

**The Family Solution Finder**  
**Study Guide & Workbook w/video's**  
**“Certificate of Completion Course”**



**PHASE III**

**“Getting Organized”**

**Seminar # 15**

12 Key Issues a Family Faces in Substance use Disorders

Issue # 6 of 12 key issues: [The Legal Court System Intervention](#)

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## *Introduction*

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The family will be traveling on a path that many before them have taken. Each family is different and the circumstances they face are rarely identical. However, there are many aspects by category which remain common to all. So, it is reasonable to assume, the family would benefit to know what is likely to happen prior to it coming up in their journey. We know what will happen, but there is no one to bill for taking the time to tell the family. This is why, to date the family has been left out of the dialog. These seminars are created to fill this GAP of KNOWLEDGE. These are the 12 key issues a family is likely to face and need to prepare for in their journey. We will present them in three parts: 1. The Issue (define it clearly), 2. The issues obstacle, things that will likely come up when the family addresses the issue, 3. Solution to both the issue and its obstacle. The issues are presented in the Study Guidebook, the Obstacle and Solutions are presented in the Workbook. Please read both and watch the assigned video.

An Example: The Legal System will likely be a part of the family journey, and the issue that will come up is “Drug Court”. The Drug Court has a specific process which each family will follow, and this information can be presented and learned in advance. By learning this information in advance, the result for the family is EMPOWERMENT THROUGH KNOWELDGE.

Learning these issues in advance reduces stress of the unknown, saves time, allows the family to budget their expenses, and gives them room to gather the needed resources.



THESE 12 KEY ISSUES ARE A “CERTIFICATE OF COMPLETION COURSE SEMINARS.

They are essential to a family members knowledge base in becoming empowered to address each issue in their journey with substance use disorders.

The next 12 seminars will address each of the 12 key issues a family faces in their journey with addiction. It is our goal to break these issues into three parts for each issue:



## Issues the Family Faces

This will clearly explain the issue and by using the F.T.R. model allow the family to break it down into a solution.



## Obstacle the Family Faces

These are obstacle the family faces when trying to address each issue.



## Solutions to Issues & Obstacles

Each of these will be presented in the 12 Key Family Issues.

# The 12 Key Issues a Family Faces

## **ISSUE # 1. Enabling vs. Consequences**

GOAL: To use this seminar content as a foundation towards *building denial techniques* that do not enable substance misuse. Also learn the consequences of enabling and denial that disables the positive habits of successful recovery. How communication makes a safe place for the family.

## **ISSUE #2. Addiction Behavior**

GOAL: To learn the *behavior traits of substance use disorder*. To understand how boundaries work to create change over time. Also, learn how to respond to these behaviors.

## **ISSUE #3. Family Intervention**

GOAL: Gain a practical understanding of the *5 Stages of Change* theory. Be able to apply the motivational interview (family level) work sheet for each stage.

## **ISSUE #4. The Police Intervention**

GOAL: To learn the typical steps needed when the police intervene. Create a *missing person's report* in advance. Learn the options and paths this intervention might take. Be able to bridge from the police intervention to the next level of intervention.

## **ISSUE #5. The Emergency Medical Services Intervention**

GOAL: Learn what to do in the case of a medical emergency. Understand what to expect at an Emergency Room. Be prepared to make the needed decisions required at this part of the journey.

## **ISSUE #6. The Legal System Intervention**

GOAL: Learn how to navigate the court system. What is the requirement for drug court and other options?

## **ISSUE #7. The Treatment Center Intervention**

GOAL: Learn what the treatment center will do and what it will not do. How to select the right treatment center using a criterion check list.

## **ISSUE #8. The County, State, Federal Agencies**

GOAL: Learn how to create a family Resources Plan by using a *Family Resources Plan of Action Work Sheet*. Using the list of available agencies to properly match the agency with the needs of the family.

## **ISSUE #9. Relapse**

GOAL: Learn how to create a *Getting Back to Work Plan*. Using the Getting Back to Work Planning Guide match each step with the proper agency or program.

### **ISSUE #10. Successful Lifelong Recovery**

GOAL: Learn how to create a supportive and safe space for the family and the loved one in recovery.

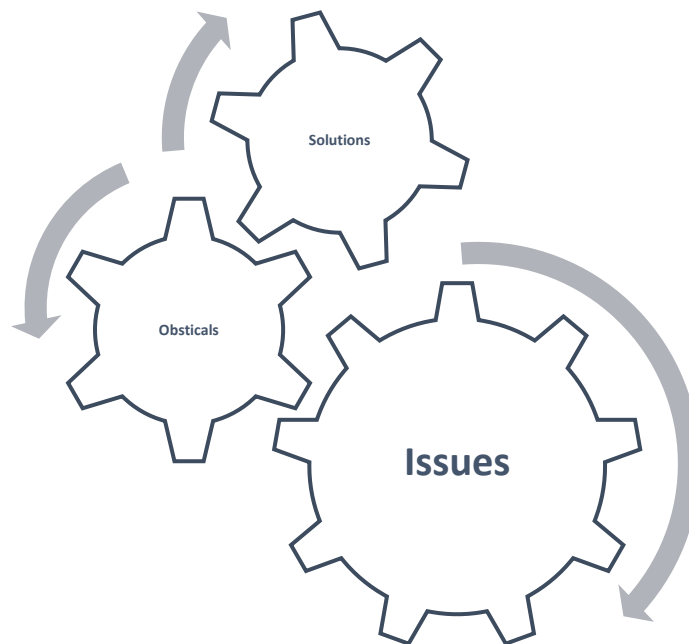
### **ISSUE #11. Bereavement**

GOAL: Learn how to navigate the journey of grief and all that life give us in these times.

