

# **PIMA COUNTY PROTOCOL**

## **DRUG TREATMENT ALTERNATIVE TO PRISON (DTAP) AND DRUG COURT ENHANCEMENT (DCE)**



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## Introduction

The Pima County DTAP/DCE Protocol is a guide for law enforcement officers, prosecutors, victim advocates, defense counsel, intervention programs, social services providers, probation officers, and judges to help ensure that justice is served and that the substance abuse offenders receive the treatment necessary to overcome their addictions. Our efforts must include:

- Respect for due process rights of defendants in the criminal justice system,
- Effective intervention, prosecution, defense and adjudication strategies that acknowledge the unique challenges of drug addiction,
- Responsibility and accountability of offenders, and
- Recovery support services that enhance the ability of offenders to overcome addiction and become responsible members of the community.

With proper intervention, prosecution, defense, probation conditions and supervision, treatment, case management and the assistance of the courts it is possible to offer qualified defendants the choice of a treatment program as an alternative to prison. Appropriately enforcing applicable laws and utilizing “zero tolerance” policies will lead to a safer and healthier community because participants learn and maintain healthy and responsible behaviors.

This document is intended to assist law enforcement, prosecutors, defense attorneys, probation officers, judges and community based agencies in the enhancement and expansion of the Pima County Drug Court Program. A number of repetitive offenders are men and women who, but for their addiction, would likely be living productive and crime-free lives. These offenders often are low level criminals who commit crimes merely to support their addictions. When they realize prison is the next step, many are highly motivated to change but don't have the wherewithal to do so. Their chances of being rehabilitated are much better in a community treatment setting than in prison, and there are much more cost-effective and socially beneficial means to managing this population than prison.

This protocol is a work in progress and is not to be construed as a completed task but viewed as a step toward addressing the problem of substance abuse in our community. The protocol itself draws from the collaborative efforts of the participating agencies. While protocols are designed as templates with the benefits of predictability and adherence in mind, individual steps within a particular protocol are certainly not intended to be followed by rote with unthinking or irrational rigidity. For example, technological and clinical advances, or circumstances belonging uniquely to the moment at hand, may justifiably operate to modify steps from those described herein and without altering the overall purpose or efficacy of that protocol. Accordingly, it is well-recognized by the authors that best practices within a particular discipline can encompass variations in, or evolution of, a process while still retaining absolute therapeutic or functional integrity of the result.

## History

In 1998, the Pima County Drug Court (PCDC) was established under the auspices of the Pima County Superior Court. PCDC is built on all of the principles listed in *Defining Drug Court: the Key Components*.<sup>1</sup> For more than a decade Drug Court was used as a means for enhancing the recovery of first and second time drug offenders who, under Arizona law, would be sentenced to short term jail stays and/or probation. Until last year, Drug Court did not include any program for third time or subsequent drug offenders who would be sentenced to prison.

Drug Court participants face probation, jail or prison terms where they are unlikely to receive drug treatment and consequently are even more likely to relapse and recidivate upon reentry from the criminal justice system. It takes a non-traditional, non-adversarial and therapeutic approach to substance abusers to help rehabilitate them and reduce their recidivism.

Pima County Attorney Barbara LaWall was inspired by the success of Kings County, New York District Attorney Charles J. Hynes, her colleague on the National District Attorney's Association Board, to envision a drug treatment alternative to prison program for repetitive drug offenders. In 2009, sensing that Pima County was becoming more receptive to new ways of managing its ever-burgeoning drug problems, she convened a multi-disciplinary task force to discuss and study the possibility of developing an alternative to prison program for drug addicted offenders. The task force included: the Presiding Judge of the Superior Court, the Drug Court Judge, the Chief Probation Officer of the Department of Adult Probation and the Department of Probation's Drug Court Coordinator, command staff from the Sheriff's Department and the Tucson Police Department, the Chief Deputy County Attorney, Chief Criminal Deputy County Attorney and the Deputy County Attorney who was Narcotics Unit Supervisor, the Public Defender and Chief Assistant Public Defender, the Legal Defender, the director of the Office of Court-Appointed Counsel, and the executive directors of two successful drug treatment centers (one for females and the other for males). From the time of that initial meeting, there has been strong consensus that:

- PCDC has a strong enough foundation to play an even greater role in reducing addiction and related recidivism;
- Access to needs-based wraparound recovery support services is critically important to the rehabilitation process of all PCDC participants;
- Prison-bound drug offenders could benefit from residential treatment with wraparound recovery support services in lieu of prison; and
- Funding should be sought to supplement PCDC's budget for those purposes.

That consensus resulted in the Pima County Attorney's Office applying for and receiving two federal grants which, when combined, afforded the resources to support a

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<sup>1</sup> National Association of Drug Court Professional Drug Court Standards Committee. (1997, 2004). *Defining Drug Courts: the Key Components*. U.S. Department of Justice: Bureau of Justice Assistance.

Drug Treatment Alternative to Prison program and to enhance the Drug Court's ability to provide a broad continuum of wraparound recovery support services. The operations of those grant programs are addressed in this protocol.

### **Drug Court Overview**

Drug Courts are effective alternatives to traditional criminal courts. Following an intensive screening process, non-violent drug offenders enter a strictly monitored substance-abuse program. This pro-active approach consists of treatment, counseling, and other resources intended to assist offenders with such issues as job training, education and health care. The ultimate goal of Drug Court participation is to free offenders from the influence of drugs and alcohol in their lives so that they may avoid future involvement in the criminal justice system. Drug Court programs are holistic by design and offer substance abuse treatment with a broad continuum of services, intensively supervised in a non-adversarial forum with the power of the judicial bench leading the way.

Drug Courts have been very successful in generating substantial cost savings by replacing costly incarceration with less expensive treatment programs. Drug Courts have also been found to significantly reduce drug use and recidivism while offenders are in the community because Drug Courts place them under close supervision and keep offenders in treatment programs and are provided coordinated rehabilitative services.<sup>2</sup>

Non-violent substance-abusing offenders who enter the door of the criminal justice system should be given the opportunity to exit through the multiple doors of treatment. Only then can they become whole, healthy, law-abiding, self-sufficient citizens who may one day contribute to the community in a meaningful way.

The Drug Court Judge leads a team of court staff, probation officers, and substance abuse evaluators who work together with attorneys, treatment professionals, and a case manager to support and monitor a participant's recovery. They maintain a critical balance of authority, supervision, support and encouragement.

Drug Court programs are rigorous, requiring intensive supervision based on frequent drug testing and court appearances, along with tightly structured regimens of treatment and recovery support services.<sup>3</sup> This level of supervision permits the program to support the recovery process, but also allows supervisors to react swiftly to impose appropriate therapeutic sanctions or to reinstate incarceration consequences when participants cannot comply with the program.

The Drug Court model includes a higher level of supervision, particularly by the Court, and a standardized treatment program for all the participants including phases that each

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<sup>2</sup> National Institute of Justice Multisite Drug Court Evaluation, <http://www.nij.gov/topics/courts/drug-courts/madce.htm>, retrieved January 5, 2012.

<sup>3</sup> Ibid.

participant must pass through by meeting certain goals. Participants face jail or prison terms in which they are unlikely to get appropriate drug treatment services and consequently are even more likely to relapse and recidivate upon reentry from incarceration.

To be eligible for the standard Pima County Drug Court (PCDC), defendants must be first or second time offenders charged with a probation-eligible drug-related offense. They cannot have history of violent or sexual crime or other pending felony charges, and they must be legal residents of the U.S. and Pima County. Once defendants are determined probation-eligible by the Court, they go through a presentencing process, and those determined eligible are recommended for PCDC.

The Pima County Adult Probation Department uses the evidence-based actuarial tools and motivational interviewing techniques recommended by the Arizona State Supreme Court in order to further assess defendants for Drug Court suitability and to develop a treatment plan. Drug Court is not voluntary. Defendants are required to participate in a probation-supervised 12 to 18-month program that involves regular court appearances, outpatient drug treatment, scheduled and random urinalysis drug testing, and risk/needs reassessments every six months. Based on individual need, some wraparound recovery support services related to literacy, education, jobs, housing and mental health are offered to participants; however, funding for those services is limited.

Graduated sanctions (See Appendix B) ensure accountability, and incentives such as increased travel privileges, reduced court appearances, reduced probation contact or drug testing, lifted curfews, acknowledgement from the Drug Court Judge, certificates of achievement, etc., provide positive reinforcement for progress. Participants pay reasonable court-ordered fees and restitution, and those who are able make treatment co-payments. However, there are no special charges or costs that could interfere with full participation.

Upon completion of all requirements, the participants graduate, their probation is terminated early, and some may have their charges reduced to misdemeanors. Those who fail have their probation extended or even revoked, in which case they may be sent to prison.

The Drug Treatment Alternative to Prison (DTAP) Program is a new program administered by the PCDC Judge. To be eligible for DTAP, defendants must be third or subsequent time offenders charged with a prison-only drug-related offense. They cannot have history of violent or sexual crime or other pending felony charges, and they must be legal residents of the U.S. and Pima County. Once defendants are determined DTAP-eligible by the County Attorney, they are offered a DTAP plea. If they accept the plea, they are immediately sentenced by the Drug Court Judge to three years of probation the first condition of which is immediate residential treatment to which they are directly transported.



## **The Drug Treatment Alternative to Prison (DTAP) Program**

### **Program Overview**

Pima County has established the Drug Treatment Alternative to Prison (DTAP) program as a new component of the Pima County Drug Court. The goal of the program is to assist in the reduction of drug addiction, related crime, and offender recidivism in Pima County. DTAP aims to treat nonviolent, drug-addicted, chronic felons in lieu of sending them to prison. The DTAP program provides residential drug treatment and needs-based wraparound recovery services over a period of three years to selected, repetitive, non-violent, non-sex offending, drug offenders who are motivated to change their behaviors. DTAP's objective is threefold: to (1) reduce drug abuse, (2) improve public safety, and (3) save money.

The county attorney, the public defender and defense attorneys identify potential defendants for the DTAP program. The candidates are selected for the program through a rigorous screening process conducted by the prosecutor specifically assigned to the DTAP program in conjunction with the Adult Probation department. Once selected, the candidate is offered a plea agreement to enter the DTAP program at a court hearing presided over by the Pima County Drug Court Judge. If the defendant accepts the plea, he/she is sentenced to DTAP probation (which occurs at the same hearing when the defendant accepts the plea), and is immediately transported to a three-month residential treatment program. The participant attends regular DTAP court status hearings while in treatment. Upon successful completion of the treatment program the participant continues to be under supervision by the Court and attends regular court status hearings, while also receiving coordination and case management of wraparound recovery support services arranged by the DTAP case manager. If the participant does not successfully complete the program then he/she is sentenced to prison for a minimum term of 1 year up to a maximum term of 3.75 years.

The DTAP program is open to anyone without regard to ability to pay; however, those who have insurance will have their insurance charged, and those eligible for AHCCCS have it charged to the extent it provides coverage.

The Drug Treatment Alternative to Prison (DTAP) Program provides residential drug treatment and wraparound recovery support services in lieu of prison. The DTAP model is prosecutor driven; the Pima County Attorney's Office (PCAO) directs and coordinates the project on behalf of Pima County. The following paragraphs identify the agencies involved in the DTAP program, outline their roles, and review the DTAP processes in more detail.



## **Pima County Attorney's Office (PCAO)**

Program direction and grant administration is the responsibility of the Pima County Attorney's Office (PCAO). The Chief Deputy County Attorney serves as the program director, to oversee the project and ensure that all grant-related requirements are met. The PCAO acts as the fiduciary agent for the administration of grant funds and contracts with the participating agencies for their services.

The PCAO assigns an experienced prosecutor from the Narcotics Unit of the County Attorney's Office to select appropriate candidates for the DTAP program with input from the Public Defender, Adult Probation, law enforcement – including a detective employed by the County Attorney, and Pre-Trial services. These agencies collaborate on the identification of possible participants, but the final determination of DTAP participants rests with the County Attorney.

Initially, the Pima County Attorney's Office develops a list of defendants facing mandatory imprisonment for drug possession (generally those facing their third or subsequent conviction). From that list, the prosecutor assigned to DTAP removes those defendants who are ineligible (due to a history of violent or sex crimes, additional felony charges, not a legal resident of Pima County and the U.S.) and further assesses the defendants still remaining on the list by looking more deeply into their histories with the assistance of a detective employed by the County Attorney. The reduced list of those tentatively selected is given to the DTAP Probation Officer for further research to remove any defendants whose needs are known to be greater than the program can provide (have a documented severe mental illness, etc.). Those who appear to meet the eligibility requirements and, based on past probation experience and evidence-based assessments, are likely to be motivated to change, are brought in for further assessment by the DTAP Probation Officer. The DTAP Probation Officer then makes a recommendation to the prosecutor with respect to whether the candidate should be selected for a DTAP plea. The prosecutor consults with the defense attorney who represents the candidate, and the prosecutor decides whether to offer a DTAP plea.

<b>Prosecutor Control</b>
<b>Prosecutor Determines Eligibility</b>
<b>Prosecutor Determines Probation Length &amp; Prison Sentencing Range Should Defendant Fail</b>

The Pima County Attorney narcotics prosecutor develops a plea offer for every DTAP participant. The plea agreements all require offenders to plead guilty to their crime if they want to participate in the DTAP program. Each plea offer includes a specified term of prison to be served for the narcotics offense but provide that the defendant may, in lieu of prison, serve three years on probation with specified conditions. Those mandated conditions include compliance with an individualized treatment plan that incorporates up to 90 days of residential treatment plus wrap-around recovery support services. All DTAP plea agreements mandate residential treatment, require enhanced probation conditions. The prosecutor communicates plea offers to the defendants via their defense attorneys, and brings the case forward in PCDC. Those willing to accept the plea and participate in DTAP are then scheduled for a PCDC combined plea/sentencing hearing.

<b>DTAP PROGRAM SCREENING CRITERIA</b>	
<b>ELIGIBILITY CRITERIA:</b>	<b>THE DEFENDANT MUST NOT HAVE :</b>
<ul style="list-style-type: none"> <li>• <b>A pending felony charge for possession of a narcotic or dangerous drug and two prior felonies for possession of a narcotic or dangerous drug, or a pending charge for possession of methamphetamine, with one prior felony.</b></li> <li>• <b>A drug addiction</b></li> <li>• <b>Motivation for Treatment</b></li> <li>• <b>At least limited English proficiency</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>A violent offense history.</b></li> <li>• <b>A sexual offense history</b></li> <li>• <b>A severe mental illness (not merely bi-polar or depression)</b></li> <li>• <b>A status of illegal resident</b></li> </ul>



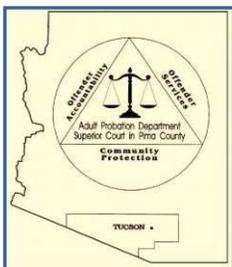
### **The Pima County Public Defender**

The Pima County Public Defender's Office has designated the Chief Assistant Public Defender as the single point of contact for the DTAP program and responsible for making all public defenders and other defense attorneys aware of the program and the eligibility criteria. The attorneys within the public defender's office are instructed to refer all potentially eligible defendants for consideration. This single point of contact on the defense side facilitates a more efficient process to insure that cases get referred to the program. Although the Public Defender handles the majority of the drug offender cases, the Legal Defender's Office (the office established to handle cases in which the Public Defender has a conflict of interest) has also designated a single point of contact for the DTAP program.

The Public Defender reviews all referred cases for DTAP criteria and makes the decision to refer the defendant to the DTAP prosecutor for further screening. If the candidate is acceptable the assigned public defender introduces the DTAP program by explaining its requirements and benefits. If the candidate is willing to accept responsibility for participation in the DTAP program, then the Public Defender makes a formal referral to the DTAP County Attorney.

The defense attorney communicates with the probation officer and prosecutor, explains the DTAP program and plea to his or her client, and represents the participants in Drug Court and throughout the residential treatment and probation processes. The Public Defender may also suggest cases for the prosecuting attorney to consider. If the defendant meets the criteria as determined by the DTAP Prosecutor then the defense attorney (most likely the Public Defender) is contacted and asked to give his or her opinion about the suitability of the program for the defendant.

Upon notification of a potential candidate, the Chief Assistant Public Defender reviews the defendant's case, applies the criteria for DTAP inclusion, and makes the decision on whether to refer the defendant to the DTAP County Attorney for further eligibility screening, prepares the candidate for the program by explaining its requirements and its benefits. If the candidate accepts the DTAP program, then the DTAP Public Defender arranges for his or her client to accept the plea offered by the DTAP Prosecutor from the County Attorney's Office.



### **Pima County Adult Probation (APD)**

The Pima County Adult Probation is a department of the Superior Court and it has assigned experienced probation officers to the DTAP project. Those defendants who appear to meet the eligibility requirements, and based on past probation experience and evidence-based assessments, are likely to be motivated to change, are brought in for further assessment by the DTAP Probation Officer. Adult Probation Department officers are trained in motivational interviewing and use a range of standardized actuarial tools, including Offender Screening Tool/ Field Reassessment Offender Screening Tool (OST/FROST), that measure a broad range of criminogenic factors and level of motivation. Briefly stated, research<sup>4</sup> has shown the following types of characteristics to be criminogenic factors:

- Anti-social personality
- Anti-social attitudes and values
- Anti-social associates
- Family dysfunction
- Poor self-control, poor problem-solving skills

<sup>4</sup> Andrews, D. A., Bonta, J., Gendreau, P., & Cullen, F. T. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. *Criminology*, 28, 369-404.

- Substance abuse
- Lack of employment/lack of employment skills

During selection, Adult Probation receives names of defendants from the prosecutor. A probation officer then uses OST 127 to get a score and to serve as an interview format to get to know the person. The Adult Substance Use Survey (ASUS) is administered and sent to the Adult Probation counselor for scoring and to obtain a treatment recommendation. A psychological evaluation is made only if one seems necessary during the interview or if there is significant mental health history. After this workup Adult Probation makes a recommendation to the prosecutor.

Using OST/FROST, the ASUS and motivational interviewing techniques, the probation officer creates a short list of highly motivated candidates and refers them to the drug treatment providers for a preliminary assessment of their needs. The probation officer includes that information in a preliminary treatment plan for each potential candidate. Using evidence-based methodology, the probation officers assist in the DTAP participant selection process, develop treatment plans, supervise participants, attend judicial hearings, and participate in group evaluations and trainings.

Adult Probation receives from the jail the belongings of any in-custody defendant who is to be transported to the Drug Court Judge for a plea/sentencing hearing and transports the defendant, along with his or her belongings, to the residential treatment center immediately after the formal plea/sentencing hearing.

Adult Probation monitors DTAP participants closely to determine whether they are complying with the terms of their probation.

If a DTAP participant absconds from residential treatment, Adult Probation is notified and files a Petition to Revoke Probation and obtains a warrant. The office policy allows 90 days for this, but it is done as quickly as feasible for DTAP participants. A probation officer then notifies the PCAO detectives by phone so they will be alerted to the absconder. If Adult Probation is unsuccessful contacting the probationers by phone or through collateral contacts to talk them into the office or court for arrest then the file is transferred to the Adult Probation Team who seeks to locate and arrest probation absconders.

Adult Probation reports to the Drug Court Judge on the progress of DTAP participants in complying with the conditions of their probation. Adult Probation makes recommendations to the Drug Court Judge with respect to whether to impose sanctions and, if so, what those sanctions should be, as well as whether and when to revoke probation and send a defendant to prison.

Adult Probation works closely with the DTAP Case Manager to refer participants for appropriate wraparound recovery support services. Adult Probation communicates with an outside clinical psychologist as needed to confirm assessments and modify treatment plans if and when indicated. Probation also makes referrals for the wraparound recovery support services needed by non-DTAP Drug Court participants.



## Sheriff's Department – Pima County Jail

When a defendant has agreed to accept a plea, if he or she is in custody, the jail pre-processes his or her departure before the plea/sentencing hearing. As part of this processing, the jail completes all release paperwork and coordinates the transfer of medications, personal belongings, and money belonging to the defendant to the Adult Probation department at the courthouse. After sentencing, Adult Probation then transports the participant to the residential treatment center.



