Program.
2. I agree to participate in all phases of the program as recommended by my case manager.
3. I understand that if I am referred to a treatment group, I will be involved in the group discussions and agree to actively participate.
4. I understand I must have ALL prescribing doctors/dentists fill out a prescription medication form and provide bottles to staff (with the medication in it) within 1-2 business days. You may also be asked to bring your medication in weekly for a medication count.
5. I agree to abide by all directives and decisions given by the Judge and the staff.
6. I understand that no violence or threats of violence or inappropriate conduct is allowed at Wisconsin Community Services and that legal prosecution will result from such actions.
7. I understand that all program participation information will be shared with the Alcohol Treatment Court Team, District Attorney, Defense Attorney, Treatment Providers and Department of Correction Agent if currently on probation.
8. I understand that I must stay current with all of my financial obligations, *including but not limited to*: The monthly program participation fee, SCRAM fees, and OWI fine payment plan. Failure to comply with the monthly program fee may result in termination from the Alcohol Treatment Court Program and a referral to Waukesha County Collections.

Search and Urinalysis Policy

I hereby give permission to Wisconsin Community Service staff to search my personal belongings while I am on WCS property, if I am suspected of carrying contraband. I hereby waive any constitutional objection to any such search and claim for invasion of privacy in connection with such searches.

I understand that as a participant in the Waukesha County Alcohol Treatment Court Program, I will be required to provide breath and urine specimens for analysis and that all positive results will be reported to all involved parties, i.e. Alcohol Treatment Court Judge, District Attorney, Defense Attorney and Department of Corrections Agent, if currently on probation.

Participant Signature

____/____/____
Date

Case Manager/Witness

____/____/____
Date

**WAUKESHA COUNTY ALCOHOL TREATMENT COURT
PRESCRIBED MEDICATION FORM**

I am a participant in the Waukesha County Alcohol Court Treatment Program. As such, I am in recovery and not permitted to use any controlled substances or alcohol, unless medically necessary and that I do so pursuant to the orders of a physician. Before giving or prescribing me a controlled substance, please review and consider the following:

Make every effort to treat me without giving or prescribing me medications with high abuse potential. Should I be on such medication, my progress may be furloughed until I am free of any such medications.

Please complete the form below for the court stating that I have disclosed my addiction problem.

Patient Name: _____

Date of Visit: _____

Medication Prescribed: _____

Dosage and Frequency: _____

By completing and signing this form, I, the physician, acknowledge that the above patient is an active participant in the Waukesha County Alcohol Court. I have considered alternative methods of treatment for the patient's medical needs, and am prescribing the above medication because I have determined the alternatives to be inappropriate and that the above medication is medically necessary.

Physician Signature	Printed Name	Date
---------------------	--------------	------

Alcohol Court Participant: Please have your physician complete the above form the same day you are prescribed the medication. Include contact information for your health care provider and return this form to your Probation Agent, Case Manager or the Waukesha County Treatment Court Coordinator as soon as possible. Any questions can be directed to 262-993-1271.

Health Care Provider: _____

Address: _____

Phone: _____

CLIENT RIGHTS STATEMENT

As a client in the Waukesha County Alcohol Treatment Court program through Wisconsin Community Services, Inc., you have certain rights.

First, you need to know that a qualified provider may consult with other experts on treatment issues. You are encouraged to discuss your progress in this program at any time with your provider. Unless you are court ordered or are here as a condition of your probation/parole, you may end treatment at any time.

You are entitled to receive information about the methods and approaches of the program you are enrolling in. You will be an active participant in the development of your treatment service plan. You may also seek consultation from another expert regarding the appropriateness of this program for you.

You need to know that the information you give us during your treatment is legally confidential except as required by law. This confidentiality is regulated by state law, and for individuals in substance abuse programs, also by federal law. Information about your treatment and your case can only be released upon your written request/consent. It may be that you have been ordered to attend this program or that attendance is a condition that a progress report must be sent to your agent. If this is the case, and if there is a condition that a progress report must be sent to your probation/parole agent, then you must sign a written consent for such information to be released. Your provider will provide this consent form for you.

There are exceptions to the law of confidentiality. These exceptions are as follows: if there is a "threat of harm" to self or others; the person is of imminent danger to self or others; there is suspicion of child abuse; or if an individual is considered to be gravely mentally disabled. In these cases a provider, by professional ethics and state statutes, is obligated to protect the individual or others. In any situation, they must be reported to the Department of Social Services in the county where the abuse is suspected.

You need to know that sexual contact between a client provider is not a part of any recognized therapy or rehabilitative process and is never seen as acceptable under any circumstance or condition. Sexual intimacy between client and provider is illegal and should be reported to the appropriate grievance or professional licensing authority.

I have been informed of my provider's professional credentials, training and experience. I have also read the above information and understand my rights as a client.

Participant's Signature

____/____/____
Date

Case Manager Signature

____/____/____
Date

GRIEVANCE PROCEDURE

When a participant has a complaint, or feels his rights are being violated, he may initiate the following grievance procedure:

Step One – Informal Discussion

The complaint procedure may start with the participant's request of their assigned case manager for an informal discussion between the parties involved. This request must be made within 30 days of the incident or problem causing the grievance.

Step Two – Complaint Investigation and First Decision:

If no resolution is obtained through Step One, within 45 days of the incident, the person making the complaint should fill out a written complaint form and send it to the coordinator. The coordinator will study the complaint, make an investigation, and report the findings to the WCS Program Director. The program director will make a formal written decision within seven days and send it to the client.

Step Three – Hearing and Administrative Decision:

Within 15 days of Step Two decision, the complainant may request that the complaint be forwarded to the County Criminal Justice Collaborating Council Chair (CJCC). The CJCC Chair or their appointed designee will hold a hearing within 15 days.

Step Four – Final Hearing and Decision:

An impartial decision maker will be appointed by the CJCC Chair to hear and make a decision for grievances in the final stage. The impartial decision maker will not have participated in making or reviewing the initial appeal and may be an individual, a board, or a commission.

The Final Stage Hearing shall be available only after exhaustion of remedies available in Steps One and Two.

The request for a final determination shall be made within 15 days after a Step Three decision. Within 20 days of conducting a hearing under Step Three, the decision maker shall mail or deliver to the client a written determination, stating the reasons for the findings.

The participant may, at any time, choose to use the Court instead, in which case the grievance procedure will end.