### **ISSUE # 12. Faith, Spiritual Practices**

GOAL: How to create a new State Certified Addiction Counselor position at your place of worship. Open Doors to Open Hearts May 5<sup>th</sup> call for universal inter-faith prayer across NE Ohio. 2-4pm

**An Issue has obstacles, before the solution can be obtained**



**Plan to Address All Three**

**Sequence (consider relapse occurrences)**

**The 12 Key Issues a Family Faces**

**#1 Enabling vs Disabling**

**#2 Addiction Behavior**

**#3 Family Intervention**

**#4 The Police**

**#5 Emergency Medical Services**

**#6 Legal Court System**

**#7 Treatment Centers**

**# 8 Support Agencies**

**# 9 Getting Back to Work**

**#10 Successful Lifelong Recovery**

**#11 Bereavement (Learning how to move forward)**

**#12 Faith, Spiritual Practices (It's His will first and in all ways)**

## **Family Transformational Response Model (F.T.R.)**

**Instruction:** Take the issue and in clear details define what the issue is, then state how this issue will impact the family, then identify what steps your family can take to prepare or respond to this issue, then find those organizations/professionals who can help the family in dealing with this issue. **This model creates a known expectation for the outcome. This model/tool is part of the family's empowerment response.**

### **The F.T.R. Model:**

- I. Define the Issue?
- II. How does this issue impact the family?
- III. What steps can the family take to prepare and respond to this issue?
- IV. Creates of list of who can help and assist the family in their response?
- V. What should the family expect as their outcome?

# The F.T.R. Model Worksheet

## I. Define the Issue?

- ❖ Clearly State what happened or will happen.

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- ❖ Identify who is involved or should be involved.

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- ❖ What would you like to have happened, or like to see happen?

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## II. How does the issue impact the family?

- ❖ Who in the family?

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- ❖ In what way?

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- ❖ What is needed to move forward?

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**III. What steps can the family take to prepare and then respond to the issue?**

- ❖ What needs to be done, prioritize the list.

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- ❖ Who needs to be involved?

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- ❖ What will it look like when completed?

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**IV. Who can help and assist the family in their response?**

- ❖ How to search for an organization to help.

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- ❖ What to ask from them?

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- ❖ What to expect?

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**V. What should the family expect as their outcome?**

- ❖ Timeline.

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- ❖ The expenses/cost involved in this issue.

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- ❖ Required changes to successful respond to this issue.

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**Use the F.T.R. model for every issue, to find your best solution.**

# **The Family Solution Finder**

## **Study Guide**



### **PHASE III**

#### **“Getting Organized”**

#### **Seminar # 15**

12 Key Issues a Family Faces in Substance use Disorders

Issue # 6 of 12 key issues: The Legal Court System Intervention

## The 12 Key Issues a Family Faces

#1 Enabling vs Consequences

#2 Addiction Behavior

#3 Family Intervention

#4 The Police

#5 Emergency Medical Services

#6 Legal Court System

#7 Treatment Centers

#8 Support Agencies

#9 Getting Back to Work

#10 Successful Lifelong Recovery

#11 Bereavement (Learning how to move forward)

#12 Faith, Spiritual Practices (It's His will first and in all ways)



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*Introduction: The Emergency Medical Services Intervention*

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Introduction

The Sequential Intercept Model (SIM) is a tool that enables communities to create coherent strategies to divert people with mental and substance use disorders from the criminal justice system. The mapping process associated with SIM (see Figure 1) focuses on five discrete points of potential intervention, or “intercepts” (Munetz & Griffin, 2006). This gives the family members a visual perspective to the legal court systems intervention process.

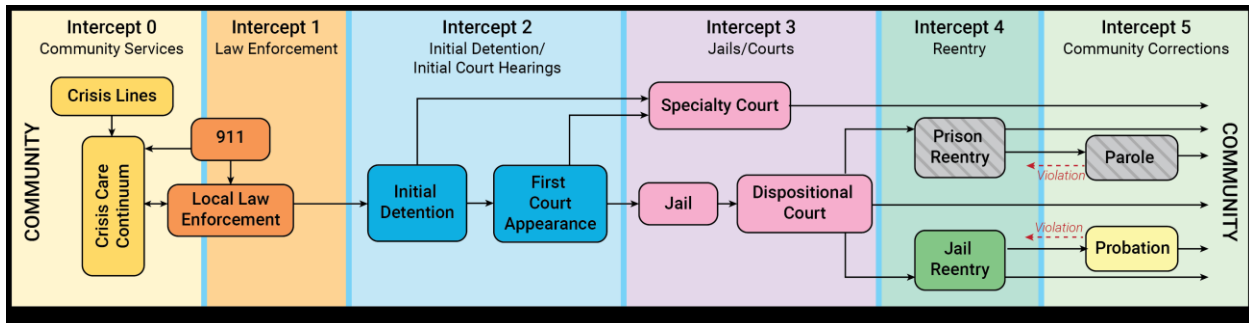
Intervention 1: Law enforcement;

Intervention 2: Initial detention/first court appearance;

Intervention 3: Jails/courts;

Intervention 4: Reentry from detention into the community

Intervention 5: Community corrections, probation, and parole.