## Pima County Superior Court – Drug Court

The Drug Court DTAP process begins with the plea/sentencing hearing where the participant accepts the plea, and the Drug Court Judge explains to the defendant that any violation of the plea conditions may result in sanctions up to and including incarceration for the full prison sentence and that there will be regular meetings (every other week at first) to review the defendant's compliance with the conditions of probation. Those conditions include residential treatment for drug addiction, remaining crime free, attaining employment and transition to independent housing. The prosecutor and defense attorney, as well as the case manager and probation officer, are present at the sentencing. Those defendants whose DTAP pleas are accepted are transported immediately from the courtroom by their probation officer to the residential treatment facility where they will reside for up to 90 days during which they will return to court for regular monitoring by the Judge. Defendants who reject the offer of a DTAP plea are prosecuted on their original charges and, upon conviction, are sentenced to prison. Defendants who accept the plea but who fail to successfully complete the terms of the DTAP program receive the full prison sentence specified in their plea agreement program, generally 1-3.75 years. Successful defendants are moved from DTAP probation into standard probation after a period of one to two years and complete their full term of probation after three years. The conviction remains on their criminal record, but they avoid prison altogether.

During the DTAP probation period, the Drug Court Judge holds follow-up hearings in court to monitor the participant's progress, to impose graduated sanctions for minor violations, and to reward successful compliance with the conditions of probation. The hearings are held every two weeks at first, then phasing to less frequent hearings, with the defendant, prosecutor, defense attorney, probation officer, and case manager always present. Prior to each of these hearings, the Judge holds a staffing meeting with the probation officer, the case manager, the prosecutor and the public defender to review each participant's performance. Later, in the public courtroom, the Judge hears from the defendant, the case

manager and probation officer, and sometimes from a treatment provider, family counselor or other wrap-around service provider, about how the defendant is progressing. The Judge or probation officer also makes referrals, as needed, with the consultant contracted to make special client assessments if, for example, a participant has a relapse or something in his or her life changes (e.g. divorce, death in family, job layoff, etc.). This enhanced communication ensures the rehabilitation process is working and allows for modification of activities when necessary.

## **Residential Drug Treatment**

The residential drug treatment will last for the duration specified in the treatment plan, generally 90 days, which may be modified by the Court at a review hearing. Evidence-based practices, including cognitive behavioral therapy, are utilized in the treatment process.

The Haven women's facility and Compass Behavioral Health Vida Serena men's facility assist Adult Probation in determining the treatment requirements for DTAP participants. Both residential facilities provide treatment and assist in identifying recovery support service needs during and after residential treatment. The residential treatment facilities complete a comprehensive Arizona Department of Health Services (ADHS) Core Assessment upon intake of new clients. This tool screens several factors including: developmental history, presenting problem, legal issues, employment, substance abuse, trauma and a mental status exam. This instrument enables therapists to diagnose both substance abuse and mental illness. This information and motivational interviewing are combined by the therapist to develop an individualized Cognitive Behavioral Treatment Plan (CBTP). Each treatment plan includes a period of in-patient drug treatment followed by monitored out-patient drug treatment and may include family support and counseling, education - possibly including literacy training, job training and placement, housing placement and other assistance. In both the men's and women's residential programs, clients participate in a very structured routine guided by their CBTP. Weekly calendars are used.

Additionally, all treatment participants are assessed at intake and again every six months using the Government Performance and Results Act/Services Accountability Improvement System (GPRSA/SAIS). This form of assessment is required of all participants because of the federal grant that supports the DTAP program. The assessment tool was developed as part of the effort mandated by the Government Performance and Results Act (GPRSA) of 1993. As a federal agency, the Substance Abuse and Mental Health Services Administration (SAMHSA) is required to set program-specific performance targets, measure program performance on a regular basis against those targets, and to report annually to Congress on the results. The intent of the GPRSA/SAIS is to increase program effectiveness and public accountability by promoting a focus on results, service quality, and customer satisfaction. It has an additional benefit to the DTAP program participants as it helps to monitor their progress and assists with case management.

The treatment programs employ contingency management techniques to reward participants' positive behaviors and sanction negative behaviors. Depending upon the types of rewards and sanctions to be imposed, they may be imposed by the Judge, adult probation

officer, or the treatment facilities. Participants' positive behaviors are rewarded in various ways, for example through verbal praise from the counselor, and/or peers, applause, acknowledgement by the Judge, reduced Court appearances, sobriety disks, decreased drug testing, phase advancement, graduation, community restitution credit, fee reduction, and prizes (e.g. material goods, food, trips off-site, recognition certificates, etc.). Sanctions for negative behaviors may include admonishment, written assignments, curfew, house arrest, loss of privileges, increased drug testing, return to an earlier treatment phase, delayed program advancement, community support group meetings, community restitution, SCRAM alcohol monitors, jail warning, jail sanctions, probation extension, and program termination.

The two residential programs employ similar treatment modalities that are a blend of cognitive behavioral therapy, motivational interviewing, the Matrix Model, and Stephanie Covington's Helping Women Recover. The following services are provided or can be made available to the DTAP participant while in treatment: intake and discharge assessments and planning, individual treatment planning, psychiatric evaluations as need, substance abuse education, group and individual counseling/therapy, gender-specific therapy, family therapy, lapse/relapse therapy, 12-step or other self-help recovery groups, aftercare treatment, and a range of culturally sensitive psycho educational services. The treatment provides engage the participant through contingency management practices and random drug testing is conducted weekly.

Each of the residential treatment programs also provides detoxification services through Compass, as needed, at intake. Each also provides after-care programming, including an alumni group for "graduates," including DTAP participants



## **The Haven - Women's Residential Treatment**

The Haven provides residential drug treatment for female DTAP participants. At the initial assessment session, The Haven uses the Substance Abuse Subtle Screening (SASSI-3) which uses empirical procedures to discriminate between substance dependent and non-dependent individuals and match clinical judgments based on DSM-IVR diagnostic criteria. The Haven also uses the Adult Placement Criteria for the Treatment of Psychoactive Substance Abuse Disorders (ASAM) criteria, a risk assessment, health information and psychological screening tool. The ASAM determines the level of care that a client will need for appropriate treatment. The Haven program also administers the SOCRATES (Stages of Change Readiness and Treatment Eagerness Scale) to determine the participant's willingness and readiness to change, and the CAGE (a quick screen of five questions for alcohol use). Additionally, The Haven also completes a psychosocial assessment to assess the needs of the incoming clientele and performs the GPRA on DTAP participants at intake.

The Haven uses evidence-based cognitive behavioral therapy to help clients change their behaviors.



### **Compass Behavioral Health Vida Serena Men's Residential Treatment**

Compass Behavioral Health Care provides residential drug treatment for the male DTAP participants at its Vida Serena facility. DTAP participants are administered the GPRA at intake. All clients are assigned to a primary therapist and must complete a minimum of one hour of individual therapy sessions per week. They also complete a daily one hour group therapy session. Other therapy groups and educational sessions are offered by therapists and behavioral health technicians. Clients receive a minimum of 4 hours of treatment per day – 7 days per week. Compass uses evidence-based cognitive behavioral therapy to help clients change their behaviors and administers the GPRA for DTAP participants.



### **The Primavera Foundation**

The Primavera Foundation provides a case manager to work closely with the Drug Court Judge, probation officers, and the staff of the residential treatment facilities to identify the need for and to secure appropriate wraparound services for DTAP and other Drug Court participants. The case manager serves as a liaison between the defendant/participant and the providers of all the wraparound recovery support services. The case manager coordinates with the residential treatment center and the probation officer and is obligated to report to the Court and to the Probation Department any violation of conditions set forth in the plea agreement. In consultation with the Adult Probation Officers and the Drug Court Judge, the case manager will:

- Identify the criminogenic factors associated w/ recidivism of each DTAP and DCE project participant (see criminogenic factors, page 11);
- Coordinate referrals to and procurement/delivery of wraparound recovery support services that meet the individual recovery needs of each project participant;
- Assist in continued evaluation & development of the program.

Deficits in language and literacy are, for many PCDC participants, a primary factor in continued drug use and associated crime. Most practitioners agree that a significant portion of the offenders served by PCDC have below average literacy levels that limit their ability to live productive lives. Therefore, the project enlists trained Literacy Volunteers to perform an assessment and remediation for each DTAP participant. If literacy training is needed, it may be provided at the treatment center.

<b>Wraparound Recovery Support Services Examples</b>		
<b>Bus Passes</b>	<b>Family Counseling</b>	<b>Job Skills Training</b>
<b>Career Counseling</b>	<b>Family Support Services</b>	<b>Life Skills</b>
<b>Cognitive Skills Classes</b>	<b>Food Stamp Assistance</b>	<b>Literacy Tutoring</b>
<b>Dental Care</b>	<b>GED Assistance</b>	<b>Medical Care</b>
<b>Education Planning</b>	<b>Housing Assistance</b>	<b>Prescription Assistance</b>
<b>Job Hunting Skills</b>	<b>Housing Placement</b>	<b>Transportation Assistance</b>
<b>Eye Glasses</b>	<b>Job Placement</b>	<b>Résumé Writing</b>
<b>Dentures</b>	<b>Individual Counseling</b>	<b>Transitional Housing</b>

In the case of DTAP participants, these wraparound services are offered in conjunction with a comprehensive drug treatment and recovery plan that is supported by intensive case management. This helps to assure the maximum flexibility necessary to respond to unexpected needs in serving a new target group. The menu of wraparound recovery support services offered will include: family support services, family and individual counseling, education and educational support, employment-seeking skills, life skills, cognitive skills classes, assistance securing free or affordable transitional or permanent housing, emergency prescriptions or medical care, résumé writing, occupational skills training, transportation assistance, eyeglasses, dental care, and other basic needs.

Wraparound recovery support services may also be available through one of Tucson's niche agencies. These agencies are often organized around meeting the needs of specific groups within the community (age, race, ethnicity, disability, sexual orientation, etc.). They are connected to an active and robust service infrastructure that offers participants a comprehensive menu of wraparound recovery support services. It is the goal of the case manager to identify those agencies and make use of their services as needed for each participant.

### **The DTAP Program Steps**

The steps of the DTAP program are presented in a linear fashion below. While the participant is in the residential treatment facility (Step 7) the components of that step may be occurring in a non-linear fashion at overlapping times. Additionally, variations to the linear flow of the steps may occur based upon individual circumstances.

**Step 1: County Attorney Case Identification**

The County Attorney's issuing attorneys for the Narcotics Unit identify potential cases when they meet with law enforcement to charge narcotics-related cases. Additionally, the Public Defender or any private defense attorney may request that the PCAO consider a case. The attorneys look for a defendant who fits the broad DTAP criteria: a felony drug possession, facing prison as punishment, has no prior violent or sex offenses. Defendants who have a history of violent or sex crimes, additional felony charges, are not U.S. citizens or residents of Pima County are not eligible. The possible candidates are forwarded to the DTAP assigned prosecutor to be considered for the program.

**Step 2: County Attorney Performs Background Check**

The Deputy County Attorney assigned as the DTAP Prosecutor then works with the PCAO investigator to perform a background check on the defendants who appear eligible and appropriate for the program. Defendants whose needs are greater than the program can provide, for example, if a person has a severe documented mental illness, etc., are removed from consideration.

**Step 3: Public Defender or Defense Attorney Screening**

If the defendant meets the criteria as determined by the DTAP Prosecutor then the Public Defender or defense attorney is contacted and asked about the defendant's suitability for the program.

**Step 4: Adult Probation Screening and Assessment**

The DTAP Prosecutor contacts Adult Probation to conduct a thorough intake assessment of the defendant's criminogenic risk and needs (see page 11). The Offender Screening Tool/ Field Reassessment/ Offender Screening Tool (OST/FROST) and the Adult Substance Abuse Survey-Revised (ASUS) are used to conduct the assessment. Adult Probation uses the OST 127 (long version of the OST) for screenings and the FROST every 180 days thereafter. They look for evidence of a defendant's addiction and medium to high motivation levels for treatment as indicators for suitable DTAP candidates. For those defendants who pose additional concerns about their emotional and psychological stability, a psychological evaluation may be conducted. In this event, a referral is made to a clinical psychologist who is funded by the DTAP grant to conduct these evaluations. Those who appear to meet the eligibility requirements and, based on probation experience and assessments, are likely to be motivated to change, are brought in for further assessment by the probation officer.

**Step 5: County Attorney DTAP Plea Decision**

Following the assessment and recommendation from Adult Probation, the DTAP Prosecutor makes the decision of whether to offer the defendant the DTAP program. The prosecutor develops a plea offer for each DTAP candidate and then makes the final determination of who will be offered a plea. Each plea agreement requires the offender to plead guilty to the crime charged in order for them to become a participant in the DTAP program. Every plea offer includes a specified term of prison to be served for the narcotics offense and provides that, instead of prison, the defendant is sentenced to probation with

conditions. The prosecutor communicates the plea offers to the defense attorneys, and brings the case forward in PCDC. Those willing to accept the plea and participate in DTAP are scheduled for a PCDC hearing.

#### **Step 6: Defense Attorney**

The Defense Attorney meets with the defendant to discuss the plea offer. At this time the defendant is advised of the difficulty of the program the need for total commitment to treatment and compliance conditions.

#### **Step 7: Drug Court Judge - Sentencing**

The Drug Court DTAP process begins with the sentencing hearing where the Drug Court Judge explains to the defendant that any violation of the plea conditions may result in incarceration for the full prison sentence and that there will be regular meetings to review compliance with the conditions of probation. Those conditions include residential progress toward recovery from addiction, attaining employment, and transition to independent housing. The case manager, probation officer, prosecutor and defense attorney are present at the sentencing. Those defendants whose DTAP pleas and treatment plans are accepted go immediately into residential treatment and will return to court for monitoring by the Judge. Defendants who reject the DTAP offer are prosecuted on their original charges and, upon conviction, are sentenced to prison. Defendants who accept the plea but fail to complete the terms of the DTAP program receive a prison sentence within the range of their plea.

#### **Step 8: Residential Treatment Providers**

When a defendant has agreed to accept a plea the jail pre-processes his or her departure before the hearing. Following the formal hearing and plea the Adult Probation Officer transports the defendant to in-patient drug treatment. The Pima County DTAP has a partnership with two treatment agencies, Compass Health Care Vida Serena for men and The Haven for women, to provide the 90-day residential treatment.

#### **Step 7 a. Intake Assessment**

Upon entry into the program, each DTAP participant is assessed using a core needs assessment tool required by Arizona Department of Health Services, Behavioral Health Services. The American Society of Addiction Medicine (ASAM) criteria are used to determine the treatment level and intensity. The Haven program also administers the SOCRATES (Stages of Change Readiness and Treatment Eagerness Scale) to determine the participant's motivation to change, and the CAGE (Cut-Annoyed-Guilty-Eye) assessment instrument for identifying problems with alcohol. The GPRA (Government Performance and Results Act/Services Accountability Improvement System) interview is also administered at both residential facilities during the intake assessment.

## DTAP STEPS FLOWCHART



**Step 8 b: Treatment Planning**

Each DTAP participant has an individualized treatment plan that is designed to address the participant's specific needs. It is based on the participant's goals and objectives and is informed by the test results from the residential intake as well as from the probation assessment. Every treatment plan varies based on individual needs and progress, and is adapted to reflect the participant's progress.

**Step 8 c: Treatment Process**

The treatment programs are organized into three 30-day phases (90 days total) of which each has a set of tasks and assignments based on the individualized treatment plans. A participant must demonstrate successfully that they have successfully completed all the tasks of one phase in order to proceed to the next 30 day phase. Participants must successfully progress through each phase in order to graduate from the residential program.

**Step 8 d: Drug Testing**

Both residential programs conduct court mandated drug testing. Upon a positive drug test, the clinical staff notifies the probation officer immediately and consults with the Drug Court about a response to the infraction. Compass/Vida Serena places the participant in detoxification for 24 hours in order to protect the safety of the other residents. The Haven requires that a participant receive "the one-month restriction/re-focus packet." The packet contains worksheets the participant is required to fill out every day for two weeks that help her reflect on what triggered her relapse.

**Step 8 e: Contingency Management**

The treatment programs employ contingency management techniques to reward participants' positive behaviors and sanction negative behaviors. Compass/Vida Serena specifically draws up an individualized contract based on the probation officer and therapist agreement. In both programs, participants' positive behaviors are rewarded in various ways, for example through verbal praise from the counselor and/or peers, and prizes (e.g. material goods, food, trips off-site, recognition certificates, etc.). Sanctions for negative behaviors may include homework, loss of privileges, increased drug testing, and returning to an earlier treatment phase. Violence, threats of violence, bringing drugs and alcohol on the property, property damage, and sexual activity on the property are behaviors that would result in a participant's removal from The Haven or Compass/Vida Serena, and thus the DTAP program.

**Step 8 f: Discharge**

Discharge planning is part of every participant's treatment plan and begins immediately upon entry into the residential center. The focus of the 90 days of residential treatment is re-entry into the community with a safe and sober lifestyle and gainful employment. The Adult Recovery Team (ART) reviews the treatment plans monthly. Members of the ART team include each center's clinical staff, the outpatient treatment case manager, the probation officer, and the DTAP case manager. Discharge assessment and planning is also individualized and is part of that monthly review. Participants who successfully progress

through each phase graduate from the residential program and are integrated back into the community.

### **Step 9: After Care Case Management and On-Going Services**

There are two levels of case management and coordination of services provided to DTAP participants while they are in residential treatment and in the after-care period. Beginning with the plea agreement the DTAP case manager begins to monitor the participants' needs and progress. Additionally, while in residential treatment, each facility assigns their own case manager to the DTAP participant. The residential case manager coordinates treatment and services for the participant while they are in the program and arranges for services to address the discharge plan. Once the participant is discharged, the DTAP case manager assumes responsibility for coordinating the wrap-around services for all DTAP participants during the post-treatment period and for the duration of DTAP program involvement.

The case manager for the DTAP program plays a crucial role because she links participants with the resources and services they need for their recovery and adjustment in the community. The role of the case manager is to work with the participant, probation officer and any other service and treatment personnel to maintain continuity of care. This includes identifying and addressing the participants' needs by making appropriate service referrals and insuring follow-through on these referrals.

### **Step 10: Program Completion.**

Participants must complete 3 years of probation. If, after at least a year on DTAP probation, the participants have completed all the requirements of DTAP, they may graduate from the program and transition into standard probation for the duration of their 3 years. Those who fail have their probation revoked, in which case they are sent to prison.

## **.Drug Court Enhancement (DCE) Program**

The Drug Court Enhancement (DCE) Program is a means by which additional wraparound recovery support services are made available to a different population - adjudicated defendants on probation who are participants in the regular Pima County Drug Court.

Potential participants in the Drug Court Enhancement program are identified by the Drug Court Probation Officer and PCDC Judge and are encouraged to meet with a DCE intake staff member or volunteer. These participants are currently active regular drug court probationers with at least six months of probation left and who have either expressed service needs or were found in assessments to have unmet service needs. While their participation in PCDC is involuntary, participation in enhanced wraparound services through the DCE program is voluntary; the only prerequisite is being administered the GPRA interview. Participants can opt out of DCE services at any time without negative consequences.

The Drug Court Enhancement Program (DCE) is six months long and designed to enhance and expand the services offered by the Pima County Drug Court (PCDC).

These offender populations who participate in PCDC were selected based on the Risk-Need-Responsivity (RNR) model for the assessment and treatment of offenders<sup>5</sup> The RNR model has been elaborated upon and contextualized within a general personality and cognitive social learning theory of criminal conduct:<sup>6</sup>

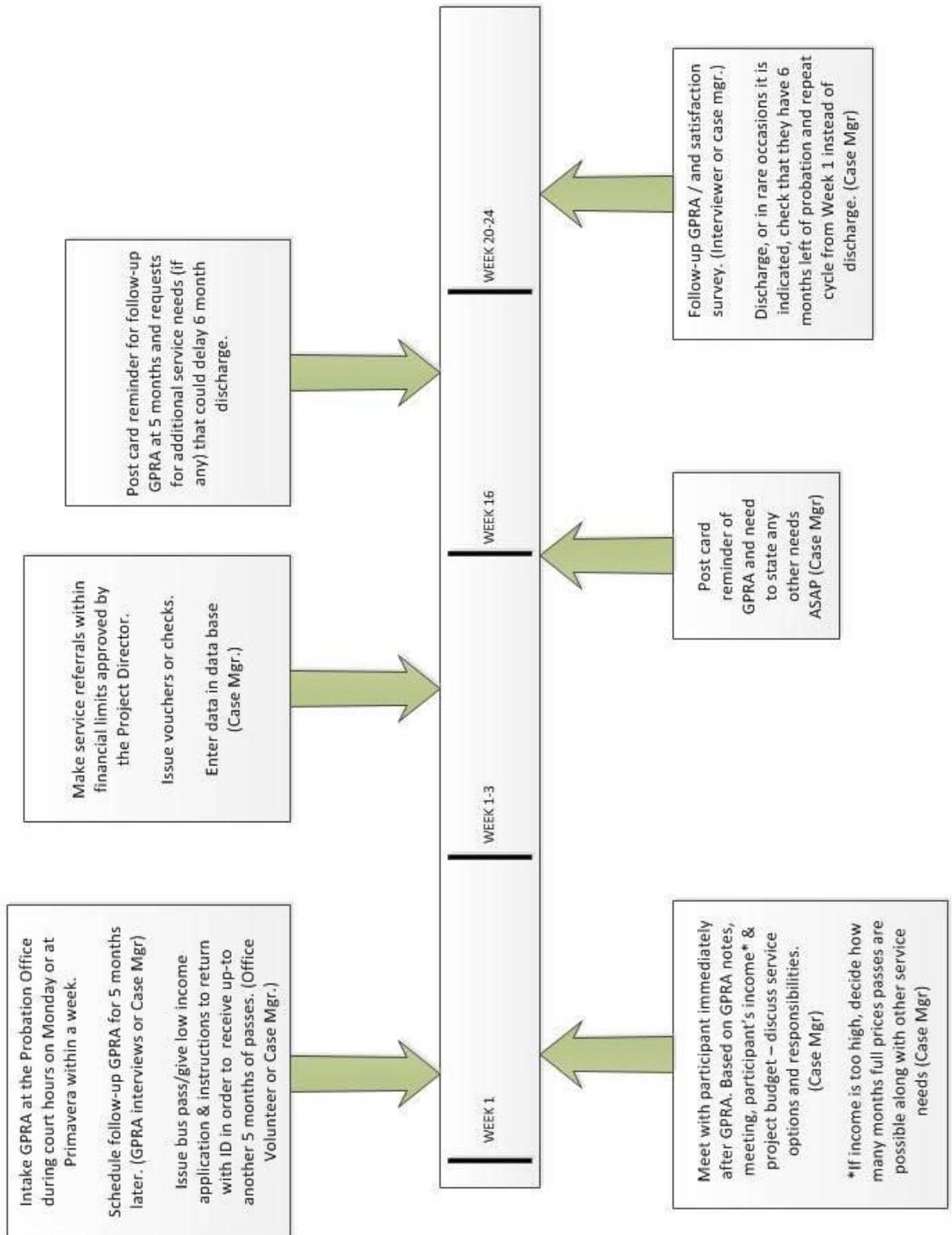
- The “Risk Principle” of whom to serve matches the level of service to the offender's risk to re-offend. This principle has shown moderate to high risk offenders to be the best candidates.
- The “Need Principle” assesses criminogenic needs and targets those factors in the Drug Court participant’s recovery. This program has the resources available to assess participants to determine what criminogenic factors (see page 11 for listing of criminogenic factors) may be associated with their recidivism.
- “Treatment and Responsivity Principles” maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioral treatment and tailoring the interventions to the learning style, motivation, abilities and strengths of the offender. Drug Court, Adult Probation and participating agencies have a large network of services providers that know how to best serve these offenders and are willing and able to do so.

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<sup>5</sup> a) Andrews, D. A., Bonta, J., & Hoge, R. D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior*, 17, 19-52; b) Blanchette, K., & Brown, S. L. (2006). *The assessment and treatment of women offenders: An integrative perspective*. Chichester, England: John Wiley & Sons; c) Ward, T., Mesler, J., & Yates, P. (2007). Reconstructing the Risk-Need-Responsivity model: A theoretical elaboration and evaluation. *Aggression and Violent Behavior*, 12, 08-228.

<sup>6</sup> Andrews, D. A., & Bonta, J. (2006). *The psychology of criminal conduct* (4th ed.). Newark, NJ: LexisNexis.

# DCE Process



The mandated conditions of the plea agreement include compliance with an individualized treatment plan. Based on the individual assessments of the participants by the probation officers, substance abuse evaluators and treatment professionals, treatment plans are developed to address the identified criminogenic factors on an individual basis. The treatment plans include coordinated rehabilitative services, cognitive skills programming, and wraparound recovery support services. The probation officers and treatment professionals work together to support and monitor a participant's recovery and the wraparound service referrals to support those treatment plans are coordinated by the case manager. Participants can meet with the case manager who is responsible for coordinating services with the adult probation department.

### **The Case Manager**

The Primavera Foundation provides an experienced fulltime case manager to serve the Drug Court Enhancement (DCE) project. This is the same case manager who serves the DTAP participants. The Case Manager facilitates added wraparound recovery and the re-entry support services for the participants above and beyond those previously available to Drug Court probationers. The case manager is obligated to report to the probation officer or Drug Court Judge any violation of conditions set forth in the plea agreement that he or she becomes aware of.

The case manager works closely with the Drug Court Judge and the probation officers to secure appropriate wraparound services for eligible Drug Court participants. These wraparound services may include family support services, family counseling, education, literacy tutoring, GED assistance, occupational skills training, job skills, employment-seeking skills, life skills, cognitive skills, assistance securing free or affordable transitional or permanent housing, transportation assistance, and other basic needs, such as eyeglasses or HIV testing. The services may be individual items provided by donation or grant funds, or services that are needed once or on an ongoing basis for a period of time.

### **Wraparound Services**

Recovery support services under the DCE program include the same wide variety of wraparound services that are available to DTAP participants, such as mentoring services, education skills building and job readiness training, work clothing, to ensure a full continuum of care. The specific mix of services varies for each client depending on individual circumstances, needs and goals as identified during the initial assessment and service-planning phase.

Addiction recovery is recidivism prone, and thus it is difficult to offer successful substance abuse treatment without a broad continuum of services to support the participants in their recovery. In addition to drug treatment and counseling, wraparound services are provided. Other services may be available as needed, including education, job training, job

placement, housing placement, and housing assistance, transportation assistance and other basic needs.

### **Review of Service Needs**

The OST/FROST conducted by the probation officer every six months for both the DTAP and regular Drug Court participants who benefit from DCE. This assessment, combined with motivational interviewing techniques helps identify participants' needs and motivational levels. That assessment information helps determine real needs and evidence-based service plans.

All treatment participants in both the DTAP and DCE programs are assessed every six months using the Government Performance and Results Act/Services Accountability Improvement System (GPRA/SAIS). This assessment tool was developed as part of the effort mandated by the Government Performance and Results Act (GPRA) of 1993. As a federal agency the Substance Abuse and Mental Health Services Administration (SAMHSA) is required to set program-specific performance targets, measure program performance on a regular basis against those targets, and to report annually to Congress on the results. The intent of the GPRA/SAIS is to increase program effectiveness and public accountability by promoting a focus on results, service quality, and customer satisfaction.

## **EVALUATION**

Research on Drug Court programs across the country shows that providing community-based wraparound services to all drug court defendants is not only more cost effective, but also helps people to overcome addictions and become productive citizens. This enhances public safety the same time that it reduces tax expenditures for the incarceration and prosecution expenses to penalize drug possession defendants. The sustainability plan for the DTAP and DCE programs includes documenting the success of the programs by collecting and analyzing all the data in order to show both the efficacy and cost effectiveness of the programs. To that end, an outside analyst has been contracted to conduct a cost-benefit analysis.

In addition, an external evaluation of the DTAP program is being conducted on an ongoing basis by JBasta Consulting, LLC, Research and Program Evaluation Services of Tucson, AZ to assess both the process and outcomes of the DTAP pilot program. The project evaluation plan includes both internal and external methods of evaluation to facilitate ongoing improvement of the program. The consultant's reports assist with the identification of gaps, strengths and weaknesses. The evaluation facilitates development of the necessary tools to determine what aspects of the program work and should be continued, what changes need to be made for something to work better, and to determine what does not work so it can be discontinued.

Weekly information is gathered on each defendant's progress as reported to the Drug Court Judge. In particular, statistics are maintained regarding the number of participants in the program, the duration and nature of in-patient drug treatment, the types of wrap-around

services provided, the duration and nature of each of these services, the costs of these services, any violations of conditions, any sanctions imposed, any failures and revocations of probation, any recidivism (including length of time before recidivism and nature and severity of recidivist offense), employment, and housing.

## **SUSTAINABILITY**

The plan for sustaining this pilot project when the grant ends is to demonstrate its worth over three years and be in the position to seek a re-allocation of funding that would otherwise be budgeted for prison space, the need for which is obviated by the program, to cover the program costs. It would be prudent for the Arizona Department of Corrections to pay less and get much more for its money through a DTAP Program rather than through more costly incarceration. Similarly, the evaluator is working with staff to develop and implement the use of appropriate tools to show demographic factors in order to ensure a fair distribution of resources. At the end of each project year, the outside evaluator will use the information collected over the year to conduct an annual outcome evaluation to determine the degree to which our activities helped us meet each of the two objectives. And at the end of year three of the DTAP grant, the evaluator will prepare a cumulative outcome evaluation report. In addition, professors from the University of Arizona are conducting a cost-benefit study to assess the cost effectiveness of the DTAP program.

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**APPENDIX A: RISK ASSESSMENT FORM**

RISK ASSESSMENT

Current Suicidal Ideation? Yes No

Plan to attempt? Yes No

History of past suicide attempts? Yes No

If yes please describe how many times and by what method(s) \_\_\_\_\_  
\_\_\_\_\_

Family history of suicidal ideation? Yes No

If yes, who and by what method(s) \_\_\_\_\_  
\_\_\_\_\_

Fire Setting? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Self Mutilative Behavior? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Sexually inappropriate Behavior? Yes No

Current Danger to Others/  
Homicidal Ideation? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Psychotic Symptoms: Hallucinations? Yes No

Command? Yes No

Delusion? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Family History of Substance Abuse? Yes No

If yes, please explain who, and what substances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPENDIX A: CAGE ASSESSMENT TOOL - THE HAVEN**

HAVEN ASSESSMENT

CLIENT: \_\_\_\_\_

CAGE (Optional)

<p>• C-A-G-E ATTITUDES TOWARD USE</p>	
<p><input type="checkbox"/> Have you felt a need to Cut down on your use?</p> <p><input type="checkbox"/> Do you feel Annoyed by people complaining about your drinking or drug use?</p> <p><input type="checkbox"/> Do you ever feel Guilty about your use?</p> <p><input type="checkbox"/> Do you ever drink an Eye-opener in the morning to relieve the shakes or calm your stomach?</p> <p>(Note: One positive response to any of the above indicates a problem)</p>	<p>• Pathological Use</p> <p><input type="checkbox"/> Substance taken in larger amounts over a longer period than intended.</p> <p><input type="checkbox"/> Persistent desire or unsuccessful efforts to cut down or control use.</p> <p><input type="checkbox"/> A great deal of time spent to obtain the substance.</p> <p>• Impaired Functioning</p> <p><input type="checkbox"/> Social/occupational problems</p> <p><input type="checkbox"/> Activities reduced or given up because of substance use.</p> <p><input type="checkbox"/> Tolerance or withdrawal</p> <p style="padding-left: 20px;"><input type="checkbox"/> Continued use despite physical/psychological consequences</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Diarrhea <input type="checkbox"/> Shakes <input type="checkbox"/> Nose Bleeds</p> <p><input type="checkbox"/> Hallucinations <input type="checkbox"/> Other</p>

ASAM Assessment Dimensions

Severity Rating

Dimension 1: Acute withdrawal/withdrawal potential     Low     Medium     High

Comments:

---

Dimension 2: Biomedical conditions and complications     Low     Medium     High

Comments:

---

Dimension 3: Emotional, behavioral or cognitive Conditions and complications     Low     Medium     High

Comments:

---

Dimension 4: Readiness to change     Low     Medium     High

Comments:

---

**APPENDIX A: CAGE ASSESSMENT TOOL - THE HAVEN**

page 2

**Dimension 5: Relapse, continued use or continued Problem potential.**       Low       Medium       High

1(a). Assess and describe the level of structure, supervision, safety and medication needed by the person in order to avoid/limit continued substance use or a relapse event (e.g., Will you drink/use when you leave here today? Have you ever abstained on your own before? When did that occur? How did you do that?)

1(b). Based on the assessment, indicate below which statement best describes the person:

Can Independently abstain

Need for encouragement: Person needs encouragement not to use; has fair self-management and relapse coping skills.

Need for supervision: Impaired recognition or understanding of relapse issues, but able to self-manage with prompting.

Need for structure/supervision: Little recognition or understanding of relapse issues; no/poor skills to cope with and interrupt addiction problems or to avoid/limit relapse; no imminent danger.

Safety risk: Person is unable to prevent relapse; continued use places person or others in imminent danger.

Comments:

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**Dimension 6: Recovery/Living Environment**       Low       Medium       High

2(a). Assess and describe the level of support for recovery in the person's home, community and immediate surroundings, and the level of services and supports necessary for the person to cope with a negative environment(e.g., How does the person currently cope with her environment? Are these strategies effective? Is the person willing to learn more effective coping skills? Does the person need an alternative environment?)

2(b). Based on this assessment, indicate below which statement best describes the person:

Environment is supportive of recovery.

Environment contains triggers that expose person to continued use(job, friends, school, neighborhood); able to cope most of the time.

Person is living in an unsupportive environment; difficult/unable to cope even with clinical support.

Person is living in an environment that would hinder recovery(shelter, non-therapeutic residential setting, homeless).

Person is living with active users or in an abusive situation.

**APPENDIX A: CAGE ASSESSMENT TOOL - THE HAVEN**

page 3

**ASAM PPC- 2R Level of Service Recommendation:**

- Level 0.5: Early Intervention (includes Education placement)**
- Level I: Outpatient Treatment**
- Level II: Intensive Outpatient/Partial Hospitalization Treatment**
- Level III: Residential/Inpatient Treatment**
- Level IV: Medically Managed Intensive Inpatient Treatment**

**Specific Substance-Related Treatment Recommendations:**



APPENDIX A: CHEMICAL DEPENDENCY ASSESSMENT      page 2

- C. In a 24-hour period, how much time is spent in activities necessary to obtain your substance(s) or in recovering from the effects of the substance (detoxing, withdrawing)?
- D. Do you give up or reduce important social, recreational, or occupational activities due to substance use?
- E. Do you use in spite of knowing the dangers to your health or living environment or knowledge that using makes all things worse?
- F. Does continued use result in failure to fulfill major role obligations (in relationships as a friend, mother or wife, or absences, suspensions, expulsions from work)?
- G. Do you use, or place yourself, in situations where it is physically dangerous (driving under the influence, seeking substances from dangerous people in dangerous places)?
- H. Do you have substance use related legal problems (probation, substance use related charges, current court dates, warrants pending)?

DUI's # \_\_\_\_\_

Total Arrests # \_\_\_\_\_

- I. Do you continue to use in spite of knowing that social and interpersonal problems are made worse with substance use?

IV. BEHAVIOR AND FUNCTIONING

**APPENDIX A: CHEMICAL DEPENDENCY ASSESSMENT****page 3**

V. **INTENSITY OF SERVICE:** Document need for 24 hour supervision and structured treatment

A. Failure to respond at lesser level or same level

B. Proof judgment = inability to be safely managed in less restrictive environment

VI. **EXPECTED RESPONSE:** Can these behaviors and symptoms be treated effectively at The Haven?

**APPENDIX A: PSYCHOLOGICAL SCREENING TOOL**

Psychological Screening Tool

**APPEARANCE:** Neat Disheveled Casual  
**SOCIABILITY:** Average Engaging Friendly Aloof Negative  
**EYE CONTACT:** Good Fair Poor Variable  
**ORIENTATION:** Time\_\_\_ Place\_\_\_ Person\_\_\_ Situation\_\_\_  
**MOTOR ACTIVITY:** Normal Hyperactive Agitated Restless Hypoactive  
                           Tics Mannerism Posturing  
**SPEECH:** Coherent Incoherent Quality Speed Impediment  
**AFFECT:** Appropriate Inappropriate Blunted Flat Labile Intense  
**MOOD:** Relaxed Anxious Agitated Angry Depressed Euphoric  
               Guarded Indifferent Demanding Labile Passive Aggressive  
**IMPULSE CONTROL:** Adequate Inadequate  
**SELF-CONCEPT:** Adequate Poor Unrealistic  
**THOUGHT**  
**ASSOCIATIONS:** Logical Loose Incomprehensible Neologisms Clang  
                           Tight Blocking  
**CONTENT:** Obsessions Phobias Somatic Complaint Delusions  
                   Hallucinations Grandiosity Persecutions/Reference  
                   Self-Depreciation Depreciation of Others Non-psychotic  
**PERCEPTION:** Normal Hallucinations (auditory, visual, olfactory, racial)  
**CONSIDERATION:** Good Fair Poor  
**MEMORY:** Intact (recent remote) Not intact Selective  
**JUDGEMENT:** Good Fair Poor  
**INSIGHT:** Good Fair Poor None  
**EATING PATTERN:** Appropriate No appetite Disorders  
**SLEEP PATTERN:** Appropriate Not enough Too much  
**SUICIDE RISK:** Past Present Plan Ideation  
**HARM TO OTHERS:** Past Present Plan Ideation  
 Psychological Screening Tool Reviewed 10-19-05

## APPENDIX A: SERIOUSLY MENTALLY ILL (SMI) SCREENING QUESTIONS

### SMI SCREENING QUESTIONS

QUESTION	SCORING	ANSWER
1. What kind of problems are you having?	<ul style="list-style-type: none"> <li>• Psychotic symptoms; e.g., hearing voices, seeing visions, being persecuted – A</li> <li>• Response not understandable due to thought disorder, e.g., long or rambling answers that are hard to make sense of –A</li> <li>• Answers such as "I am suicidal", "I want to die", "I'm going to kill myself. (or someone else) should prompt a referral to SAMHC Crisis Services, or the suicide Hotline.</li> </ul>	
2. How long have you been having these problems?	B	
3. Have you ever seen a psychiatrist for this or any other problem?	B	
4. If so what was the diagnosis?	B (see note) If yes, AND the diagnosis is on the Service Level Checklist category 1, then a priority visit is in order (becomes an A)	
5. Have you ever taken any medication for this, or any other emotional problem?	<ul style="list-style-type: none"> <li>• Yes, an antidepressant as a stand-alone answer raises the index –A</li> <li>• Yes, an antidepressant AND other answers suggestive of a priority visit should prompt priority scheduling – B</li> <li>• Yes, Lithium, Tegretol, Depakote given for the emotional problems alone suggest priority visits – A</li> </ul>	
6. How have your problems affected your life? Have you been able to hold down a regular job and make/keep friends despite your problems during this time?	<ul style="list-style-type: none"> <li>• No, I can't work, had to quit my job – B</li> <li>• No, I have no friends, I've isolated myself, my friends/family have abandoned me. – B</li> </ul> <p>Alone these would not mandate a priority visit, but in conjunction with previous diagnoses, medications, psychotic symptoms in the absence of active substance abuse, suggest a priority visit.</p>	
7. Have you been able to take care of your daily responsibilities during this time? Have you ever taken any medication for this, or any other emotional problem?	<ul style="list-style-type: none"> <li>• No, none of them - B</li> <li>• No, not many of them - B</li> </ul>	
8. How often, and how much, do you use drugs and alcohol?	<p><b>SUBSTANCE USE BY ITSELF NEITHER INCLUDES NOR EXCLUDES A CLIENT FROM PRIORITY EVALUATION.</b></p> <p>Substance use will need to be factored in with answers to other screening questions. The determination that a client or potential client is using substances and therefore does or does not require a priority appointment is not within the purview of intake staff to decide. Thus, the requirement is that there be some level of review by a clinician.</p>	
<ul style="list-style-type: none"> <li>• AN "A" ANSWER IS ONE THAT BY ITSELF WOULD INDICATE THE NEED FOR A PRIORITY APPOINTMENT. There are only three questions that qualify under this description.</li> <li>• A "B" answer is one that by itself does not reach the level of a priority appointment, but in combination with other "B" answers might reach that level. Questions 2, 3, 6, &amp; 7 are in this category. Two combinations of B answers that PROBABLY suggest a priority appointment would be 2 &amp; 6 or 2 &amp; 7... that is, a duration of 6 or more months (the chronicity requirement for SMI) AND impairment in work, domestic, or interpersonal areas that raise the index of suspicion for a serious mental illness.</li> </ul>		

**APPENDIX A: THE HAVEN FACE SHEET**

THE HAVEN  
1107 East Adelaide Drive, Tucson, Arizona 85719-2651  
Telephone 520-623-4590; Fax 520-623-6015

**FACE SHEET**

Assessment \_\_\_\_\_ DOE: \_\_\_\_\_ Allergies: \_\_\_\_\_

Time of Admit: \_\_\_\_\_

Counselor \_\_\_\_\_ Check if a client with Cope ; CODAC ; La Frontera 

Name (aka's) \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Telephone: (Home \_\_\_\_\_) (Work \_\_\_\_\_) (Message \_\_\_\_\_)

Address \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Ethnicity \_\_\_\_\_ Gender \_\_\_\_\_

City/State/County of Birth \_\_\_\_\_

Primary Language (Client \_\_\_\_\_) (Family \_\_\_\_\_)

Drug of Choice \_\_\_\_\_ Age Began Using \_\_\_\_\_

Program Indicator: CPSA ; AFF ; SEABHS ; Fed Probation ; State Probation ; Other AHCCCS ID \_\_\_\_\_ Other Ins.: Medicare  / HMO  / Workman's Comp  /  
Private  / Other (Title XIX: Yes ; No ) (Non-Title XIX: Yes ; No )Legal Status: Federal Probation  / State Probation  / Parole  / Court Ordered Treatment  /

Probation Officer's Name \_\_\_\_\_

Current Release Signed: Yes ; No 

Referring Agency \_\_\_\_\_ Telephone \_\_\_\_\_

Case Manager's Name \_\_\_\_\_

CPS Involvement: Yes ; No ; Caseworker's Name \_\_\_\_\_ Tele. # \_\_\_\_\_Current Release Signed Yes ; No 

Employment \_\_\_\_\_ Level of Education \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Telephone # \_\_\_\_\_

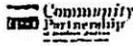
Primary Medical Practitioner \_\_\_\_\_ Telephone \_\_\_\_\_

Dependent Children # \_\_\_\_\_ Ages \_\_\_\_\_

Health: IV Use ; TB ; HIV ; Hepatitis A , B , C ; Pregnant: Yes / No 

Intake Coordinator Signature/Credentials \_\_\_\_\_ Date \_\_\_\_\_

**APPENDIX A: BEHAVIORAL HEALTH AND MEDICAL HISTORY**      **page 1**  
**QUESTIONNAIRE (CPSA)**



**PART A: BEHAVIORAL HEALTH AND MEDICAL HISTORY QUESTIONNAIRE**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Client CIS ID#: \_\_\_\_\_  
(to be filled in by provider)

Accompanying Family Member/Significant Other (note relationship to person):

1. Are you currently taking any medications (prescription, over the counter vitamins, homeopathic or naturopathic remedies, traditional or alternative medicine remedies, herbs?  No, go to question 2.  
 Yes, answer questions 1(a) - 1(e) below.