The Crisis Intervention Team model has been disseminated broadly as a strategy to improve law enforcement interventions at Intercept 1-2. Your community may have a mental health court, drug court, or other treatment courts. These have become an increasingly common part of the judicial landscape and define much of the conversation at Intercept 3. Reentry from jail or prison, Intercept 4, has become a core topic in general discussions regarding correctional policies at the federal, state, and local levels. SAMHSA's SSI/SSDI Outreach, Access and Recovery) (Dennis & Abreu, 2010) ease reentry on release from jail or prison. And while many communities lack much in the way of resources at Intercept 5, a literature has emerged that discusses specialized probation as a strategy to ensure longer community tenure (Skeem & Manchak, 2008).

While each intercept presents opportunities for diversion, Intercept 2 holds the most unexplored potential. This is because it is at Intercept 2 (initial detention and first court appearance) that the vast majority of individuals who come into contact with the criminal justice system appear. These numbers overwhelm many court systems.

Many of these individuals have a mental illness and co-occurring substance use disorders; these are the individuals whom communities often try to divert. However, for a variety of reasons discussed below, this intercept is often overlooked.

The purpose of this document is to turn the family's attention to the possibilities that Intercept 2, especially when the first appearance is at a municipal court, presents for diversion.

The optimal diversion strategies that are most often overlooked and involve municipal courts are at first appearance (Intercept 2).

### **Municipal Courts: Definition and Caseloads**

Most people who are arrested appear before a "municipal court" or its equivalent. Municipal courts are courts of limited jurisdiction.

Figure 1. The Sequential Intercept Model

SSI/SSDI Outreach, Access and Recovery (SOAR) expedites access to Social Security disability benefits – Supplemental Security

### **The family members need to:**

1. Get Educated on the process.
2. Get Organized to be ready, should this occur.
3. Get Networked in advance, to know who is here to help.

## **Identification and Screening Is an Important Step**

The Identification and screening process for co-occurring disorders in early diversion programs is challenging due to the high number of cases processed in municipal courts and the short time between arrest and arraignment.

Even in communities with police Crisis Intervention Teams, behavioral health information. So, the family needs to confirm this information is passed up the chain and included. It may be needed for the family to pay an attorney to hand carry it through the courts. This confusion is compounded by high volumes of cases, inadequate staffing, and space limitations. All these factors inhibit staff at initial detention from screening for mental illness and co-occurring substance use disorders and eligibility for diversion.

Many communities identify potential candidates for referral to specialty courts or appropriate community-based treatment at arraignment, but they lack the capacity to divert individuals with co-occurring disorders at arraignment. So, the family needs to be proactive.

To initiate prompt and timely diversion, the family needs to solicited resources that are devoted to identification and screening as early as possible following arrest.

**NOTES: For this reason, your family is needed in the ER, to advocate for the right level of assessment, treatment and especially follow-up care.**

### **Pre-Trial Services**

In many communities Pre-Trial Services is either under the auspices of the local probation department or a contracted agency. The main objective of Pre-Trial Services is to assess bail risk, and determine the likelihood that someone will return to court.

As noted above, justice-involved people with mental illness are more likely to have more bail risk factors: lack of employment, lack of personal relationships, and most importantly, lack of an address. Consequently, likelihood of incarceration for people with mental illness is high at arraignment.

Pre-Trial Services is uniquely positioned to be a partner in early diversion programs. Adding a screening instrument (e.g., the Brief Jail Mental Health Screen) to the bail assessment will help to identify potential candidates for early diversion. Your courts may or may not have these components. If not ask why.

### **Get Counsel:**

Getting a defense counsel is the next strategic entity, to then interview the defendant. By incorporating a behavioral health screening into the initial interview, diversion candidates can be identified by attorneys, and the merits of diversion versus usual case processing can be discussed with this information included.

Many public defender offices employ social work staff to provide clinical assessment and diversion coordination for defendants; Focusing the efforts of clinical staff at arraignment allows the courts to identify and refer to diversion services and enhances prompt referral to post arraignment diversion programs.

### **Court-Based Clinicians:**

When clinicians are present in court, there is added capacity for screening for diversion opportunities. Court-based clinicians may be employed by the court, local behavioral health departments, or contracted providers. Court-based clinicians face challenges regarding interview space, case volume, and time. Larger, municipal courts often operate seven days per week from morning to evening, and providing clinical coverage for all hours of court operation may not be feasible.

### **Judge and Court Staff**

Don't expect everyone understands the process. As a family member takes the initiative to confirm each step of the process. Even without clinical training, municipal court judges and their court staff are in a great position to identify defendants who seem to be struggling in the courtroom. Particularly in smaller jurisdictions, judges are familiar with repeat defendants and their families and have a sense about an individual's behavioral health needs. Recognizing this, there is interest among municipal court judges in gaining skills to recognize behavioral health needs from the bench and respond appropriately.

The role of the court-based clinician is to provide both screening and assessment, as described above, and initial engagement and linkage. Once identification through a screening process is accomplished, assessment is required to determine clinical eligibility and treatment needs. Often there are few clinical records available, so assessment relies heavily on screening/assessment tools, psychosocial history, and mental status examination to determine clinical eligibility.