1(a). Identify the medication that you are currently taking for medical or behavioral health concerns and the reason for taking the medications below:

_____	_____
Name of Medication	Reason for Taking Medication
_____	_____
Name of Medication	Reason for Taking Medication
_____	_____
Name of Medication	Reason for Taking Medication
_____	_____
Name of Medication	Reason for Taking Medication
_____	_____
Name of Medication	Reason for Taking Medication

1(b). Have any of your medications been changed in the last month?  No  Yes list the medications that have changed and explain why they were changed:

1(c). How long will your current supply of medications last? (How urgent is your need to obtain medications?)

1(d). Describe any side effects that you find troublesome from any of the medications you are currently taking.

1(e). Do you have any abnormal/unusual muscle movements?  No  Yes how is it being treated?

2. Are you allergic to any medications?  No  Yes which ones?

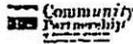
3. Do you have any other allergies?  No  Yes describe them.

4. When was the last time you saw your primary care physician/dentist and what was the purpose of that visit?

5. Do you have any history of head injury with concussion or loss of consciousness?  No  Yes, describe.

6. Are you currently pregnant?  No  Yes  Unsure

**APPENDIX A: BEHAVIORAL HEALTH AND MEDICAL HISTORY QUESTIONNAIRE (CPSA)** page 2



**PART A: BEHAVIORAL HEALTH AND MEDICAL HISTORY QUESTIONNAIRE**

Name: \_\_\_\_\_

7. Are there any medical problems that you are currently receiving treatment for?  No, go to question 8.  
 Yes, answer 7(a) and 7(b) below.

7(a). Describe below what current medical problems you have and what type of treatment you are currently receiving.

MEDICAL PROBLEM	TYPE OF TREATMENT RECEIVING
MEDICAL PROBLEM	TYPE OF TREATMENT RECEIVING
MEDICAL PROBLEM	TYPE OF TREATMENT RECEIVING

7(b). Does your current medical condition(s) create problems in how you deal with life, including pain?  No  Yes If YES, explain.

8. Have you recently experienced any of the following?

Dizziness	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Unusual sweats or chills	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Seizures	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Persistent cough	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Shortness of breath	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Passing out	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Persistent nausea / vomiting	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Self-induced vomiting	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Frequent or prolonged diarrhea/constipation	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Weight loss/gain	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Urinary discomfort	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Severe dry mouth	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Ear infections	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Respiratory infections	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Persistent sore throat	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Excessive use of laxatives	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Inappropriate bed wetting	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Inappropriate defecation (bowel elimination)	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Facial or muscle twitching/jerking	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Dry skin	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Hair loss	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	
Sexually transmitted diseases	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	what
Surgeries	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	when	what
Pain: Recurring continual pain/physical discomfort anywhere (e.g., headaches, joint/back pain, chest/abdominal pain)	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	where	
Bleeding anywhere (e.g., mouth, urine, stool)	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	where	
Swelling anywhere (e.g., legs, ankles, feet)	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	where	
Problem with sleeping	<input type="checkbox"/> No	<input type="checkbox"/> Yes,	Indicate more or less sleep	
Other conditions not listed above (signs and symptoms)				

**APPENDIX A: ADULT TELEPHONE SCREENING PROTOCOL**

**ADULT TELEPHONE SCREENING PROTOCOL**

Last:	First:	MI:	Date:
DOB:	Age:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	SSN#:
Address:	City:	County:	State:   Zip:
Home Phone:	Work Phone	Message Phone:	

REFERRED BY: \_\_\_\_\_ PREGNANT: YES  NO

SUBSTANCE: COCAINE  CRACK  METH  MJ  ALCOHOL  HEROIN  OTHER

IDENTIFY: \_\_\_\_\_ HIV POSITIVE: YES  NO

WHEN DID YOU LAST USE? \_\_\_\_\_ WHAT WAS IT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

DIAGNOSIS OTHER THAN SUBSTANCE USE DISORDER: \_\_\_\_\_

DO YOU HAVE ANY CHILDREN? YES  NO  IF YES HOW MANY: \_\_\_\_\_ AGES / SEX / LOCATION 

CHILD # 1 MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Age _____	CHILD # 2 MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Age _____
LOCATION: _____	LOCATION: _____
CHILD # 3 MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Age _____	CHILD # 4 MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Age _____
LOCATION: _____	LOCATION: _____
CHILD # 5 MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Age _____	CHILD # 6 MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> Age _____
LOCATION: _____	LOCATION: _____

CURRENT: LEGAL  CPS  OTHER  (Check & Explain) INVOLVEMENT: \_\_\_\_\_

ARE YOU TITLE XIX? YES  NO  DES? YES  NO  AFDC? YES  NO

AHCCCS? YES  NO  SSI? YES  NO  OTHER: YES  NO  IDENTIFY \_\_\_\_\_

**SUBSTANCE ABUSE SCREENING QUESTIONS**

1. If a woman, are you pregnant?	• No score. Indicate Yes or No. If yes, indicate so on question #8 "to what extent do you use drugs and alcohol?"
2. To what extent do you use drugs or alcohol?	• If any use is described and the applicant is a pregnant woman the response is - A
3. Are you or have you been an intravenous (IV) drug user?	• If Yes the response is - A • If No - proceed to the next question
4. Are you homeless or lack sufficient funds?	• If Yes the response is - A

 An "A" response by itself indicates the need for a priority appointment! 

ASSESSMENT SCHEDULED ON: \_\_\_\_\_ ENROLLMENT STATUS: \_\_\_\_\_

OUTCOME OF ASSESSMENT: \_\_\_\_\_ POSSIBLE ADMISSION DATE: \_\_\_\_\_

**APPENDIX B: DRUG COURT CLASSIFICATIONS**  
**SANCTIONS, INCENTIVES, PROTOCOLS**

page 1

**Drug Court Classifications, Sanctions, Incentives, Protocols**

**Classifications:** **1a**—Jail; **1b**—Welcome to Drug Court; **1**—Doing Well with Disc or Advancement; **2**—Doing OK with no problems to address; **3**—Not doing well and needs sanction(s); **3a**—Jail Sanction (send attorney email or note prior to review hearing)

**Community Restitution Incentive:** 5 hours per week for every week they attended all treatment sessions and made all their drug tests (and all were negative for illegal drug use);

10 hours per week if they do the above and make a payment.

**Warrants:** Warrants are often issued prior to PTR's being filed due to people not showing up to review hearings. Look for the person for two weeks after warrant is filed and coordinate with attorney to see if the defendant will turn him or herself in. If defendant will not report as directed to court or office for arrest, file PTR by one month mark. In Drug Court, PTR's are often later dismissed in favor of Drug Court Sanctions.

**Treatment:** Drug Court funds typically offer probation officers the ability to charge small copays for intakes and treatment sessions. Avoid excessive individual sessions. Adjust copays as case progresses, if needed.

**Incentives:** Discs (not repeated, ie only one 30, one 60, etc...); Applause; Judicial Affirmation; Reduced Review Hearing frequency; Reduced Drug Testing; Community Restitution Credit; Advancement to Higher Phase (certificate); Graduation (certificate); Probation Early Termination and Fee Reduction.

**Sanctions:** Use sanction charts to determine appropriate actions to present in staffing, or to implement between staffings (and report to Judge at next staffing)

**Miscellaneous:** In Phase 3 near graduation, develop a transitional plan that addresses social system and a relapse plan.

**APPENDIX B: DRUG COURT CLASSIFICATIONS  
SANCTIONS, INCENTIVES, PROTOCOLS**

<b>Treatment</b>	
<p>Completing the treatment intake is a probationer's number one priority in the first week of participation. Probation officers will assist probationers in scheduling the intake appointment prior to the first RH. Additionally, the treatment agency will accept Drug Court probationers on a walk-in basis.</p> <p>Probationers are expected to attend all scheduled treatment sessions. Only the treatment agency can excuse a participant from attending a scheduled session. Failure to attend scheduled treatment sessions shall result in the imposition of sanctions, as follows:</p>	
Behavior	Sanction
Failure to complete intake	<p>Prior to first scheduled Review Hearing: No sanction imposed but must attend next available walk-in or schedule an appointment prior to leaving RH.</p> <p>After first RH (More than 2 weeks in program): 1 day jail, intake within 24 hours of release.</p>
One missed treatment session	<p>1 day of community restitution*</p> <p><i>Failure to complete community restitution = 1 day jail</i></p> <p><i>If employed = allowed to self-report</i></p> <p><i>If unemployed = immediate incarceration</i></p>
No attendance or contact with the treatment agency between scheduled Review Hearings	<p>Termination from treatment</p> <p><i>If employed = pay for re-intake within 7 days and write essay for readmission to treatment program</i></p> <p><i>If unemployed = incarceration and write essay for readmission to treatment program</i></p> <p><i>= possible Petition to Revoke Probation (team staffing)</i></p>

\* Community restitution imposed for failure to attend treatment shall be performed on the Special Projects Crew at the Adult Probation South Office and shall be completed prior to the next scheduled Review Hearing. As an alternative, a probationer may choose to attend three community-based support groups for each day of community restitution imposed. In order to receive credit, a probationer must submit one Support Group Reflections form for each group attended.

<b>Missed Review Hearing</b>			
<p>Probationers are required to attend all scheduled Review Hearings. Failure to attend scheduled Review Hearings shall result in the imposition of sanctions, as follows:</p>			
<u>Failure to appear at first Review Hearing</u>			
<p>In most instances, failure to appear at the initial review hearing will not result in the imposition of formal sanctions; however, a warrant may issue if the probationer's whereabouts are unknown. If a warrant is not issued, the matter should be reset to the next available hearing date and the probation officer and attorneys shall attempt to contact the probationer.</p>			
<u>Failure to appear at subsequent hearings</u>			
Group 1 or 2		Group 3	
Reset to next available hearing date		Warrant	
<p><b>If the absence is later determined to be excused*</b></p> <ul style="list-style-type: none"> <li>No sanction imposed</li> </ul>	<p><b>If the absence is later determined to be unexcused</b></p> <ul style="list-style-type: none"> <li>1 day community restitution</li> </ul>	<p><b>Self surrender**</b></p> <ul style="list-style-type: none"> <li>Within 2 weeks: Imposition of prior sanction + 1 day community restitution, minimum</li> <li>14-30 days: Incarceration, possible PTR</li> </ul>	<p><b>Arrested on warrant**</b></p> <ul style="list-style-type: none"> <li>Possible PTR</li> <li>If no PTR, prior sanctions + 1 day jail, minimum</li> </ul>

\* Emergency situations will be considered excused with appropriate documentation as determined by the Drug Court team.

\*\*When determining the appropriate sanction for failing to appear, the individual's history of appearance shall be considered.

**APPENDIX B: DRUG COURT CLASSIFICATIONS**  
**SANCTIONS, INCENTIVES, PROTOCOLS**

<b>Failure to Make Monthly Payments</b>	
<p>Probationers are expected to make monthly payments toward program fees, fines, and restitution as ordered. Probationers should bring their most recent payment receipt to all Review Hearings. Failure to make monthly payments shall result in the imposition of sanctions, as follows:</p>	
<b>Employment Status</b>	<b>Response/Sanction</b>
Employed	<ul style="list-style-type: none"> <li>• Complete income statement</li> <li>• Increased Review Hearings, with payment required prior to hearing</li> <li>• Attend budgeting classes</li> <li>• Wage garnishment</li> <li>• Community restitution, no support group substitution, to earn reduction in program fee</li> </ul>
Unemployed	<ul style="list-style-type: none"> <li>• Supervised job search (2 weeks) and bi-weekly review hearings</li> <li>• Attend an approved employment program or enroll in vocational training as needed</li> <li>• Community restitution, no support group substitution, to earn reduction in program fee</li> </ul>

<b>Positive Drug Tests/Missed Drug Tests/Tampering</b>
<p>Drug-free living is the primary goal for all Drug Court probationers, and continued drug use is a serious violation of probation. Sanctions will be imposed for drug use violations, with consideration given to the individual's treatment progress, employment status, and personal history.</p> <p>Every positive/missed test results in recalculation of testing compliance/clean time calculation. Review Hearing frequency is based on testing compliance, as follows:</p> <p>1- 60 days = 2 weeks                      61 – 90 days = monthly                      91 – 120 days = 6 weeks                      121- 180 days = 2 months                      greater than 180 days = minimum of one review each quarter</p> <p>When a participant demonstrates an inability to achieve sobriety, the Drug Court team will evaluate the need for increased services, including:</p> <ul style="list-style-type: none"> <li>• Transitional housing</li> <li>• Detox or other medical intervention</li> <li>• Residential treatment</li> </ul> <p>Tampering with samples is considered the most serious testing violation. Therefore, every instance of tampering will result in a jail sanction. Tampering could also result in a Petition to Revoke probation.</p> <p>Intentional sample dilution is a common method of sample tampering; however, not every diluted test is the result of intentional tampering. Every diluted test is, however, an invalid test. Submission of an invalid sample may result in sanctions equal to sanctions imposed for positive/missed samples. The team shall consider medical history, drug use history, and overall compliance when determining the appropriate response to an invalid sample. Administration of an oral swab test is the preferred response to the first invalid sample.</p> <p>The chart on the following page outlines possible sanctions for individuals based on their employment status and treatment attendance. Reasons to deviate from the noted sanctions for each category may include:</p> <ol style="list-style-type: none"> <li>1) Third-party risk</li> <li>2) Prior criminal/revocation history</li> <li>3) Program compliance history</li> <li>4) Medical history, including current medications, physical health and pregnancy</li> </ol>

**APPENDIX B: DRUG COURT CLASSIFICATIONS  
SANCTIONS, INCENTIVES, PROTOCOLS**

<b>Positive Drug Tests/Missed Drug Tests/Tampering</b>		
	<b>Attending Treatment, making progress toward achieving treatment goals</b>	<b>Not Attending Treatment, in denial, not engaged in treatment plan</b>
<b>Employed</b>	<ul style="list-style-type: none"> <li>• Increased testing</li> <li>• Essay (may be imposed multiple times for continued exploration of issues relating to use)</li> <li>• Increased office visits with probation officer</li> <li>• Curfew</li> <li>• Treatment team staffing (Group 4 at Review Hearing)</li> </ul> <p><b>* If tampering, self-report to jail, consider multiple weekends</b></p>	<ul style="list-style-type: none"> <li>• Increased testing</li> <li>• Essay and office visit with probation officer to process</li> <li>• Curfew</li> <li>• Treatment team staffing (Group 4 at Review Hearing)</li> <li>• House arrest</li> <li>• Self-report jail, weekends or other days off</li> <li>• Up to 30-days jail, scheduled, self-report with immediate work furlough</li> </ul> <p><b>* If tampering, self-report to jail, consider multiple weekends or straight time</b></p>
<b>Unemployed</b>	<ul style="list-style-type: none"> <li>• Increased testing with concurrent increased office visits/supervised job search/job placement program participation</li> <li>• Essay</li> <li>• Curfew</li> <li>• House arrest</li> <li>• Jail to accommodate treatment schedule, initially</li> </ul> <p><b>* If tampering, self-report to jail, consider 1 week or more</b></p>	<ul style="list-style-type: none"> <li>• Increased testing with concurrent increased office visits/supervised job search/job placement program participation</li> <li>• House arrest</li> <li>• Jail, 1 to 3 weeks, immediate <i>Never allowed to self-report</i> <i>Never suspended</i></li> </ul> <p><b>* If tampering, Petition to Revoke Probation, maximum jail</b></p>

Probationers incarcerated for drug use violations shall complete the Jail Reflections packet and submit it at their first scheduled treatment session upon release.

Acceptable testing frequency:

Maximum = MWF

Intermediate = 2x weekly, random; 5x monthly, random; 3x monthly, random

Minimum = 2x monthly

**APPENDIX C: DTAP MEMORANDUM OF UNDERSTANDING** page 1

**MEMORANDUM OF UNDERSTANDING**  
**Among**  
**Pima County**  
**and**  
**The Pima County Attorney, the Pima County Superior Court, the Pima County**  
**Community Services One Stop Program, the Pima County Public Defender, Compass**  
**Behavioral Health Services, and The Haven**  
**for**  
**Implementation of Enhancements to the Pima County Drug Court Program**  
**And Establishment of a new Drug Treatment Alternative to Prison Program**

This Memorandum of Understanding (MOU) is entered into by and among Pima County, the Pima County Attorney (“PCAO”); Pima County Superior Court on behalf of the Pima County Drug Court (“PCDC”) and the Pima County Probation Department (“Probation”); Pima County Community Services One Stop Program (“One Stop”); Pima County Public Defender (“PD”); Compass Behavioral Health Services (“Compass”); and The Haven (Haven”).

**Recitals**

- A. Pima County is submitting an application for federal funding (the “Application”) to be used to enhance the current Pima County Drug Court Program (the “Program”) by ensuring access to needs-based drug treatment and wraparound recovery support services to 100% of Program participants (“Objective 1”); and expand the current Program by adding a new drug treatment alternative to prison program (“DTAP”) (“Objective 2”).
- B. Should the application be successful, PCAO will administer the grant on behalf of Pima County.
- C. All the above parties have participated in the planning for this effort and, if the Application is successful, will participate in the implementation of the above Objectives.
- D. In order to show their commitment to the Objectives, and their agreement to participate as outlined in the Application should the Application be successful, the various parties are entering into this MOU.

**Agreement**

1. **Purpose.** The purpose of this MOU is to outline the obligations of the parties in the event that the Application is successful. This is an outline only. A fuller explanation of the Objectives and the parties’ various obligations, including a timeline for implementation, can be found in the Application, with which the parties are familiar,

APPENDIX C: DTAP MEMORANDUM OF UNDERSTANDING page 2

and which is incorporated into this MOU by this reference. The project budget agreed upon by the parties is attached to this MOU as Exhibit A (the "Budget"). This MOU is not intended to be a formal contract, but each party acknowledges that by signing this MOU it is authorizing PCAO to submit the Application and that PCAO in doing so is acting in reliance on its commitment to participate as outlined in this MOU and in the Application.

2. **Objective 1: *Enhance*** the Pima County Drug Court by ensuring access to needs-based drug treatment and wraparound recovery support services to 100% of PCDC participants in each year of the three year project.
  - a. PCAO will serve as the lead agency, provide programmatic and financial oversight, and ensure that the project is conducted as planned.
  - b. One Stop will:
    - i. Hire and designate an experienced case manager (the "Case Manager") to work with PCDC and Probation to coordinate the additional wraparound recovery support services not currently available to all drug court participants such as family counseling, education, literacy tutoring, occupational skill training, job skills, employment-seeking skills, life skills, cognitive skills, assistance securing free or affordable transitional or permanent housing, transportation assistance and other basic needs.
    - ii. Conduct a one-on-one interview with each participant to establish trust and ownership of the recovery plan; conduct vocational assessments including the Test of Adult Basic Education and career interest and aptitude testing using the Pesco SAGE system and Self-Directed Search; conduct labor market research using the Arizona Virtual One Stop System.
    - iii. Based on the assessments, develop individual service plans that recognize criminogenic factors and other needs based on demographics and disabilities.
    - iv. Identify providers for the services identified in the service plan; make referrals to those providers and work out reduced fee schedules where possible; arrange for transportation and interpreters when needed; and arrange for submission of invoices where services are provided for a fee.
  - c. Probation will assist in the identification of underserved PCDC participants and refer them to One Stop for assistance securing wraparound services otherwise unavailable to them.
  - d. PCDC will assist in the identification of underserved PCDC participants and refer them to One Stop for assistance securing wraparound services otherwise unavailable to them.
3. **Objective 2: *Expand*** the Pima County Drug Court by adding a new Drug Treatment Alternative to Prison Program (DTAP) that provides residential drug treatment and

**APPENDIX C: DTAP MEMORANDUM OF UNDERSTANDING** page 3

need-based wraparound recovery services in lieu of prison to 20 unduplicated defendants in Year One, 30 unduplicated defendants in Year Two and 30 unduplicated defendants in Year 3 Three of this project.

a. PCAO will:

- i. Serve as the lead agency, provide programmatic and financial oversight, and ensure that the project is conducted as planned.
- ii. Assign a Narcotics Unit prosecutor to work with DTAP and promote the DTAP program as a viable new option for prosecutors.
- iii. On a tri-annual basis, develop a list of defendants facing third or subsequent drug possession convictions and mandatory imprisonment; weed out those who are ineligible (a history of violent or sex crimes, additional felony charges, not a U.S. citizen or resident of Pima County); and further pare down the list by looking more deeply into personal and criminal histories.
- iv. Refer the list to the project probation officer for review
- v. Review the probation officer's participant recommendations and make the final determination of who will be offered a plea to participate in the DTAP program.
- vi. Make sentencing recommendations for PCDC participants including elements recommended by Probation in accordance with research-based principles, that have recidivism reduction as an explicit goal, include recommendations for provision of a continuum of services that are cognitive-behavioral and based in social learning theory, have consistent and clear expectations with immediate and graduated consequences; provide positive reinforcement, ensure ongoing judicial communications, and require participant adherence to the additional evidence-based conditions and treatment plans set forth by Probation and any subsequent plans put forth by service or treatment providers.
- vii. For those selected for participation, construct a plea offer as stated under Objective 1 above that includes residential treatment in lieu of incarceration in prison, standard probation requirements, and the recommended individual treatment plan developed by the probation officer and residential drug treatment provider.
- viii. Communicate the offer to potential participants and their legal counsel, usually the PD.

b. Probation will:

- i. Research the potential participants on the list received from PCAO to eliminate any whose needs are known to be greater than the program can

**APPENDIX C: DTAP MEMORANDUM OF UNDERSTANDING** page 4

- provide for (have a severe documented mental illness, etc) or don't meet eligibility requirements.
- ii. Using research-validated and state-recommended evidence-based practices, motivational interviewing and a range of standardized actuarial tools including Offender Screening Tool/Field Reassessment / Offender Screening Tool (OST/FROST), and the Adult Substance Use Survey (ASUS), conduct individual assessments of potential PCDC participants.
  - iii. Using this information, create a short list and develop individual treatment plans that include cognitive skills programming, wraparound recovery support services and a continuum of supervision levels, incentives and graduated sanctions.
  - iv. Make recommendations to PCAO for program participation and conditions of probation in accordance with research-based principles that have recidivism reduction as an explicit goal, include recommendations for provision of a continuum of services that are cognitive-behavioral and based in social learning theory, have consistent and clear expectations with immediate and graduated consequences; provide positive reinforcement, ensure ongoing judicial communications, and require participant adherence to the additional evidence-based conditions and treatment plans.
  - v. Meet on a regular basis with each Program participant and the Drug Court Judge, and administer OST/FROST assessments on a semi-annual basis, in order to assess the participant's progress and needs and, if appropriate, make recommendations to adjust the individual's treatment plan.
  - vi. Attend judicial hearings for those selected to participate.
  - vii. Meet regularly with program participants outside of judicial hearings.
  - viii. In conjunction with the treatment provider, arrange for scheduled and random drug tests as indicated by the treatment plan and the treatment providers.
- c. One Stop will provide the services described under Objective 1, above, in conjunction with the individual's comprehensive drug treatment and recovery plan, and supported by intensive case management in order to assure maximum flexibility to respond to unexpected needs in serving a new target group.
  - d. PD will become familiar with DTAP and help explain it to potential participants. PD also will cooperate in the participant selection process, understanding that the program will not be appropriate for all clients.

**APPENDIX C: DTAP MEMORANDUM OF UNDERSTANDING** page 5

e. PCDC will:

- i. Schedule and preside at a PCDC change of plea hearing at which the PCDC Judge will meet with the defendant and his or her defense attorney, the DTAP prosecutor, the DTAP probation officer and the case manager to consider the plea offer.
- ii. Schedule and preside at a PCDC sentencing hearing, either at the change of plea hearing or subsequently, with the defendant/participant and his or her defense attorney, the DTAP prosecutor, the DTAP probation officer, and the case manager at which the PCDC Judge will impose upon the participant the sentence set forth in the plea agreement with appropriate conditions.
- iii. Hold regular review hearings with program participants, the assigned public defender, the DTAP prosecutor, the probation officer, and the case manager to assess or adjust treatment plans and requirements, to impose graduated sanctions if necessary, and to revoke probation if necessary.

f. Compass will:

- i. Free of charge, conduct a preliminary assessment of each male potential participant identified by Probation and assist with the creation of an individualized preliminary treatment and recovery plan.
- ii. On a fee-for-service basis, at the rates set forth in the Budget, provide residential drug treatment for the male DTAP participants, which will include the elements set forth below.
- iii. Complete an ADHS Core Assessment for each individual upon intake in order to identify developmental issues, presenting problems, legal issues, employment problems, substance abuse, trauma, and any mental illness.
- iv. Use this information, together with motivational interviewing, to develop an individualized, evidence-based, Cognitive Behavioral Treatment Plan designed to help participants change their behaviors.
- v. Assign each participant to a primary therapist who will then provide the participant a minimum of one hour of individual therapy per week and a daily one hour group therapy session.
- vi. Provide each participant a minimum of four hours of treatment per day, seven days per week.
- vii. Working with each participant individually, review the treatment plan and articulate measurable treatment goals and objectives in order to implement the plan. Periodically review, and if necessary adjust, the plan throughout the course of treatment.

**APPENDIX C: DTAP MEMORANDUM OF UNDERSTANDING** page 6

- viii. Assess each participant's performance and progress at discharge, and six months post-program-admission, using the CSAT Discretionary Services Client Level GPRA tool, with status at program admission as the baseline.

**g. Haven will:**

- i. Free of charge, conduct a preliminary assessment of each female potential participant identified by Probation and assist with the creation of an individualized preliminary treatment and recovery plan.
- ii. On a fee-for-service basis, at the rates set forth in the Budget, provide residential drug treatment for the female DTAP participants, which will include the elements set forth below.
- iii. At the initial assessment session, administer the SASSI-3 (Substance Abuse Subtle Screening) to identify substance dependency and match clinical judgments based on DSM-IVR diagnostic criteria, as well as the ASAM (Adult Placement Criteria for the Treatment of Psychoactive Substance Abuse Disorders), a risk assessment, health information and psychological screening tool that assists the provider in determining the level of care that a participant will need.
- iv. Use this information to develop an individualized, evidence-based, Cognitive Behavioral Treatment Plan designed to help participants change their behaviors.
- v. Working with each participant individually, review the treatment plan and articulate measurable treatment goals and objectives in order to implement the plan. Periodically review, and if necessary adjust, the plan throughout the course of treatment.
- vi. Assess each participant's performance and progress at discharge, and six months post-program-admission, using the CSAT Discretionary Services Client Level GPRA tool, with status at program admission as the baseline.

**4. Fees & Funding.**

- a. PCAO will manage the grant funds and make disbursements.
- b. A portion of the grant funds will be used by PCDC, PCAO, PD, Probation, and One Stop to fund certain personnel and equipment costs, as set forth in the Budget.
- c. Haven and Compass will each invoice PCAO on a monthly basis for each program participant currently being treated in their facility, at the rates set forth in the Budget. Invoices not submitted in a timely manner may be refused for payment.

**APPENDIX C: DTAP MEMORANDUM OF UNDERSTANDING** page 7

- d. One Stop will actively manage its budget allotment for the program, closely tracking service fees and upcoming expenses to stay within budget. It will arrange for service invoices to be submitted by the providers either to One Stop or directly to PCAO for payment and will work with PCAO to track and report what services are provided to what participants, and at what cost.

**5. Monitoring & Reporting.**

- a. PCAO will be in charge of compiling and submitting reports required as a condition of the grant funding. All the parties will assist PCAO in this effort, which will include at least the following.
  - b. Probation, PCDC, and the Case Manager will work together to collect and report to PCAO all data required by SAMHSA, CSAT and BJA, plus the qualitative and quantitative data required for internal and external evaluation processes determined in conjunction with the outside evaluator of the project.
  - c. Additionally, One Stop, using Pima County IT or One Stop staff, will modify its automated Participant Tracking System (PTS) to track characteristics and outcomes required for grant performance reporting and to make it accessible for secure use by approved outside users as appropriate.
  - d. Haven and Compass will, at no additional charge, periodically submit reports to PCAO regarding each participant's performance and complete all required CSAT client-level performance measure reports., using GPRA
  - e. Using the grant funding, PCAO will contract with an outside evaluator, an assessment consultant. In Year One the evaluator will work with the parties to develop and implement use of appropriate tools to show – at a minimum – demographic factors to ensure a fair distribution of services and answers to the SAMHSA questions set forth in the Application. In subsequent years, the evaluator will continue to administer the assessment tools.
  - f. The Project Director, Chief Deputy Pima County Attorney Amelia Cramer, will hold internal quarterly process evaluation meetings to ensure continuous quality improvement. All partners will attend these meetings to discuss the project in an effort to ensure that all budgetary, reporting and performance goals are met.
6. **Term.** This MOU will become effective if and when the grant funding is awarded, and will be in effect for the length of the activities described in this MOU and the grant application, expected to be three years.
7. **Responsibility.** Each party will be responsible for the actions and omissions of its officers, officials, agents, employees, or volunteers and will exercise appropriate supervision over those individuals. Each party is responsible for paying its own employees, for obtaining worker's compensation benefits for its employees, handling payroll taxes for its employees, etc.

APPENDIX C: DTAP MEMORANDUM OF UNDERSTANDING page 8

8. **Compliance with Laws.** The parties will comply with all federal, state and local laws, rules, regulations, standards and Executive Orders.
9. **Non-Discrimination.** The parties will not discriminate against any individual in any way because of that person's age, race, creed, color, religion, sex, sexual orientation, disability or national origin in the course of carrying out their duties pursuant to this MOU.
10. **Notice.** Any notice required or permitted to be given under this MOU shall be in writing and shall be served by delivery or by certified mail upon the other party as follows (or at such other address as may be identified by a party in writing to the other party) :

Pima County: C.H. Huckelberry, Pima County Administrator, 130 W. Congress Street, 10<sup>th</sup> Floor, Tucson, AZ 85701

Pima County Superior Court: Honorable Jan Kearny, Presiding Judge, Pima County Superior Court, 110 W. Congress Street, Tucson, AZ 85701

PCAO: Amelia Craig Cramer, Chief Deputy Pima County Attorney; 32 N. Stone Avenue, 19<sup>th</sup> Floor; Tucson, AZ 85701.

PD: Robert J. Hirsh, Pima County Public Defender; 33 N. Stone Avenue; Tucson, AZ 85701.

Probation: David F. Sanders, Chief Probation Officer; 2695 East Ajo Way; Tucson, AZ 85713.

PCDC: The Honorable Teresa Godoy, Pima County Superior Court, Division VE; 110 W. Congress Street; Tucson, AZ 85701.

One Stop: Dorothee Harmon, Pima County One Stop Career Center; 2797 E. Ajo Way; Tucson, AZ 85713.

Haven: Margaret Higgins, Executive Director, The Haven; 1107 E. Adelaide Drive; Tucson, AZ 85719.

Compass: Mary Jo Silcox, Executive Director, Compass Behavioral Health; 2475 N. Jackrabbit Avenue; Tucson, AZ 85745.

**APPENDIX D: CASE MANAGER (PRIMAVERA FOUNDATION)** page 1

**The Primavera Foundation  
Case Manager for DCE/DTAP**

**PROGRAM DESCRIPTION AND JOB SUMMARY**

The Primavera Foundation, in partnership with Pima County Drug Court, Pima County Adult Probation, the Pima County Attorney's Office (PCOA), The Haven Residential Drug Treatment Center and Compass Behavioral Health Residential Drug Treatment Center, will employ & supervise an experienced fulltime case manager dedicated 100% to serving Pima County Drug Treatment Alternative to Prison (DTAP) and Drug Court Enhancement (DCE) projects. The Case Manager will facilitate wraparound recovery & re-entry support services for participants in Pima County Drug Court. In consultation w/ Pima County Drug Court Probation Officers & the Drug Court Judge, the Case Manager will: (a) identify the criminogenic factors associated w/ recidivism of each DTAP and DCE project participant; (b) coordinate referrals to & procurement/delivery of "wraparound support services" that meet individual recovery needs of each project participant; & (c) assist in continued evaluation & development of this 3-year grant-funded pilot project.

**DUTIES AND RESPONSIBILITIES**

Work assignments may vary depending on program needs & will be communicated to applicant/incumbent by leadership. Note that activities followed by \* currently take place Monday afternoon in downtown Tucson, Superior Court Building. Those followed by \*\* currently take place at Superior Court on Tuesday morning. All other activities take place @ Primavera facilities or in the field.

For the Drug Court Enhancement ("DCE") Project, the Case Manager, will:

- Attend all regular Drug Court staffing meetings\* w/Drug Court Judge & Drug Court Probation Officers at which progress & recovery support needs of individual Drug Court defendants are discussed.
- Receive referrals from Drug Court Probation Officers of 100 Drug Court defendants in the project each year who qualify & could benefit from participation in DCE project. These DCE participants are "regular" Drug Court defendants who w/out this project would not be receiving sufficient wraparound recovery support services.
- Conduct initial, private, 1:1 interview\* w/each DCE participant.
- Based upon 1:1 interview, as well as upon information obtained from Drug Court Probation Officers & the Drug Court Judge: identify his/her criminogenic factors; establish trust; develop individual wraparound recovery support service plan; build sense of ownership by participant in his/her recovery plan; & ensure each participant agrees to & participates in initial, 6-month & discharge GPRA interviews\* conducted by staff of The Haven.
- For each DCE participant, in accordance w/ the individual wraparound recovery support service plan & available budget, make appropriate referrals to free &/or fee-based wraparound recovery support services, procure & deliver wraparound recovery support services, & track expenditures.
- Communicate w/ each DCE participant (in person, by telephone or via email) at least monthly for duration of participation (usually six months) concerning services he/she obtained & his/her ongoing needs.

For Drug Treatment Alternative to Prison ("DTAP") Project, the Case Manager, will:

- Attend all DTAP plea/sentencing hearings\*\* before Drug Court Judge. There will be 20 individuals given DTAP pleas in Year 1, 30 in Year 2, and 30 in Year 3. These DTAP participants ordinarily would have been incarcerated in prison upon conviction, generally

**APPENDIX D: CASE MANAGER (PRIMAVERA FOUNDATION) page 2**

because they are 3rd time or subsequent offenders, but who in this pilot project expanding the scope of Drug Court, have been granted a special plea including residential drug treatment & 3 years of probation in lieu of prison. To be eligible, they must meet certain criteria (e.g. no history of violent or sex crimes & no co-occurring severe mental illness).

- Attend all DTAP review hearings\*\* before Drug Court Judge & participate by providing info & recommendations to Judge as appropriate w/ respect to each participant.
- W/in 2 weeks of each DTAP participant,s arrival at residential treatment center, confer w/both Drug Court Probation Officer & treatment center Case Manager assigned to DTAP participant to be briefed on assessments of & plans for DTAP participant during residential treatment & beyond.
- W/in 3 weeks of each DTAP participant,s arrival at residential treatment center, arrange w/ treatment center,s Case Manager an appropriate time & place and conduct an initial, private, 1:1 interview w/ him/her @ residential treatment center. At this meeting, explain to DTAP participant the role of the DTAP Case Manager & fact that this role will exist for the full 3 years during DTAP participant's probation. Begin to establish trust & schedule future meetings as indicated (at least monthly.)
- Based upon 1:1 interview & in coordination w/ Drug Court Judge, Drug Court Probation Officer & residential treatment centers, identify DTAP participant,s criminogenic factors, and w/in 1 month develop written long-term individual wraparound recovery support service plan consistent w/& building upon short-term recovery plan put in place @ residential treatment center.
- Review & amend as appropriate based upon new info, the long-term support plan each month for first 6 months, & thereafter at least quarterly.
- For each DCE participant, in accordance w/ individual wraparound recovery support service plan & available budget, make appropriate referrals to free and/or fee-based wraparound recovery support services, procure & deliver wraparound recovery support services, & track expenditures.
- Continue communicating (in person, by telephone or via email) w/ each DTAP participant at least monthly for duration of his/her term.
- Coordinate w/ Probation Officer & Residential Treatment Center Case Manager to ensure that he/she participates in 6 month & discharge GPRA interviews @ Residential Treatment Center.
- For both DCE and DTAP Projects, the Case Manager will:
- Adhere to high degree of confidentiality & use approved confidentiality statement in all communications.
- Identify available providers for services set forth in service plan & develop relationships w/ new providers as needed; make referrals to those providers; work out reduced fee schedules where possible; arrange for transportation/interpreters when needed; & arrange for submission of invoices by service providers in accordance w/ both Primavera & County policies/procedures.
- Track on spreadsheet &/or in database each & every activity, referral, procurement, & delivery of a service/provider, & cost to project for each, identifying each referral & service by GPRA category & identifying participant to which each provided.
- Provide written, electronic report monthly to PCOA of all DCE & DTAP participants & referrals, procurements & services provided for each, incl provider & cost *info & identifying* GPRA category for each referral/service provided.