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### *Drug Court and Veterans Court*

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*Veterans Justice Outreach Specialists* The U.S. Department of Veterans Affairs (VA) initiated a Veterans Justice Outreach (VJO) initiative in 2009. VJO specialists are tasked with providing diversion alternatives for justice-involved veterans eligible for VA services.

VJO specialists may not have the capacity to service all municipal courts in their region, but where available, VJO specialists are effective in screening and identifying veterans for diversion programs, offer consultation regarding the most effective strategies for screening veterans, and provide access to VA services (Christie et al., 2012).

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### *Jail to Rehabilitation or Community*

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#### **The Current Situation:**

An estimated 50 percent of the U.S. prison population has a drug addiction issue, but only about 10 percent actually get the necessary help. Sending many of these offenders to rehab rather than jail or prison could help save money in the following ways:

- Individuals in addiction recovery are less likely to be arrested again, which reduces costs related to arrest and incarceration.
- Fewer crimes committed also would reduce court costs and lawyer fees  
Initial drug rehab and addiction treatment is less costly than prison.
- Addiction treatment and recovery improve health overall, which then reduces healthcare costs in both the short- and long-term.
- Addiction treatment and recovery would reduce costs associated with lost work productivity, either from incarceration or drug-related injury and illness.
- Recovery would save resources spent on caretaking for children of offenders or addicts.

The U.S. Department of Justice estimates that 15 percent to 20 percent of the United States' 2 million prisoners have a mental illness. Unlike clinics and hospitals, however, the prison system was not built to address serious mental-health needs.

Psychologists and, to a lesser extent, psychiatrists do provide mental health care to prison inmates, and may provide helpful rehabilitative services. Such programs, however, are difficult for prison-based therapists to implement on top of their already heavy caseloads. There are also not enough mental-health professionals to address every need in U.S. prisons.

Rehab programs for inmates are also difficult to create and implement because of philosophical and priority differences. While psychology is focused on treating and rehabilitating patients, the current criminal justice system is focused on punishing offenders.

Drug treatment studies for in-prison populations find that when programs are well-designed, carefully implemented, and utilize effective practices they:

- reduce relapse
- reduce criminality
- reduce recidivism
- reduce inmate misconduct
- increase the level of the offender's stake in societal norms
- increase levels of education and employment upon return to the community
- improve health and mental health symptoms and conditions
- improve relationships

Collectively, these outcomes represent enormous safety and economic benefits to the public.

Community Treatment Services is the reentry effort of the Psychology Services Branch. CTS, formerly known as Transitional Drug Abuse Treatment or TDAT, provides continuity of care for offenders placed in Residential Reentry Centers (RRCs) and on Home Confinement. Research has found this period to be the most vulnerable time for an offender to relapse into substance use and/or criminal behavior. Research also demonstrates continued treatment and supervision is an essential element to the offender's treatment and success.

CTS provides a comprehensive network of contracted community-based treatment providers in all 50 states, three U.S. Territories and the District of Columbia. The network of professionals consists of licensed individuals (e.g. certified addictions counselors, psychologists, psychiatrists, social workers, professional counselors, medical doctors, certified sex offender therapists, etc.) and specialized agencies resulting in a variety of services available in the community.

The CTS staffs work closely with U.S. Probation to establish a continuum of care as the offender leaves Bureau custody and moves to supervised release under U. S. Probation. To facilitate this process, U. S. Probation is provided with a comprehensive discharge/termination report on all offenders who have participated in treatment in the community. This provides the supervising U. S. Probation Officer valuable information regarding the offender's treatment progress and ongoing treatment needs.

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## *Finding an Attorney*

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If you are a multiple offender, have several DUI's, or otherwise have a proven track record of committing substance related crimes, your judge may recommend you to a rehabilitation program instead of to prison. In most cases, you will be given a dual option of either rehab or jail, so you can choose which you want to do.

You can also encourage this process by consulting with your lawyer and asking them to recommend you to court ordered rehab. Your lawyer can help you to determine if you qualify (for example, if you have a history of drug or alcohol use), and can then recommend the option to the judge as a solution over jail. Importantly, this is only a solution in non-violent crimes.

Here, you will go through a process where you are assigned a case worker who will spend time with you to determine your actual drug and alcohol use and how much it was responsible for your crime. If the case worker agrees, you will be sentenced to rehab, possibly followed by or including a stint in AA.

### **The Contents of this Study Guide Session:**

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### **Municipal Courts:**

An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System SAMHSA Publication

### **NOTES:**

# **The Family Solution Finder**

## **Workbook**



### **PHASE III**

#### **“Getting Organized”**

#### **Seminar # 15**

12 Key Issues a Family Faces in Substance use Disorders

Issue # 6 of 12 key issues: The Legal Court System Intervention

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*Incarceration Diversion*

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. **INSTRUCTIONS:** View this video prior to continuing in this workbook.