**APPENDIX D: CASE MANAGER (PRIMAVERA FOUNDATION)** page 3

- Communicate at least every other week w/ Drug Court Probation Supervisor & DTAP/DCE Project Director to provide updated progress reports.
- Communicate w/ individual Drug Court Probation Officers at least monthly to determine each participant,s progress, & identify/meet any add'l service needs, attending staff meetings as appropriate.
- Participate in DTAP/DCE project meetings as scheduled
- Attend other meetings called by Project Director &/or Primavera supervisor.
- Submit Pima County mileage & employment reports monthly.
- Achieve program goal of 80% participant success rate (participants remaining out of jail/prison).
- Adhere to & demonstrate Primavera,s guiding principles of integrity, respect, accountability, compassion, & leadership.
- Other duties as assigned by leadership

**Skills / Requirements****Knowledge of:**

- Available community resources for social, medical and economic needs
- Recovery and re-entry support services
- The criminal justice system

**Skills and Abilities:**

- Respectful and well-organized case management for a variety of individuals with diverse backgrounds who are involved in substance abuse programs and the criminal justice system
- Maintaining the confidentiality of participants
- Working independently and applying good judgment, while also recognizing that he or she is an important part of a multidisciplinary team
- Operating a computer and other common office equipment
- Communicating courteously, respectfully and effectively both verbally and in writing
- Establishing and maintaining effective working relationships with a variety of organizations

**MINIMUM QUALIFICATIONS**

- Bachelor's degree from an accredited college or university with a major in social or behavioral science, criminal justice, public administration or closely related field as determined by the Project Director
  - Three years of experience in the area of assignment or other closely related field
  - Proficiency with office computer programs including MS Office (Outlook, Word, Excel, etc.)
  - Excellent verbal and written communication skills
  - Excellent organizational and time management skills
- NOTE:** a combination of education and experience may be considered in lieu of a Bachelor s degree

**PREFERRED QUALIFICATIONS**

- Master s degree from an accredited college or university with a major in social or behavioral science, criminal justice, public administration or closely related field as determined by the Project Director

**APPENDIX D: CASE MANAGER (PRIMAVERA FOUNDATION) page 4**

- Five years of experience in the area of assignment or other closely related field
- Bilingual (English/Spanish)

**OTHER REQUIREMENTS:**

- Valid driver,s license and clean driving record
- Reliable transportation and proof of insurance

**PHYSICAL ENVIRONMENT/CONDITIONS**

- Indoor office environment with moderate office noise levels
- Traveling between locations (Primavera offices, court facilities, treatment centers, etc.)

(This job description is intended to indicate the basic nature of the position and examples of typical duties that may be assigned. It does not imply that all positions within the job description perform all of the duties listed, nor does it necessarily list all possible duties that may be assigned. Successful candidates will be able to perform the essential functions of the position, with or without reasonable accommodations.)

The Primavera Foundation is committed to a discrimination-free workplace and to providing equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, creed, religion, gender, sexual orientation, national origin, age, pregnancy, mental or physical challenging condition, marital status, amnesty, political affiliation, status as a covered veteran, or other protected characteristic in accordance with applicable federal, state, and local laws.

**APPENDIX D: PROBATION OFFICER (AZ SUPERIOR COURT) page 1**

## ARIZONA SUPERIOR COURT IN PIMA COUNTY

### Job Description

**Job Title:** Probation Officer  
**Job Code:** 8114  
**Pay Grade:** 49  
**FLSA Status:** Non-exempt

#### **PURPOSE OF CLASSIFICATION:**

Supervises an assigned caseload of juvenile or adult probationers. Performs the investigation, counseling and guidance, and monitoring the behavior of offenders on court ordered probation. Performs duties in the field and in the office as it relates to monitoring and directing probationers' behavior.

#### **ESSENTIAL FUNCTIONS:**

- Assists the court by preparing and presenting presentence reports and pre-disposition recommendations.
- Conducts interviews, investigations and makes observations in preparation for writing presentence and pre-disposition reports.
- Directs and counsels juveniles referred to the Court or adult probationers concerning conditions of probation and the requirements of reporting, payment of restitution, fines and other costs associated with the terms of probation.
- Observes, monitors and collects information on probationer behavior and activities to determine if conditions of probation, reporting, payment of costs, and other responsibilities are being fulfilled.
- Makes decisions concerning the release/detainment of juveniles physically referred to the Juvenile Detention Center by law enforcement agencies.
- Assesses probationer personalities, social history, risk to the community, individual needs and other relevant factors to determine rehabilitation potential and plans to assist with rehabilitation.
- Monitors activities of probationers by visiting residences, places of work, schools and conducts legally authorized searches of persons, places or belongings.
- Maintains written and electronic records of activities, observations, contacts and other relevant events and issues on each assigned probationer. Prepares various reports as required.
- Directs and/or refers probationers to community resources such as treatment centers or other agencies based on observation of activities, behavior and conditions of probation.

**APPENDIX D: PROBATION OFFICER (AZ SUPERIOR COURT)** page 2**Probation Officer****Page 2**

- Locates absconders, serves warrants and arrests probationers when necessary and appears and testifies in court as required. Transports probationers to jail and other locations as required.
- Maintains required skills, licenses, permits, and/or certifications associated with an area of specialized instruction or expertise, such as firearms qualification or a specialized caseload.
- Probation Officers with a minimum of eighteen (18) months experience may carry a specialized caseload and may provide assistance and/or work support to lesser-experienced officers.

**ADDITIONAL RESPONSIBILITIES/DUTIES**

- May provide assistance to new probation and surveillance officers.
- May provide policy and/or procedural guidance to support staff and volunteers.
- Attends various training programs as necessary to learn new techniques, comply with new laws or departmental policies.
- Interfaces with community agencies and law enforcement departments in the performance of duties.
- Remains abreast of contemporary social and economic conditions, regulations, guidelines, community social services programs and resources as they relate to probation and the justice system.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

- Must have knowledge of the basic principles of psychology and other social science.
- Must have knowledge of the techniques and methods of interviewing and routine investigative techniques.
- Must have some knowledge of the effects and symptoms of physical, sexual and emotional abuse and crisis intervention methods and techniques.
- Must have skills in interviewing, counseling, observing and collecting data from probationers and other sources pertaining to probationer activities and behavior.
- Must have skills in the areas of self-control, patience, initiative, courtesy, tact and diplomacy.
- Must have the ability to operate a variety of equipment necessary to perform job duties such as computers, telephones, radios, handcuffs, body armor and other equipment depending on case assignments.
- Must have the ability to communicate effectively in writing and orally with a diversity of individuals and groups; and present recommendations in court on sentencing and/or probationary terms based on investigative findings.

**APPENDIX D: PROBATION OFFICER (AZ SUPERIOR COURT)** page 3**Probation Officer****Page 3****MINIMUM REQUIREMENTS:**

- (1) A minimum age of 21 years and must be a United States citizen or have legal resident status (Supreme Court Order # 2003-92),  
AND
- (2) A Bachelors degree preferably in the field of behavioral science or a related field (Supreme Court Order # 2003-92),  
AND
- (3) Preference of one year of experience in a related field, such as but not limited to, criminal justice, social work, and/or counseling.

**LICENSES AND CERTIFICATES:**

Possess a valid Arizona driver's license. Must be able to complete training and gain the certification from the Arizona Probation Officer Academy.

**PHYSICAL DEMANDS/WORKING CONDITIONS:**

- Perform work that requires good physical strength and condition to apply restraining techniques, defensive tactics, react to physical confrontations and emergency situations, may lift and carry up to 75 pounds and bend, reach, kneel, crouch, crawl and stoop when necessary.
- Read and comprehend court orders, reports, written rules, regulation, hear and understand speech and radio transmissions and record information accurately and completely.
- Observe behaviors and situations, recall facts, work outside exposed to extreme weather conditions, and perform administrative duties in an office environment.

**DISTINGUISHING CHARACTERISTICS:**

This is a classified position that reports to a Probation Unit Supervisor. Incumbents perform duties under general supervision and do not have direct supervisory responsibilities for other employees.

Date: 04/22/90

Revised: 09/01/01; 12/23/03; 01/21/05; 02/01/06

**APPENDIX D: PUBLIC DEFENDER (PIMA COUNTY)**

page 1

<p><i>Code: 7515</i> <i>Title: PUBLIC DEFENDER</i></p>
--

**SUMMARY:** Responsible for all of the statutory duties of a Public Defender as required in ARS §11-584 *et seq* relevant to the representation, defense, advising and legal counseling of persons who are not financially able to employ their own counsel in criminal and other proceedings. Directs and administers the activities of the Public Defender's Office. Additionally, the Public Defender undertakes assignments made by the County Administrator and the Pima County Board of Supervisors. This is appointed, unclassified and is exempt from the Merit System Rules.

**DUTIES/RESPONSIBILITIES:** (Work assignments may vary depending on the department's needs and will be communicated to the applicant or incumbent by the supervisor)

Develops and implements legal policies and direction for indigent defense services;  
 Drafts suggested legislative and procedural rules, policies and procedures for the provision of indigent defense services and submits to appropriate authorities for action or consideration;  
 Works closely with the county judges, courts and other county legal staff to maintain a viable criminal justice systems;  
 Develops and implements office policies, structures and administrative procedures to meet statutory requirements in a time-/cost-effective manner;  
 Develops and administers departmental budgets;  
 Researches, prepares and submits routine, recurring and special fiscal, administrative and other reports to the County Administrator, the County Board of Supervisors, the County Attorney and other county, state and federal agencies as may be required;  
 Represents eligible persons through the full cycle of legal representation, either personally or by delegation to qualified legal counsel and support staff;  
 Evaluates and coordinates the assignment of cases to attorneys and investigative staff;  
 Reviews work and activities of staff for compliance with legal, administrative and procedural requirements and directs any needed actions to assure such compliance or to correct errors;  
 Provides staff with legal and administrative guidance, direction and assistance as may be required;  
 Assures the maintenance of appropriate security and confidentiality of materials and information encountered or created by staff in the course of assigned duties;  
 Undertakes and completes all assignments approved by the County Administrator or Board of Supervisors;  
 Serves as a member of the County Criminal Justice Coordinating Council;  
 Trains, or coordinates training for, staff in legal, administrative and procedural topics;  
 Assures the appropriate creation, maintenance, dissemination and disposition of manual and computer-based records of case and office activities, as required by law, rule, regulation or technical standards of the courts, the county and other state/federal agencies;  
 Assigns work to and evaluates, staff performance and initiates needed training or disciplinary action as may be required.

**KNOWLEDGE & SKILLS:**

Knowledge of:

- legal principles and practices to include civil, criminal, juvenile, constitutional and administrative law and procedure;
- principles, methods, materials and practices of effective legal research;
- principles and practices of pleading civil and criminal cases and effective techniques for the presentation of cases in court;
- trial procedures, rules of evidence and court requirements;

**APPENDIX D: PUBLIC DEFENDER (PIMA COUNTY)**      page 1

*Class Code: 7515 PUBLIC DEFENDER*

*Page 2 of 2*

- principles and practices of effective employee supervision, training and evaluation;
- principles and practices for effective administration and management of a county functional area, to include fiscal management;
- organization, function and structure of the county, state and federal criminal justice and courts systems;
- applications of computer-based resources for legal and administrative purposes.

**Skill in:**

- conducting legal research, analyzing data and determining proper courses of action;
- administering and managing the staff and activities of an organization;
- preparing for, presenting and conducting client defenses and appeals;
- analyzing and applying legal principles;
- presenting oral and written statements of law, fact and argument clearly and logically;
- preparing and presenting proper legal instruments;
- planning, directing and evaluating the work of staff;
- use of computer-based resources for research, analysis, creation, recording and maintenance of records, correspondence and related materials.

**DESIRED QUALIFICATIONS:**

Graduation from an American Bar Association (ABA) accredited law school and current admission to the Arizona State Bar. The appointing authority may also require additional training, experience and/or education from an accredited college or university may be substituted.

**OTHER REQUIREMENTS:**

**Licenses and Certificates:** Current admission to the Arizona State Bar is required at the time of appointment, and must be maintained as a condition of employment; failure to maintain this admission shall be grounds for termination.

**Special Notice Items:** This is unclassified and is exempt from the Merit System Rules.

**Physical/Sensory Requirements:** Physical and sensory abilities will be determined by position.

This class specification is intended to indicate the basic nature of positions allocated to the class and examples of typical duties that may be assigned. It does not imply that all positions within the class perform all of the duties listed, nor does it necessarily list all possible duties that may be assigned.

Pima County

06/01/81  
Updated 0505/09(kf)

**APPENDIX D: DEPUTY COUNTY ATTORNEY (PIMA COUNTY)**

<p><i>Code: 3115</i> <i>Title: ATTORNEY</i></p>
---

**SUMMARY:** Coordinates and conducts professional legal work; may specialize in one or more areas of specialized law; may supervise assigned personnel. Serves all levels and assignments of attorneys in the Offices of the County Attorney, the Public Defender and the Public Fiduciary and covers a wide range of duties and responsibilities.

**DUTIES/RESPONSIBILITIES:** (Work assignments may vary depending on the department's needs and will be communicated to the applicant or incumbent by the supervisor.)

Prosecutes or defends a variety of criminal cases in Justice Court, Juvenile Court, Superior Court and Appellate Courts;  
 Represents County departments in civil litigation and administrative matters;  
 Engages in negotiations for compromise and settlement of cases;  
 Engages in pretrial, post trial, trial and appellate practice as required by cases;  
 Researches legal questions;  
 Prepares ordinances, resolutions, contracts and leases for consideration by County officials;  
 Prepares legal opinions and advises County officials on a variety of legal matters;  
 Acts in a fiduciary capacity on guardianship and/or conservatorship matters;  
 Engages in probate administration;  
 Researches and drafts legal motions;  
 Prepares pleadings, briefs and other legal documents;  
 Reviews and evaluates investigative reports;  
 Participates in investigations;  
 Supervises clerical, investigative and/or legal staff.

**KNOWLEDGE & SKILLS:**

Knowledge of:

- relevant civil and criminal law;
- rules of civil and criminal procedures and rules of evidence;
- legal research;
- legal ethics.

Skill in:

- analyzing legal documents and instruments;
- preparing opinions and drafting legal documents;
- presenting and arguing cases in court;
- developing and maintaining effective working relationships with others;
- communicating effectively, both orally and in writing.

**MINIMUM QUALIFICATIONS:**

Graduation from an American Bar Association (ABA) accredited school of law.

**OTHER REQUIREMENTS:**

**Licenses and Certificates:** Admission to the Arizona State Bar at the time of appointment. Failure to maintain the required licensure shall be grounds for termination. At the discretion of the Appointing Authority, the applicant may be appointed to the Law Clerk classification until such time as the applicant is admitted to the Arizona State Bar.

This class specification is intended to indicate the basic nature of positions allocated to the class and examples of typical duties that may be assigned. It does not imply that all positions within the class perform all of the duties listed, nor does it necessarily list all possible duties that may be assigned.

Pima County

04/01/87  
Updated 12/24/07(team)

**APPENDIX D: COUNSELOR II (THE HAVEN)**

page 1



## Counselor II Job Description

<i>Counselor Job Title</i>	<i>Clinical Department</i>	<i>Full Time Type</i>
<i>Executive Director / Clinical Director Reports to (Title)</i>		<i>Tucson Location</i>

### I. Purpose

Counselor II, under the supervision of the Clinical Director, assists in the overall treatment program by providing counseling, educational and related services to the substance abuser and family members and cooperates with the other community services as needed.

The Counselor II is hired by the Executive Director and works in a fulltime position in coordination with the Clinical Director and the staff to provide treatment services.

### II. Essential Functions

The essential functions of the Counselor II are

- Facilitates individual and group therapy counseling sessions.
- Teach Psycho Educational group sessions as assigned.
- Maintain client charts in accordance with the current guidelines.
- Attends morning rounds for clinical and property awareness.
- Maintain clinical CEU's (continued education).

### III. Other Duties and Responsibilities

- Coordinates the treatment planning process with clients to include conducting clinical staff reviews
- Conducts clinical staff treatment reports, counselor team meetings, and may prepare monthly data reports.
- Assumes other administrative responsibilities assigned by the Clinical Director in his/her absence.
- Prepares routine reports and correspondence and coordinates treatment plans with community agencies and staff.
- Counsels clients, family members and significant others in the operation and goals of the program and the problems of recovery and re-entry into the community.

**APPENDIX D: COUNSELOR II (THE HAVEN)**

page 2

**IV. Qualifications**

A Master's Degree in Counseling, social services or related field, or the equivalent, plus one year of experience in substance abuse treatment services or counseling. CSAC certification, or the ability to become certified within one year of employment.

If in recovery, applicant must have a minimum of three years continued sobriety.

**V. Extent of Public Contact**

Interacts with external entities, with all levels of Haven personnel and with Haven clients.

**VI. Disclaimer**

Confidential or sensitive material may not be taken off site without prior written consent from you.

**CONSEQUENCES OF ERROR:**

This position has responsibilities for working with the Management Team and senior volunteers to develop approaches. Poor leadership, inappropriate procedures, incorrect information, lack of foresight or diplomacy could cause embarrassment to the organization and its senior officials and volunteers or result in a loss of stakeholders.

I have read the above job description and the examples of work to be performed. I understand and agree with them.

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EXECUTIVE DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPENDIX D: INTAKE COORDINATOR (THE HAVEN)**      page 1



**Intake Coordinator  
Job Description**

<b>Intake Coordinator</b>	<b>Full Time</b>
<b>Job Title</b>	<b>Type</b>
<b>Clinical Director/Executive Director</b>	<b>Tucson</b>
<b>Reports to (Title)</b>	<b>Location</b>

**I. Purpose**

The Intake Coordinator is responsible for coordinating intake with all self pay and contracted agencies. The Intake Coordinator is hired by the Executive Director and works in a fulltime position.

**II. Essential Functions**

The essential functions of the Intake Coordinator are

- Assess potential clients to determine if they meet the ASAM Criteria to enter treatment at The Haven.
- Complete the required paperwork and processes the necessary data to enroll clients into treatment. This would include obtaining prior authorizations from the referring agency prior to admit.
- Complete phone screens on potential clients as needed.
- Act as a liaison to outside agencies and providers such as CPSA, COPE, CODAC, La Frontera, Federal Pre-Trial, Probation and SEABHS to coordinate services to our current clients as well as potential clients.
- Review potential admits with the clinical team to determine appropriateness to treatment and to insure appropriate level of care.

**III. Other Duties and Responsibilities**

- Input data into the CPSA Provnet system to complete referrals, assessments, and Intakes.
- Attend meetings and trainings as necessary to stay current with systems and procedures.
- Interact with Haven staff to communicate appropriate information about clients coming into treatment.
- Advise incoming clients of rules and regulations of The Haven and the appropriate items to bring into treatment.
- Attends morning meetings for clinical and property awareness.
- Teach Psycho Educational group sessions as assigned.
- Provide case management support to clinical staff.
- Maintain the chart room, which includes breaking down and filing closed charts.
- Other related duties as assigned by the Executive Director.

**APPENDIX D: INTAKE COORDINATOR (THE HAVEN)** page 2

**IV. Qualifications**

- Bachelors Degree in counseling or 2 years previous experience in related field.
- Must have knowledge of Substance Abuse and medications. Addiction Medicine or Psychiatric specialty preferred.
- Familiarity with 12-step program.

If a recovering alcoholic, must have a minimum of two years continuous sobriety.

- I have read the above job description and the examples of work to be performed.
- An understanding of the behavioral health and non-profit fields including the way funding and policies relate to successful organizations.

**V. Extent of Public Contact**

Interacts with external entities, with all levels of Haven personnel and with Haven clients.

**VI. Disclaimer**

Confidential or sensitive material may not be taken off site without prior written consent from your supervisor.

**CONSEQUENCES OF ERROR:**

This position has responsibilities for working with the Management Team and senior volunteers to develop and implement marketing and communications strategies and approaches. Poor leadership, inappropriate procedures, incorrect information, lack of foresight or diplomacy could adversely affect relations with the organization's stakeholders, cause embarrassment to the organization and its senior officials and volunteers or result in a loss of credibility.

I have read the above job description and the examples of work to be performed. I Understand and agree with them.

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EXECUTIVE DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPENDIX D: RESIDENT NURSE (THE HAVEN)**

page 1



## Resident Nurse Job Description

<b>Resident RN</b>	<b>Full Time</b>
<b><i>Job Title</i></b>	<b><i>Type</i></b>
<b>Residence Manager</b>	<b>Tucson</b>
<b><i>Reports to (Title)</i></b>	<b><i>Location</i></b>

### **I. Purpose**

The Resident RN, under the supervision of the Residence Manager and together with the Medical Director, is responsible for the management of the healthcare, nutrition, and medical needs of The Haven residents.

The Executive Director hires the Resident RN. The position is full time.

### **II. Essential Functions**

The essential functions of the Resident RN are

- Plans, coordinates and implements client health services in conjunction with The Haven's Medical Director.
- In the absence of the Residence Manager supervises the House Managers and their day-to-day schedules and training. Documents schedules and training.
- In the absence of the Intake coordinator and the Program Manager may assist in intake interviews of new clients and oversees actual admission process into the Haven.

### **III. Other Duties and Responsibilities**

- Meets with clients and community agency case managers to obtain client access to financial, medical, employment and educational services
- Acts as liaison to the community agencies as required by the Executive Director.
- Assists the Residence Manager to help coordinate and implement the rules and regulations of daily residential living to conform to guidelines set by funding, licensing, fire and safety regulatory agencies. Rules and restrictions must conform to known standards of good substance abuse treatment.
- Coordinates information closely with the Residence Manager and the Program Manager for the benefit of staff and clients, and the smooth flow of information throughout the agency.
- Assists the Residence Manager Manage the physical plant, including maintenance services, and supervises maintenance workers.
- Responsible for control of medications.
- Performs other related duties as assigned by the Executive Director.

Updated 1/1/05

1

**APPENDIX D: RESIDENT NURSE (THE HAVEN)**

page 2

**IV. Qualifications**

- Must be a registered nurse.
- College level courses in home economics, food service, or a related field, are desirable.
- Must have knowledge of Substance Abuse and medications. Addiction Medicine or Psychiatric specialty preferred.
- Familiarity with 12-step programs and supportive of abstinence based treatment.
- If in recovery, must have a minimum of three years of continuous sobriety.

**V. Extent of Public Contact**

Interacts with all levels of Haven personnel and our Clients.

**VI. Working Conditions and Environment**

- Temperature controlled, office environment.
- Answers and makes telephone calls using a standard telephone.
- Types on a standard keyboard.
- Reads and comprehends information from a computer terminal and/or written resources.

**APPENDIX D: MEDICAL DIRECTOR (THE HAVEN)**

page 1



## Medical Director Job Description

Medical Director <b><i>Job Title</i></b>	Part Time <b><i>Type</i></b>
Executive Director <b><i>Reports to (Title)</i></b>	Tucson <b><i>Location</i></b>

### I. Purpose

The Medical Director is responsible for providing medical and clinical oversight at The Haven, as part of a comprehensive or holistic approach to treatment. The Medical Director assures The Haven addresses the physical, psychological, and social needs of each client as she progresses through admission, treatment, and discharge.

### II. Essential Functions

The essential functions of the Medical Director are

- Helps develop and review, then approve medical policies and procedures.
- Review medical histories, including the review and approval of all medications (including psychotropic) at admission and when changed during a woman's stay, if not done by another medical practitioner.
- Complete client physicals if not done by another medical practitioner.

### III. Other Duties and Responsibilities

- Provides supervision and training to staff.
- Is involved in the admission, treatment, and discharge phases of treatment.
- Participate in Treatment Team decisions regarding the appropriateness of client placement, treatment phase change, and discharge.
- Evaluate and refer patients for medical care as indicated, if not done by another medical practitioner.
- Be a medical resource for the Executive Director and the Board of Directors.
- Supervise staff R.N.

### IV. Qualifications

- Arizona licensed medical practitioner (Medical Doctor preferred).
- Five years experience in direct patient care.
- Must have knowledge of Substance Abuse and medications. Addiction Medicine or Psychiatric specialty preferred.
- Familiarity with 12-step programs and supportive of abstinence based treatment.
- If in recovery, must have a minimum of three years of continuous sobriety.

Updated 12-1-07

1

**APPENDIX D: MEDICAL DIRECTOR (THE HAVEN)**

**page 1**

**V. Extent of Public Contact**

Interacts with external entities, with all levels of Haven personnel and with Haven clients.

**VI. Disclaimer**

Confidential or sensitive material may not be taken off site without prior written consent from your supervisor.

**CONSEQUENCES OF ERROR:**

This position has responsibilities for working with the Management Team and senior volunteers to develop and implement marketing and communications strategies and approaches. Poor leadership, inappropriate procedures, incorrect information, lack of foresight or diplomacy could adversely affect relations with the organization's stakeholders, cause embarrassment to the organization and its senior officials and volunteers or result in a loss of credibility.

I have read the above job description and the examples of work to be performed. I Understand and agree with them.

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EXECUTIVE DIRECTOR \_\_\_\_\_ DATE: \_\_\_\_\_

Updated 12-1-07 \_\_\_\_\_ 2

**APPENDIX D: RESIDENCE MANAGER (THE HAVEN)**

page 1



## Residence Manager Job Description

Residence Manager <i>Job Title</i>	Full Time <i>Type</i>
Clinical Director <i>Reports to (Title)</i>	Tucson <i>Location</i>

**I. Purpose**

The Residence Manager, under the supervision of the Clinical Director, is responsible for the management and supervision of the residential living, and safety of The Haven residents.

**II. Essential Functions**

The essential functions of the Residence Manager are

- Supervises the House Managers and their day-to-day schedules.
- Documentation, scheduling and training.
- Coordinates and implements the rules and regulations of daily residential living to conform to guidelines set by funding, licensing, fire and safety regulatory agencies. Rules and restrictions must conform to known standards of good substance abuse treatment:

**III. Other Duties and Responsibilities**

- Acts as liaison to the community agencies as required by the Clinical Director.
- Coordinates information closely with the Clinical Director for the benefit of staff and clients, and the smooth flow of information throughout the agency.
- Plans and coordinates food service operations to include food inventory, generation and distribution of menus, ordering of food, and supervision for proper food handling and storage.
- Maintains inventory of all treatment/recovery pamphlets, books, tapes and movies for the client library. Distributes an updated listing to staff quarterly. Supervises the distribution and retrieval of materials necessary for completion of phase assignments. Orders all pamphlets, books, tapes and/or movies needed for the library.
- Maintain physical inventory for the residence facilities including Velva House, Weigle Haus, MCP Houses 1-5 and the Quad.
- Maintains the "You go Girl" Closet.

Updated 01/01/2008

1

**APPENDIX D: RESIDENCE MANAGER (THE HAVEN)**

**IV. Qualifications**

- A high school diploma or GED is required.
- College level courses in home economics, food service, or a related field, are desirable.
- Must have knowledge of Substance Abuse and medications. Addiction Medicine or Psychiatric specialty preferred.
- Familiarity with 12-step programs and supportive of abstinence based treatment.
- If in recovery, applicant must have a minimum of two years continued sobriety.
- Reads and comprehends information from a computer terminal and/or written resources.
- Valid driver's license and clean driving record to be approved to drive The Haven's van.

**V. Extent of Public Contact**

Interacts with external entities, with all levels of Haven personnel and with Haven clients.

**VI. Disclaimer**

Confidential or sensitive material may not be taken off site without prior written consent from your supervisor.

**CONSEQUENCES OF ERROR:**

This position has responsibilities for working with the Management Team and senior volunteers to develop and implement marketing and communications strategies and approaches. Poor leadership, inappropriate procedures, incorrect information, lack of foresight or diplomacy could adversely affect relations with the organization's stakeholders, cause embarrassment to the organization and its senior officials and volunteers or result in a loss of credibility.

I have read the above job description and the examples of work to be performed. I Understand and agree with them.

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EXECUTIVE DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Updated 01/01/2008

## APPENDIX D: CASE MANAGER (THE HAVEN)



### Case Manager Job Description

<b>Lead Case Manager</b>	<b>Clinical Support</b>
<b>Job Title</b>	<b>Department</b> Tucson
<b>Clinical Director</b>	
<b>Reports to (Title)</b>	<b>Location</b>

#### I. Purpose

The Lead Case Manager, under the supervision of the Clinical Director, is responsible for monitoring and overseeing the case management program, insures coordination of case management services with the clinical team for clients at The Haven. This includes securing and maintaining behavioral health services that aid in the client's recovery from substance use disorders. The Lead Case Manager is responsible for training and supervising all case management staff.

#### II. Essential Functions

The essential functions of the Lead Case Manager are

- Insures that Case Managers develop, implement, and update individual service plans and clinical reviews in a timely manner. Monitor progress on goals and objectives via staffings, ART meetings and staff input including documenting the progress on the treatment plan and proper maintenance of client records as defined by policy and procedures.
- Insures the participation and coordination of interdisciplinary staffings for clients with other team members as appropriate. Collaborate with other community resources, referral agencies, and outside agencies to facilitate needed services for clients.
- Responsible for the training all case managers in the duties required for case management techniques; methods and procedures applicable to Haven policies and procedures.

#### III. Other Duties and Responsibilities

- Maintain client files in accordance with the policy and procedures of The Haven
- Responsible for timely discharge planning.
- Responsible for timely and accurate case closure.
- Interface with clinical team members to coordinate clinical services.
- Attend daily morning briefings with staff.
- Demonstrate knowledge of the comprehensive psychosocial influences and effects of substance use disorders.
- Insure Adult Recovery Teams meet and coordinates services for the client.
- Advocate for needed services and for other case management staff.
- Establish and maintain a professional working relationship all staff.
- Provide backup coverage in the absence of case management staff.
- Assist in identifying and coordinating training needs for the case management staff.
- Acts as a liaison between Case Managers and management.
- Assists Case Managers in developing mediation and intervention strategies relative to performing conflict resolutions.

4/2/2009

1

## APPENDIX D: THERAPIST (COMPASS BEHAVIORAL HEALTH)

### Compass Behavioral Health Care – THERAPIST

**SUPERVISED BY:** Director/Coordinator of Designated Supervisor  
**POSITIONS SUPERVISED:** None

**FLSA:** Exempt  
**EEOC:** Professional  
**LEVEL OF CLIENT CARE:** Direct  
**LICENSURE CLASS:** Professional

**PRIMARY FUNCTION:**

Responsible for core assessment and the development and implementation of an individual service plan with client participation. Provides treatment activities, referrals and client advocacy.

**RESPONSIBILITIES:**

Coordinates the development and implementation of on-going contractual treatment services.  
 Develops and facilitates lectures and other educational presentations.  
 Develops and implements service plans with clients participation.  
 Provides individual, group and family therapy.  
 Provides program and treatment recommendations to the clinical management team.  
 Communicate effectively and professionally with clients, staff and community.  
 Ensure efficiency of required documentation.  
 Adhere to high standard of ethics in accordance with the agency and AZBH.  
 Responsible for participation in assigned committees.  
 Pursue continuing educational opportunities for professional development.  
 Other job related duties as assigned.

**COMPETENCIES:**

Demonstrates comprehensive and thorough knowledge of addictions and other behavioral health disorders.  
 Demonstrates the ability to be sensitive to clients and their developmental needs, cultural backgrounds and learning abilities.  
 Utilizes flexibility and creativity in assessing and meeting clients individual needs.  
 Utilizes best practice and evidence-based treatment strategies.  
 Experience in providing individual, group, and family therapy.  
 Demonstrates knowledge and experience to work as a team and independently with minimal supervision.  
 Utilizes positive interpersonal skills  
 Demonstrates the ability to maintain positive, professional relationships.  
 Demonstrates ability to complete necessary documentation legibly, accurately and timely

**MINIMUM QUALIFICATIONS:**

Master Degree in a behavioral health or health related field. Experience in diverse treatment setting is preferred but not required.  
 Licensed according to Arizona State requirements as a Behavioral Health Professional.  
 Must have a valid Arizona driver's license and must be insurable under Compass' vehicular insurance policy.  
 Must have CPR/First Aid, TB. Trained in de-escalation techniques. Must be 21 years of age

My signature below indicates that I understand and agree to the duties of *Therapist*, and that I meet stated qualifications, experience requirements, and can adequately perform duties prescribed herein.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

**Please note:** Job descriptions are not intended, and should not be construed, to be exhaustive lists of all responsibilities, skills and efforts. Nor are they intended to form contractual relationships between the employee and the agency. Rather, they are intended to be accurate reflections of the primary elements of a job including, but not limited to, the essential functions 12/2009

**APPENDIX E: ADULT PROBATION – CONFIDENTIALITY AND RELEASES** page 1

**ADULT PROBATION DEPARTMENT  
OF THE SUPERIOR COURT IN  
PIMA COUNTY  
(520) 740-3800  
FAX (520) 798-8438**

**IMPORTANT NOTICE OF CONFIDENTIALITY**

**You are advised that the criminal history information contained in this presentence report is subject to (1) ARS 13-4425, (2) the Arizona Plan for Security and Privacy of Criminal History Record Information, and (3) U.S. Department of Justice Regulation 28CFR20. This information is to be used only for matters pertaining to the defendant's criminal case for which the presentence report was prepared. Therefore,**

**THIS PRESENTENCE REPORT IS NOT TO BE FURTHER  
DISSEMINATED FOR ANY REASON**

**In addition, some information contained in this report relative to education and health history is subject to restrictions on dissemination as imposed by federal law.**

**Addendum On:**

**LAST; First Middle**

**CR-20xxxxxxx**

**The attached Addendum was ready for**

**Distribution by: XX on 2/5/2010, at 9:00 a.m.**

**DEFENSE COUNSEL: Perry Mason**

**PROSECUTOR: The Shark**

**JUDGE: Judge Judy**

**DISPOSITION DATE: November 13, 2006**

**PROBATION OFFICER: Sweet Caroline**

**APPENDIX E: ADULT PROBATION – CONFIDENTIALITY AND RELEASES** page 2

The Adult Probation Department  
of the Superior Court in Pima County  
Field Services Division

Operations Manual

**CHAPTER 17 CASEFILE CONFIDENTIALITY**

**I. Definitions**

- A. **Casefile** – For the purpose of this policy, the casefile includes the physical file as well as the electronic file in the APETS database.
- B. **Contract Treatment Provider** – A treatment agency that provides specific services as defined in the service contract between the Pima County Superior Court and the agency. In providing the agreed upon services, the agency shall act as a contractor of the court as defined in the service contract.
- C. **Criminal History, Part II** – The section of the Presentence Report containing those records of arrests, convictions, sentences, dismissals, and other dispositions of charges.
- D. **Public** – Those persons who are not judges, clerks, professionals or other staff employed by or under supervision of the court or employees of other public agencies who are authorized by state, federal rule or law to inspect and copy closed court records.

**II. Policy**

- A. The release of the casefile shall be governed by Rule 123 (2) (A), Public Access to the Judicial Records of the State of Arizona.
- B. When requested by the defense in preparation for a violation hearing, disclosure shall be made available at least five working days before the scheduled hearing. Disclosure shall include names, addresses, and phone numbers of any witnesses in the case, as well as copies of police reports, lab reports, casenotes, and payment records pertaining to the allegations in the Petition to Revoke Probation.
- C. Generally, the casefile is not open to inspection by a third party unless ordered by the sentencing court. However, in the course of an investigation, a law enforcement agency may access the file in the presence of a probation officer but may not make copies of diagnostic evaluations, psychiatric and psychological reports, medical records, alcohol screening and treatment reports, social studies, probation supervision histories, or any other records maintained as the work product of Adult Probation.
- D. The Operations Director shall serve as the Custodian of Records. Questions and issues regarding release of casefile information shall be directed to the Operations Director. In the absence of the Operations Director, the Court Services Director and the Field Services Director, in that order, shall serve in that capacity.

**III. Procedure**

- A. Requests for information accompanied by subpoena duces tecum shall be staffed with the immediate supervisor and the Custodian of Records.
- B. In response to a subpoena duces tecum, the Custodian of Records may consult the Attorney General's Office.

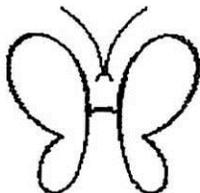
**APPENDIX E: ADULT PROBATION – CONFIDENTIALITY AND RELEASES** page 3

- C. Requests for information from closed files shall be forwarded to the South Office Supervisor, who may consult with the Custodian of Records.
- D. The Probation Officer shall secure the probationer's permission in the form of a signed release of information prior to sharing any information contained in the casefile with the treatment provider.
- E. The entire presentence report may be shared with a contracted treatment provider. Part II of the presentence report may not be shared with a non-contracted provider.

**IV. HIV and Other Communicable Diseases**

- A. Officers are required to complete a single training session on blood borne pathogens upon employment.
- B. HIV related information should be held in strict confidence. However, if an officer in possession of HIV related information, reasonably believes that an identifiable third party is at risk of HIV infection, they shall staff and document the situation with their supervisor. The decision to release HIV related information should be made in accordance with the identifiable third party risk procedure described in Chapter 4 of this manual. Pursuant to ARS § 36 – 666, a person is immune from civil or criminal liability for disclosing communicable disease information, if the person acted in good faith.

**APPENDIX E: THE HAVEN - CONFIDENTIAL INFORMATION RELEASES** page 1



**THE HAVEN**  
*Women in Recovery*

1107 East Adelaide Tucson, AZ 85719 (520)623-4590 FAX (520)623-6015

**CONFIDENTIALITY STATEMENT**

I, \_\_\_\_\_, agree to keep  
confidential anything heard or said in this group.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

**Client Confidentiality Statement**

**APPENDIX E: THE HAVEN - CONFIDENTIAL INFORMATION RELEASES** page 2

*THE HAVEN, INC.  
AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION*

I, \_\_\_\_\_ (D.O.B) \_\_\_\_\_  
hereby authorize: The Haven, Inc.  
1107 E. Adelaide  
Tucson, AZ 85719  
(520) 623-4590

to release the information described below to:

Pima County Medical Assistance / AHCCCS  
(Person or Agency)

\_\_\_\_\_  
(Address)

\_\_\_\_ Summary of Involvement

\_\_\_\_ Test Results

Other (Specify) verification of residency/DOB/SNN/DOE/  
other financial information

Purpose for which the information is to be used: \_\_\_\_\_  
to aid in obtaining Medical Insurance / AHCCCS

Expiration Date: \_\_\_\_\_

Other Condition of Expiration \_\_\_\_\_

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my express written consent. I certify that this consent has been given by me, freely and voluntarily. I understand that services are not contingent upon my consent for release of information. This consent may be revoked at any time by myself, except to the extent that action has already been taken on this consent and will automatically expire on the date and/or under the conditions specified above.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date (this release is valid for one year or as otherwise specified above)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

C:\WORD\RELEASE.DOC

**APPENDIX E: THE HAVEN - CONFIDENTIAL INFORMATION RELEASES** page 3

*THE HAVEN, INC.*  
*AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION*

I, \_\_\_\_\_, (D.O.B) \_\_\_\_\_  
hereby authorize:                   The Haven, Inc.  
  1107 E. Adelaide  
  Tucson, AZ 85719  
  (520) 623-4590

to release the information described below to:

Paramedics or other emergency medical personnel  
(Person or Agency)

\_\_\_\_\_  
(Address)

Summary of Involvement

Test Results

Other (Specify) residency, DOB, DOE, SSN, Medications,  
medical history

Purpose for which the information is to be used: \_\_\_\_\_  
to assist in giving prompt emergency care

Expiration Date: \_\_\_\_\_

Other Condition of Expiration \_\_\_\_\_

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my express written consent. I certify that this consent has been given by me, freely and voluntarily. I understand that services are not contingent upon my consent for: release of information. This consent may be revoked at any time by myself, except to the extent that action has already been taken on this consent and will automatically expire on the date and/or under the conditions specified above.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date (this release is valid for one year or as otherwise specified above)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**APPENDIX E: THE HAVEN - CONFIDENTIAL INFORMATION RELEASES** page 4**CONSENT FOR PHOTO AND INFORMATION RELEASE**

Name of Client \_\_\_\_\_

Name of Minor Child (if applicable) \_\_\_\_\_

I hereby authorize \_\_\_\_\_ (news organization)

to interview, photograph and/or videotape me (and my minor child, if

applicable) on \_\_\_\_\_ (date) for non-commercial,

broadcast purposes. I understand that I will not be able to approve or edit the

photos or videotape prior to broadcast or publication. I understand also that

this consent applies only to the news organization and date identified on

this form.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Witness Signature \_\_\_\_\_

**APPENDIX E: THE HAVEN - CONFIDENTIAL INFORMATION RELEASES** page 5

**THE HAVEN'S  
AUTHORIZATION FOR DISCLOSURE OF  
SUBSTANCE ABUSE INFORMATION**

Note: Where information accompanies this authorization form, this information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR Part 2) or Arizona State Statutes (§36-664). Generally, The Haven may not disclose to a person outside The Haven any information regarding substance abuse unless the client authorizes the disclosure in writing, the disclosure is required by a court order, the disclosure is made to medical personnel in a medical emergency or to a qualified personnel for audit or program evaluation. Federal law restricts any use of substance abuse information to criminally investigate or prosecute a client.