**VIDEO ONE**



**ASSIGNMENT VIDEO:** On [www.youtube.com/](http://www.youtube.com/)

Search Title: **What is Court Diversion?**

Published on April, 2014

**Link:** <https://www.youtube.com/watch?v=A4dNLFEG58s>

By: Patrick Warn



## Issues the Family Faces

### **INTRODUCTION DRUG COURT**

In many of these courts there are far fewer procedural limitations, the drug court judge controls the agenda; has informal conversations with the parties, the treatment providers and correctional officials; and ultimately does almost “whatever is needed” to ensure that everyone promotes the shared goal. This sort of informal, flexible system can work toward the long-term benefit of defendants by increasing the chances that they will be able to overcome drug addiction. However, this system of increased power and authority for judges presents, at least, some increased risks for the defendant as well, since drug court judges retain the power, albeit after discussing issues among all team members, to impose a variety of punitive sanctions, which often include removing defendants from the program entirely and requiring them to serve lengthy criminal sentences. Thus, while everyone enters the drug court system with the same stated interest, the interests of the defendant may eventually diverge from those of the judge and the treatment team, especially when the judge resorts to the variety of punitive sanctions available in a drug court program.

Before any decision on participation is made, the defense lawyer will raise and address with the client the confidentiality consequences of entering drug court. Drug courts often require defendants to execute confidentiality waivers that allow relevant portions of their medical treatment information to be distributed not just to the court but to prosecutors, as well.

Clients should be made aware of the potential dangers of disclosing such information and informed that it is to help them on the road to recovery. They also should be informed that they have complete power over whether or not to do so and that other than under limited circumstances, disclosure of such information would not be permitted if they were to secure treatment without court supervision. In addition, every defendant needs to know that participation in the drug court system may compel a formal admission of guilt and may result in the waiver of legal defenses should treatment fail and the defendant is eventually brought to trial. Unfortunately, providing competent advice on all of these subjects may be further complicated by the desire of the drug court to place a defendant in treatment as soon as possible after the defendant’s arrest.

Although this speedy treatment may provide therapeutic benefits, it may hinder the ability of a defense attorney to conduct a factual and legal investigation into the merits of the case. Nevertheless, without such an investigation, it is impossible to make a reasoned assessment of what a likely criminal court disposition would be or to assess the costs of waiving various legal defenses. Lacking some reasonable projection of the possible penalties and the possible defenses at trial, a client cannot make a meaningful decision as to whether to participate in drug court.

### **Practical Exercise # One:**

#### **Laying the Family Knowledge Foundation**

##### **1. Identify the Drug Court Advisory Council**

- Chief Judge: \_\_\_\_\_
- Elected Prosecutor: \_\_\_\_\_
- Chief Public Defender: \_\_\_\_\_
- Chief Court Administrator/Court Clerk: \_\_\_\_\_
- Chief of Police: \_\_\_\_\_
- Elected Sherriff: \_\_\_\_\_
- Chief Probation Officer: \_\_\_\_\_
- Director of Treatment Services: \_\_\_\_\_
- County Commissioner(s): \_\_\_\_\_
- City Council Member(s) : \_\_\_\_\_

##### **2. Identify the Drug Court Planning Team Members**

###### **a. Judicial**

- Judge: \_\_\_\_\_
- Magistrate: \_\_\_\_\_

###### **b. Prosecution**

- District Attorney: \_\_\_\_\_

###### **c. Defense**

- Public Defender: \_\_\_\_\_
- Private Defense Attorney: \_\_\_\_\_
- Local Bar Association: \_\_\_\_\_

d. Coordination

- Court Administrator: \_\_\_\_\_
- Clerk: \_\_\_\_\_
- Other: \_\_\_\_\_

e. Community Supervision Point of Contacts, (Name & Phone #)

- Pre-trial: \_\_\_\_\_
- Probation: \_\_\_\_\_
- Parole: \_\_\_\_\_
- Community Corrections: \_\_\_\_\_
- Police: \_\_\_\_\_
- Sherriff: \_\_\_\_\_
- Highway Patrol: \_\_\_\_\_

f. Treatment Point of Contact

- Private Provider Treatment: \_\_\_\_\_
- Private Provider: \_\_\_\_\_
- County/State Provider: \_\_\_\_\_
- Health Department: \_\_\_\_\_
- Mental Health: \_\_\_\_\_

g. Evaluator

- Local College/University Professor:
- Research/Evaluation Company:
- Other State Agencies- Children & Families, Education etc. :
- Vocational & Educational Communities:
- Job Skills -Training & Placement Agencies
- Welfare to Work Programs:



### **3. Designed Entry Process to Drug Court**

#### **a. Risk and Need Assessment**

- Determines who is most suited for Drug Court:
- Identify tool(s) to be used:
- Identify who will administer risk and needs assessment:

#### **b. Identify who will conduct legal screening**

- Prosecutor:
- Defense Attorney:
- Coordinator:
- Entire Team:

#### **c. Determine Your Point of Entry**

- At Arrest:
- Bail:
- Pre-trial Review:
- Initial Court Appearance:
- Pre-sentence Hearings:
- Probation Revocation Hearing:

#### **d. Clinical Screening**

- Identify and select a tool:
- Identify who will conduct the screening:
- Drug Court case managers:
- Pretrial Services:
- Probation:
- TASC:
- Treatment Provider:

e. Purpose of Screening

- Determine the presence and severity of substance abuse:
- Weed out persons who do not have substance abuse problems:
- Determine if the severity of substance abuse problem is appropriate to the level of available drug court services:

f. Clinical Assessment (notice clinical screening is different from Clinical Assessment)

- Identify which selected a tool will be used for assessment, then research it on-line:
- Do they address biological, psychological and sociological factors:
- Identify the clinically trained and qualified counselor, psychologist, psychiatrist, social worker, or nurse to administer tool:
- Determine if the severity of substance abuse problem is appropriate for the drug court program:

g. Purpose of Assessment

- Examine scope and nature of substance abuse problem:
- Identify full range of service needs, pursuant to treatment planning:
- Match participants to appropriate services:
- Determine where and when the legal and clinical screening will be Administered:
- Determine where and when the clinical assessment will be delivered:

**7. What are the Establish Drug Court Phases to this System**

a. Determine Length of Program

- Legal Requirements:
- Treatment Needs:

b. Determine Number and Length of Phases

- Phase Advancement Requirements:

c. Define Specific Court-Imposed Rules

- Rules and regulations of treatment:

- 12 Step Meetings/Support Meetings:
- Community Service:
- Employment:
- Program Fees/Court Costs:
- Alumni/Continuing Care:
- Court Appearances:
- Drug Tests:
- Curfew:
- Ancillary Services:
- Case Management:
- Educational/Vocational Training/GED:
- Drug-Free/Pro-Social Activities:

**8. What are their Developed Treatment Protocols**

a. Assess Treatment Resources and “Levels of Care” in the Community

- Detoxification:
- Intensive Outpatient:
- Outpatient:
- Day Treatment:
- Inpatient Residential:
- Halfway House:
- Sober Living:
- Medical Care:
- Mental Health Care:
- Medication Assisted Programs:
- Case Management Services:

**b. Ensure an Assessment of Other Ancillary Resources Available in the Community**

- Community Mapping Tool:

c. Choose the Treatment Program(s) to Serve the Drug Court:

- Duration of Treatment:
- Goals of Treatment:

- Frequency of Treatment in each Phase:
- Culturally Appropriate Services and Staff:
- Individualized Treatment Plans:
- Type of evidence-based treatment used by provider:
- Cognitive Behavioral Therapy:
- Motivational Enhancement Therapy:
- Community Reinforcement Approach:
- Medically Assisted Treatments:
- Relapse Prevention:
- Aftercare/Continuing Care:
- Determine Administrative Responsibilities for Providers:
- Types of reports to be generated:
- Information to be shared with team:

## **9. Identify Community Resources**

- Complete Community Mapping:

## **10. Develop Community Supervision Protocol**

### **a. Determine Which Agency Supervises Clients**

- Probation:
- Parole:
- Police:
- Sheriff:
- Pre-trial Services:
- Marshalls:
- Community Supervision Officers:

## **11. Case Managers**

### **b. What are their Develop Practices**

- Determine the Frequency of Contact by Phase
- On-going Assessment, how frequent
- On-going Home Visits, how frequent
- Office Visits, how frequent

11. Develop Drug Testing Protocol, how frequent

a. Determine Which Agency Administers Drug Tests, Point of Contact: \_\_\_\_\_

- Probation, how frequent do they communicate
- Parole, how frequent do they communicate
- Police
- Sheriff
- Pre-trial Services
- Marshalls
- Community Supervision Officers
- Case Managers
- Treatment Providers

b. Determine Type(s) of Drug Test Methodology

- Onsite/Laboratory, do they perform these tests, how frequent
  - Urine
  - Hair
  - Saliva
  - Breath
  - Blood
  - Sweat

c. Determine Frequency of Testing in Each Phase for all the above

**12. Develop Court Responses Protocol**

- What are the Court Responses Based on the NDCI Ten Science-Based Principles to Changing Behavior

**13. Develop Communication Protocol**

- Is there an Authorization/Consent Form. i.e. HIPPA

**14. Develop a Monitoring and Evaluation Protocol**

- Select an Evaluator (public or private)
- What are the drug courts Identified Performance Measures

**15. Identify and Develop Waivers**

- Develop Search Waiver
- Develop Offender Contract
- Develop Offender Consent Form



## Obstacle the Family Addresses

To address the obstacles of this intervention it is critical to get an assessment of your loved one. The “Assessment & Screening” is implemented to ensure the right level of services are provided and has an important consideration as to the review of their case by the courts. These two screening tools are those which are typically used in conjunction with other assessments. We are providing these two tools, so your family members have an idea of what an assessment looks like. Ask your case worker, counselor or your attorney to explain results and build your knowledge, ask what you and your family members can do to positively impact the results going forward.

### Practical Exercise # One: Standard Screening Tools

## Drug Screening Questionnaire (DAST)

Patient name:

Date of birth:

Which recreational drugs have you used in the past year? (Check all that apply)

- methamphetamines (speed, crystal)
- cocaine
- cannabis (marijuana, pot)
- narcotics (heroin, oxycodone, methadone, etc.)
- inhalants (paint thinner, aerosol, glue)
- hallucinogens (LSD, mushrooms)
- tranquilizers (valium)  other

**How often have you used these drugs? Monthly or less Weekly Daily or almost daily**

1. Have you used drugs other than those required for medical reasons? No Yes
2. Do you abuse (use) more than one drug at a time? No Yes
3. Are you unable to stop using drugs when you want to? No Yes
4. Have you ever had blackouts or flashbacks as a result of drug use? No Yes
5. Do you ever feel bad or guilty about your drug use? No Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs? No Yes
7. Have you neglected your family because of your use of drugs? No Yes
8. Have you engaged in illegal activities in order to obtain drugs? No Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you

stopped taking drugs? No Yes

10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)? No Yes

Do you inject drugs? No Yes

Have you ever been in treatment for a drug problem? No Yes

I	II	III	IV
0	1-2	3-5	6

## Alcohol screening questionnaire (AUDIT)

Patient name:

Date of birth: \_

One drink equals: 12 oz. Beer 5 oz. wine 1.5 oz. Liquor (one shot)

1. How often do you have a drink containing alcohol?

Ans: Never Monthly or less 2 – 4 times a month, 2 – 3 times a week, 4 or more times a week.

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

Ans: 0 - 2 3 or 4, 5 or 6, 7 – 9, 10 or more

3. How often do you have five or more drinks on one occasion?

Ans: Never Less than monthly, Monthly, Weekly, Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?

Ans: Never Less than monthly, Monthly, Weekly, Daily or almost Daily

5. How often during the last year have you failed to do what was normally expected of you because of drinking?

Ans: Never Less than monthly, Weekly, Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Ans: Never Less than monthly, Weekly, Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

Ans: Never Less than monthly, Weekly, Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because of your drinking?

Ans: Never Less than monthly, Weekly, Daily or almost daily

9. Have you or someone else been injured because of your drinking?

Ans: No\_\_ Yes, but not in the last year, Yes, in the last year

10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

Ans: No\_\_ Yes, but not in the last year, Yes, in the last year

11. Have you ever been in treatment for an alcohol problem

Ans: Never, Currently, In the past

### **Scoring and interpreting the audit**

1. Each response has a score ranging from 0 to 4. All response scores are added for a total score.

2. The total score correlates with a risk zone, which can be circled on the bottom left corner.

### **Score Zone Explanation**

I - Low Risk 0-3

“Someone using alcohol at this level is at low risk for health or social complications.”

Counselor Action: Positive Health Message – describe low risk drinking guidelines 4-9

II – Risky: 4-9

“Someone using alcohol at this level may develop health problems or existing problems may worsen.”

Counselor Action: Brief intervention to reduce use 10-13

III – Harmful: 10-13

“Someone using alcohol at this level has experienced negative effects from alcohol use.”

Counselor Action: Brief Intervention to reduce or abstain and specific follow-up appointment (Brief Treatment if available) 14+

IV – Severe: 14

“Someone using alcohol at this level could benefit from more assessment and assistance.”

Counselor Action: Brief Intervention to accept referral to specialty treatment for a full assessment.

Positive Health Message, an opportunity to educate patients about the NIAAA low-risk drinking levels and the risks of excessive alcohol use.

Brief Intervention to Reduce Use: Patient-centered discussion that uses Motivational Interviewing concepts to raise an individual’s awareness of his/her substance use and enhance his/her motivation to change behavior.

Brief interventions are typically 5-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention. The recommended behavior change is to cut back to low-risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication contraindications, etc.).



Brief Intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up: Patients with numerous or serious negative consequences from their alcohol use, or patients who likely have an alcohol use disorder who cannot or are not interested in obtaining specialized treatment, should receive more numerous and intensive BIs with follow up.

The recommended behavior change is to cut back to low-risk drinking levels or abstain from use.

Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available. If brief treatment is not available, secure follow-up in 2-4 weeks.

Brief Intervention to Accept Referral: The focus of the brief intervention is to enhance motivation for the patient to accept a referral to specialty treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for diagnostic assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: [www.sbirtoregon.org](http://www.sbirtoregon.org)

\* Johnson J, Lee A, Vinson D, Seale P. "Use of AUDIT-Based Measures to Identify Unhealthy Alcohol Use and Alcohol Dependence in Primary Care: A Validation Study." *Alcohol Clin Exp Res*, Vol 37, No S1, 2013: pp E253–E259



## Solutions to Issues & Obstacles

### **Finding the Right Attorney:**

One of the best ways to assess a lawyer's legal ability is by interviewing them. Most attorneys will provide an initial consultation (usually an hour or less) at no charge. Below are a few questions to consider:

- What experience does the lawyer have in your type of legal matter?
- How long have they been in practice?
- What is their track record of success?
- What percentage of their caseload is dedicated to handling your type of legal problem?
- Do they have any special skills or certifications?
- What are their fees and how are they structured?
- Do they carry malpractice insurance? If so, how much?
- Who else would be working on your case and what are their rates?
- Do they outsource any key legal tasks or functions?
- What additional costs may be involved in addition to lawyer fees (postage, filing fees, copy fees, etc.)?
- **How often will you be billed?**
- Can they provide references from other clients?
- Do they have a written fee agreement or representation agreement?
- How will they inform you of developments in your case?

### **Standard Hourly Rates**

A flat fee is a composite of the attorney's standard hourly rate and how many hours he thinks he'll have to invest in your case to resolve it. Ask what that hourly rate is and find out how much you'll be charged for the services of other attorneys and paralegals in the firm.

This will give you an idea of how many hours the attorney expects the firm to spend on your estate plan. If he quotes you a \$5,000 flat fee and he bills his time at \$200 an hour, he expects that he and his firm will spend about 20 to 25 hours on your case.

The general rule is that the higher an attorney's hourly rate, the more experience he has. All those hours might seem like a lot to you, but the attorney should have a pretty good idea of the time it will take to meet with you, answer your questions, design and draft your estate plan, review your plan with you, help you sign your plan, then help you fund your trust if you've chosen to include one.

### **Meet by Telephone First**

It's common these days to handle a significant amount of business by telephone. Consider setting up telephone interviews with at least two estate planning attorneys before meeting in person. This will save your time and the attorney's time...if she's willing.

Don't expect a great deal of decisive information in an initial phone interview. That would be like the attorney giving her advice away for free. Your goal for this phone conversation should be determining whether you want to work with her or not.

Each attorney should be able to get a feel for what your needs are during this conversation and quote you a flat fee for your basic estate plan. Remember, you're not asking what you should do, but rather how much it's likely to cost you to do what you have in mind. This gives you the opportunity to compare the flat fees quoted by each attorney and narrow down your choice as to who you want to meet with in person.

### **Busier attorneys might not offer this option.**

Keep in mind that a higher fee does not necessarily equate with a more qualified attorney. Consequently, a rock bottom fee may signal problems, inexperience, or incompetence.

**After meeting with the lawyer, you should ask yourself the following questions:**

- Are the lawyer's experience and background compatible with your legal needs?
- Did they provide prompt and courteous responses to your questions?
- Are they someone with whom you would be comfortable working with?
- Are you confident they possess the skills and experience to handle your case?
- Are you comfortable with the fees and how they are structured?
- Are you comfortable with the terms of the fee agreement and/or representation agreement?

**Consult Martindale-Hubbell Law Directory.**

Found online at [Martindale.com](http://Martindale.com) and at your local public and law libraries, Martindale-Hubbell is a great resource for information about a law firm and its lawyers. This guide is often used by lawyers when choosing legal talent in another jurisdiction. The directory includes basic practice profile data on virtually every lawyer in the United States and Canada and detailed professional biographies of leading lawyers and firms in 160 countries. It also includes lawyer and law firm ratings based upon peer reviews, which may help when choosing between two equally qualified candidates.

**Ask Other Attorneys**

Lawyers know the skill and reputation of other lawyers. Attorneys may be able to provide information about a fellow lawyer that you may not find in a book or online, such as information about a lawyer's ethics, competence level, demeanor, practice habits, and reputation.

**Conduct a Background Check**

Before hiring any lawyer, contact the lawyer disciplinary agency in your state to confirm that they are in good standing as a member of the bar. For an online listing of each state's lawyer disciplinary agency, review this directory of lawyer disciplinary agencies. You should always check references, especially if you located the attorney through the Internet. You can also check a lawyer's peer review ratings online at [Martindale.com](http://Martindale.com). Peer review ratings provide an objective indicator of a lawyer's ethical standards and professional ability, generated from evaluations of lawyers by other members of the bar and the judiciary in the United States and Canada.

**Tour the Lawyer's Law Office**

You can tell a lot about an attorney from his law office. Request a brief tour of his office, beyond the office or conference room where you met with the lawyer. Is the law office neat, orderly, efficient and well-run? What kind of support staff does the lawyer employ? Does staff appear friendly and helpful? Is the lawyer's office local and easily accessible? Is a large portion of his office space unoccupied? Watch for red flags, such as mass disarray, unhappy staff members, and empty offices.

By taking these five steps, you can select a lawyer with the legal skills and personal qualities that will best serve your needs.

### **VIDEO TWO: Jail Diversion**



**ASSIGNMENT VIDEO: On [www.youtube.com/](http://www.youtube.com/)**  
Search Title: The Bexar County Story Jail Diversion

Published on May 4, 2018

**Link:** [https://www.youtube.com/watch?v=\\_mAEoVPqq64](https://www.youtube.com/watch?v=_mAEoVPqq64)

**Duration: 8:06 min.**

Model Jail Diversion Program diverting the nonviolent mentally ill person from inappropriate incarceration and hospitalization.

### **VIDEO THREE: Drug Courts**



**ASSIGNMENT VIDEO: On [www.youtube.com/](http://www.youtube.com/)**  
Search Title: DRUG COURT - Program Steps

Published on May 4, 2018

**Link:** <https://www.youtube.com/watch?v=jnt7a-VBcN4>

**Duration: 8:47 min.**

Judge Bucci outlines what it takes to get through Drug Court.

### **VIDEO FOUR: Jail Diversion**



**ASSIGNMENT VIDEO: On [www.youtube.com/](http://www.youtube.com/)**  
Search Title: A rehab jail for heroin addicts

Published on May 4, 2018

**Link:** [https://www.youtube.com/watch?v=\\_mAEoVPqq64](https://www.youtube.com/watch?v=_mAEoVPqq64)

**Duration: 9:53 min.**

Each day in the U.S. more than 115 people die from an opioid overdose. Whether it's by abusing

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*MASTER FAMILY PLAN OF ACTION FOR: "FAMILY IS A SYSTEM"*

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**Complete answers and move to "Master Family Plan of Action" found in back of workbook.**

1. Your family will identify the steps of a legal Court System Intervention of your loved one.
2. Your Family will use the workbook: The Substance Use Disorders Journey, It's Time to Get Organized and complete it now, in advance of needing it during an emergency.
3. Be prepared to request an assessment and become familiar with these tools.
4. Pre-Screen an attorney while there is time and less stress. The family will likely need this service at some point in the journey.
5. As part of the Master Family Plan of Action you will complete the review the needed points of contact in the practical exercises and gain a diagram level of understanding the court process.