**FEDERAL AND STATE LAW PROHIBIT ANY FURTHER DISCLOSURE OF  
SUBSTANCE ABUSE INFORMATION UNLESS FURTHER DISCLOSURE  
IS EXPRESSLY PERMITTED BY THE WRITTEN AUTHORIZATION OF THE  
CLIENT TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED.**

I, \_\_\_\_\_, \_\_\_\_\_ authorize  
*(Print Name: Last, First and Middle Initial)* *(Date of Birth: Month/Date/Year)*

Person/Organization: \_\_\_\_\_

To release information to:

Person/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number \_\_\_\_\_

Specific information to be disclosed: \* \_\_\_\_\_

Purpose of Disclosure: \_\_\_\_\_

This authorization expires (insert date or event): \_\_\_\_\_

**\*This Authorization may not be used to release HIV health information or psychotherapy notes in combination with other types of health information. If this is being used to authorize the release of HIV health information or psychotherapy notes, a separate form must be used to authorize release of any other protected health information.**

**Your rights**

I understand that I may refuse to sign this Authorization. My refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits. I may inspect or copy any information disclosed under this Authorization, unless the information is contraindicated.

I may revoke this Authorization at any time. My revocation must be in writing and signed by me. My revocation will be effective upon receipt, but will not be effective to the extent that The Haven or others have acted in reliance upon this Authorization.

**Signature**

\_\_\_\_\_  
*(Client Signature)* *(Date)*

If signed by someone other than the client, state your relationship to client: \_\_\_\_\_

Witness: \_\_\_\_\_

**APPENDIX E: COMPASS/VIDA SERENA  
CONFIDENTIAL INFORMATION RELEASES**

**AGREEMENT TO MAINTAIN CONFIDENTIALITY OF  
CLIENT INFORMATION**

As an employee and representative of \_\_\_\_\_

I, \_\_\_\_\_,

1. acknowledge that in receiving, storing, processing or otherwise dealing with any information from Compass Health Care, Inc. about the clients being treated in the services provided by compass Health Care, Inc., I am fully bound by the provisions of the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations Part 2; and

2. undertake to resist in judicial proceedings any effort to obtain access to information pertaining to Compass Health Care, Inc. clients otherwise than expressly provided for in the federal confidentiality regulations, 42 Code of Federal Regulations Part 2; and

3. maintain the patient identifying information in accordance with the security requirements provided in CFR 42. Part 2, section 2.16; and

4. destroy all the patient identifying information upon completion of the audit or evaluation and send proof of destruction to Compass Health Care, Inc. Medical Records department; and

5. comply with the limitations on disclosure and use in CFR 42, Part 2, Section 2.53.

\_\_\_\_\_  
Employee/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compass Health Care, Inc. Employee Signature

\_\_\_\_\_  
Date

**APPENDIX E: COMPASS/VIDA SERENA  
CONFIDENTIAL INFORMATION RELEASES**

page 2

**COMPASS HEALTH CARE, INC.  
POLICIES AND PROCEDURES #1502**

Effective: 3/2004; Revised 3/2006

<b>ADHS REG. R9-20-211</b>	<b>FED REG: 45 CFR §164.520</b>
<b>CATEGORY: PRIVACY COMPLIANCE</b>	
<b>TITLE: NOTICE OF PRIVACY PRACTICES</b>	

**POLICY**

It is the policy of Compass Health Care, Inc. to provide clients entering any Compass program with the current Notice of Privacy Practices and to make a documented good faith effort to obtain an acknowledgement of receipt when the client receives the Notice of Privacy Practices.

**PROCEDURE**

As part of the admission or intake process, program staff is to provide the client with a copy of Compass Health Care, Inc.'s current Notice of Privacy Practices. In addition, program staff is expected to obtain the client's acknowledgement of receipt of the current Notice of Privacy Practices. This acknowledgement is part of the client file and should be maintained at all times with the client record.

In the event an emergency occurs or the client is not cognizant of what is happening, program staff are expected to provide the client with the current Notice of Privacy Practices and obtain acknowledgement of receipt as soon as reasonably possible after the emergency or stabilization of the client.

If a written acknowledgement of receipt from the client cannot be obtained, staff must document a good faith effort to obtain such acknowledgement and the reason why the acknowledgement was not obtained.

The current Notice of Privacy Practices will be posted in a clear and prominent location at all Compass Health Care, Inc. facilities, as well as, on Compass Health Care, Inc. website at [www.compasshc.org](http://www.compasshc.org). The current Notice of Privacy Practices is available upon request from any Compass Health Care, Inc. facility or by contacting the Privacy Officer at 2475 Jackrabbit, Tucson, AZ 85745 (520) 882-5608.

<b>REVIEWED/ APPROVED</b>	<b>SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

**APPENDIX E: COMPASS/VIDA SERENA**  
**CONFIDENTIAL INFORMATION RELEASES**

page 3

**COMPASS HEALTH CARE, INC.**  
**POLICIES AND PROCEDURES #1503**

Effective: 3/2004 Revised 2/08

<b>ADHS REG. R9-20-211</b>	<b>FED REG: 42 CFR, Part 2; 45 CFR §164</b>
<b>CATEGORY: PRIVACY COMPLIANCE</b>	
<b>TITLE: CONFIDENTIALITY OF CLIENT INFORMATION</b>	

**POLICY**

It is the policy of Compass Health Care, Inc. that all information regarding care of the individual client be maintained as confidential information. Compass Health Care, Inc. is prohibited from releasing any information about its clients, past or present, including confirmation of identity or program participation without the proper authorization signed by the client or a court order specifying the client by name. Sources: Section 333 of Public Law 91-616, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (42 U.S.C 4582), Code of Federal Regulations 42 Part 2, and Code of Federal Regulations 45 Parts 160 and 164.

**PURPOSE**

The purpose of this policy is to protect the client, the clinical team, and Compass Health Care, Inc. from inappropriate dissemination of information regarding care of individual and collective clients. This policy applies to all staff, employees, contractors, vendors, volunteers, students and others who are member of the Compass Health Care, Inc. workforce, and refers to all information resources, whether verbal, printed, or electronic, and whether individually controlled, shared, stand alone or networked. This policy also provides guidelines and examples on employee access to client identifiable information to ensure confidentiality and integrity of client information.

**DEFINITIONS**

**Aggregate Data:** A collection of client care or clinical information which does not reveal the identity of individual clients.

**Client Information:** All information, data and/or knowledge relating to the care of a Compass Health Care, Inc. client, including but not limited to:

- The medical record, including data recorded on paper, or in a computer data base; or
- Pictorial, graphic, or multimedia representations (e.g. photographs, videotapes); or
- Administrative data, such as the data included in the Compass Health Care, Inc. census system, registration system, appointment scheduling system and the billing system; or Business and Financial Records.

**Clinical Staff:** Medical doctors, nurses, case managers, counselors and other individuals having practice privileges for the diagnosis and treatment of clients at Compass Health Care, Inc.

**Confidential Information:** All of the following are considered confidential:

- Client information collected by Compass Health Care (e.g. transferred medical records, correspondence, telephone calls, etc.); or
- Client information generated by Compass Health Care, Inc.; or
- Information entrusted by the client to an employee, student, volunteer, trainee or member of the clinical staff; or
- Any knowledge the employee, student, volunteer, trainee or member of the clinical team has regarding the client.

**Contractors/Business Associates:** Any individual or organization that provides services for Compass Health Care, Inc.

**Data Steward:** Individual or department having access to client information and having capability of providing for storage or transfer of client information subject to this policy (e.g. Medical Records, IT and Billing departments).

**Due Care:** That degree of care which other prudent, competent persons providing client services would exercise in similar circumstances.

**Employee:** For the purposes of this policy, any individual providing service for Compass Health Care, Inc. who receives compensation from Compass Health Care, Inc. for that service.

**APPENDIX E: COMPASS/VIDA SERENA**  
**CONFIDENTIAL INFORMATION RELEASES**

page 4

COMPASS HEALTH CARE, INC.  
 POLICIES AND PROCEDURES #1503

Effective: 3/2004 Revised 2/08

ADHS REG. R9-20-211	FED REG: 42 CFR, Part 2; 45 CFR §164
CATEGORY: PRIVACY COMPLIANCE	
TITLE: CONFIDENTIALITY OF CLIENT INFORMATION	

**Inappropriate Dissemination:** Seeking access to and/or disclosing confidential information, regardless of intent, in verbal, written or electronic form:

- To individuals who are involved with or know the client but have no need to know the information; or
- In a setting where that information could be overheard by individuals who have no need to know (e.g. in the hallways, staff lounge, intake area, etc.); or
- In a setting where information can be read or transferred from an unattended computer monitor, desk, etc; or
- Through sharing another person's electronic password.

**Need to Know:** Necessary to fulfill the mission of Compass Health Care, Inc. and fulfill the duties of the job description to provide quality client care, education and research. See Policy # 1504, "Need to Know" for further discussion and examples of this definition.

**Trainee:** Any individual involved, directly or indirectly, in the provision of client care, one aspect of which is to further that individual's knowledge. This includes medical students, nursing students, and other health care professions students. A trainee may or may not receive financial compensation from Compass Health Care, Inc.

**Vendor:** Any individual or organization that sells or otherwise provides goods or services to Compass Health Care, Inc.

**Volunteer:** Any individual providing a service to Compass Health Care, Inc. coordinated through the Human Resources Director in each Compass facility, who receives no financial compensation from Compass Health Care, Inc. for that service.

**PROCEDURES**

1. In order to ensure confidentiality, client information collected and/or generated within Compass Health Care, Inc. shall be maintained in such a manner that access to it is restricted to those with a need to know, and release of it is restricted to those with a legal right to know, as mandated by State and Federal laws.
2. It shall be the responsibility of the Director of each Compass facility to determine what information its individual members need access to in order to complete their job functions. Each Director shall notify the IT Coordinator in writing which members of their facility need access to restricted client information. Viewing or obtaining information not needed for job completion, regardless of the medium of storage, constitutes disclosure of that information. It shall be the responsibility of each facility Director to monitor and discipline members in all matters of information security.
3. It shall be the responsibility of the Director of each Compass facility to inform their employees of this policy and periodically refer to this policy and procedure at facility staff meetings. In addition, this policy shall be referred to and addressed in each orientation program and shall be included in any orientation "information packet" provided for new employees, contractors, trainees, volunteers, vendors, and clinical staff.
4. It shall be the responsibility of respective data stewards to maintain secure access to their electronic data and paper copy medical records and to provide information in response to questions regarding potential breach of confidentiality. To the extent technologically possible, audit trails shall be maintained of access to both aggregate and client-identifiable electronic data.
5. It shall be the responsibility of respective data stewards to maintain a list of all people granted access to electronic databases and paper copy medical records under their stewardship. Access shall not be granted to employees who do not have an up-to-date, signed confidentiality statement on file in the Human Resources office.
6. In order to help ensure that only those with a need to know client identifiable information are granted

**APPENDIX E: COMPASS/VIDA SERENA  
CONFIDENTIAL INFORMATION RELEASES**

**COMPASS HEALTH CARE, INC.  
POLICIES AND PROCEDURES #1503**

Effective: 3/2004 Revised 2/08

<b>ADHS REG. R9-20-211</b>	<b>FED REG: 42 CFR, Part 2; 45 CFR §164</b>
<b>CATEGORY: PRIVACY COMPLIANCE</b>	
<b>TITLE: CONFIDENTIALITY OF CLIENT INFORMATION</b>	

access to such information, data stewards will, on at least a quarterly basis, review who has access to client identifiable information in central repositories of client information under their purview.

7. Hard copy printouts or aggregate and patient-identifiable electronic data will be stored in a secure area and maintained in a confidential manner as is currently required of paper medical records.
8. Every clinical staff member, employee, contractor, trainee, student, vendor, and volunteer at Compass Health Care, Inc. shall be responsible for maintaining confidentiality of all information entrusted to them.
9. Every employee is expected to exercise due care in any discussion or use of client information.
10. Confidentiality statements attesting that the employee is aware of and understands the confidentiality policy, shall be signed at the beginning of employment.
11. Compass Health Care, Inc. characterizes as unethical and unacceptable any activity through which an individual:
  - A. Voluntarily allows or participates in inappropriate dissemination of confidential client information; or
  - B. Interferes with the intended use of the information resources; or
  - C. Without authorization, destroys, alters, dismantles, disfigures, prevents rightful access to or otherwise interferes with the integrity of client information and/or information resources; or
  - D. Without authorization invades the privacy of individuals or entities that are creators, authors, users, or subjects of the information resources.
12. Infractions of this confidentiality policy shall be subject to the disciplinary action of Compass Health Care, Inc., up to and including termination and/or loss of privileges. Invasion of another person's right to privacy can have legal consequences in addition to disciplinary action from Compass Health Care, Inc.
13. Communication regarding confidentiality policies and monitoring of these policies for all Compass staff shall be channeled through the Privacy Officer for Compass Health Care, Inc.

<b>REVIEWED/APPROVED</b>	<b>SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>

**APPENDIX E: COMPASS/VIDA SERENA  
CONFIDENTIAL INFORMATION RELEASES**

page 6

**COMPASS HEALTH CARE, INC.  
POLICIES AND PROCEDURES #1506**

Effective 3/2004

<b>ADHS REG.</b>	<b>R-9-20-204</b>	<b>FED REG:</b>	<b>45 CFR §164.530(b)</b>
<b>CATEGORY: PRIVACY COMPLIANCE</b>			
<b>TITLE: TRAINING STAFF ON PRIVACY AND CONFIDENTIALITY</b>			

**POLICY**

In compliance with federal and state regulations, it is the policy of Compass Health Care, Inc. to train the staff on privacy, confidentiality and the related policies and procedures as necessary and appropriate for the staff to carry out their assigned duties at Compass Health Care, Inc. For the purposes of this policy staff includes, but is not limited to: employees, contractors, vendors, volunteers, students, business associates, etc.

**PROCEDURES**

Compass Health Care, Inc. provides training on privacy, confidentiality and the related policies and procedures according to the following:

- Training of the current staff at the time of Privacy Compliance was done prior to the 4/14/03 deadline.
- Training for the staff hired on or after 4/14/03 is provided within a reasonable time after hire (usually within two (2) weeks of hire)
- Continual, remedial and on-going training is provided as needed for staff (at least annually).

All staff training on Privacy requirements is documented and maintained by the Human Resources Director for at least six (6) years.

Privacy training covers the following topics (at a minimum):

- The use and disclosure of client information (PHI) by Compass Health Care, Inc.
- An individual clients' rights regarding the use and disclosure of, and access to, his/her PHI
- General awareness of the privacy requirements, including the related Compass Health Care, Inc.'s policies and procedures
- Specific information on how the privacy requirements affect the staff member's job duties

<b>REVIEWED/APPROVED</b>	<b>SIGNATURE</b>	<b>TITLE</b>	<b>DATE</b>



**APPENDIX E: COMPASS/VIDA SERENA**  
**CONFIDENTIAL INFORMATION RELEASES**

**AUTHORIZATION FOR DISCLOSURE OF SUBSTANCE ABUSE INFORMATION**

NOTE: Where information accompanies this authorization form, this information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR Part 2) or Arizona State Statutes (§36-664). Generally, Compass Health Care, Inc. (CHC) may not disclose to a person outside CHC any information regarding substance abuse unless the client authorizes the disclosure in writing, the disclosure is required by a court order, the disclosure is made to medical personnel in a medical emergency or to qualified personnel for audit or program evaluation. Federal law restricts any use of substance abuse information to criminally investigate or prosecute a client.

**FEDERAL AND STATE LAW PROHIBIT ANY FURTHER DISCLOSURE OR SUBSTANCE ABUSE INFORMATION UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE WRITTEN AUTHORIZATION OF THE CLIENT TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED.**

I, \_\_\_\_\_, \_\_\_\_\_  
*(Print Name: Last, First and Middle Initial)* *(Date of Birth: Month/Day/Year)*  
authorize:

Person/Organization: \_\_\_\_\_

to release information to:

Person/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Specific information to be disclosed:\* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of Disclosure: \_\_\_\_\_

This authorization expires (insert date or event): \_\_\_\_\_

**\*This Authorization may not be used to release HIV health information or psychotherapy notes in combination with other types of health information. If this form is being used to authorize the release of HIV health information or psychotherapy notes, a separate form must be used to authorize release of any other protected health information.**

**Your Rights**

**APPENDIX E: COMPASS/VIDA SERENA**  
**CONFIDENTIAL INFORMATION RELEASES**

page 8

I understand that I may refuse to sign this Authorization. My refusal to sign will not affect my ability to obtain treatment, payment or my eligibility for benefits. I may inspect or copy any information disclosed under this Authorization, unless the information is contraindicated.

I may revoke this Authorization at any time. My revocation must be in writing and signed by me. My revocation will be effective upon receipt, but will not be effective to the extent that Compass Health Care, Inc. or others have acted in reliance upon this Authorization.

I have a right to receive a copy of this Authorization.



Signature

\_\_\_\_\_  
*(Client/Guardian Signature)*

\_\_\_\_\_  
*(Date)*

If signed by someone other than the client, state your relationship to client: \_\_\_\_\_

Witness: \_\_\_\_\_

**APPENDIX E: PIMA COUNTY ATTORNEY  
CONFIDENTIALITY AGREEMENT AND POLICY**

page 1



**Pima County Attorney's Office**  
32 North Stone Avenue  
Suite 1400  
**Tucson, Arizona 85701-1412**  
Phone (520) 740-5600  
Fax (520) 740-5585  
[www.pcao.pima.gov](http://www.pcao.pima.gov)

**Barbara LaWall**  
Pima County Attorney

**Pima County Attorney's Office  
Confidentiality Agreement**

*I, \_\_\_\_\_, agree while working for the PIMA COUNTY ATTORNEY, that no information contained in its records obtained from the County, from law enforcement or from others for the purpose of carrying out such work shall be used by or disclosed by the undersigned, except as required to officially perform legal work.*

\_\_\_\_\_  
Name

The above signature was acknowledged before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary

My Commission Expires:

**APPENDIX E: PIMA COUNTY ATTORNEY  
CONFIDENTIALITY AGREEMENT AND POLICY**

page 2



**OFFICE OF THE PIMA COUNTY ATTORNEY  
ADMINISTRATIVE POLICY MANUAL**

CONFIDENTIALITY	Policy Number	Page
		2006-2.1

Although the Office of the Pima County Attorney is a public organization and its records are subject to Arizona's Public Records Law, much of the information contained in the files and records of the Office, as well as personnel information obtained by virtue of employment with this Office, is **STRICTLY CONFIDENTIAL** and therefore not permitted to be publicly disclosed.

Much of the information contained in our records is attorney work product and/or attorney-client privileged information. There also is information concerning ongoing investigations which might be impeded as a result of disclosure. In addition, our records contain confidential personnel information concerning this Office and other County departments. All employees and volunteers are required to sign the Pima County Attorney Office Confidentiality Form committing to maintain confidentiality.

Employees and volunteers are prohibited from discussing with any person or providing written or verbal information to any person on any aspect of a pending or closed case or internal procedures and operations or personnel information unless such information has previously been or is required to be disclosed in a legally required manner. Employees are prohibited from sharing, discussing or disclosing any personnel information concerning the Office on the e-mail, and are to share confidential personnel information only with those who have a demonstrated and professional need to know.

Non-personnel information is to be disclosed or discussed only pursuant to Policy 2006-16 and 2006-18, or as required by law or court order, in conformity with the requirements of Ethical Rules ("E.R.") 3.6 and 3.8, under Rule 42, Rules of the Arizona Supreme Court.

The Pima County Attorney has entered into a comprehensive, legally binding agreement with the Arizona Department of Public Safety for direct access to local, state and federal criminal history information. This agreement allows only *authorized* agents of the office to access the Arizona Criminal Justice Information System (ACJIS) and the National Crime Information Center (NCIC) repositories. Unauthorized use is strictly prohibited. Criminal history record information may be disseminated within the office only to those employees involved in the relevant prosecution or investigation.

Failure to adhere strictly to this policy will result in immediate, appropriate disciplinary action, up to and including dismissal.

Reference: Policy 2006-16, Public Records Requests  
Policy 2006-18, News Media  
Confidentiality Form

**Issued: October, 2006**

**APPENDIX E: SAMHSA - PARTICIPANT PROTECTION**  
**AND CONFIDENTIALITY**

page 1

**We are required by the federal agencies that are providing the grant funding for our DTAP and Drug Court Enhancement program to insert the “tag” below at the bottom of all written communications concerning DTAP participants and Drug Court Enhancement participants:**

**"This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."**

**Please paste this statement in at least 8-point type onto the bottom of any e-mails, letters, memos, and reports you send to any agency involved in our program that discuss or identify any of the participants in our program.**

**APPENDIX E: SAMHSA - PARTICIPANT PROTECTION  
AND CONFIDENTIALITY**

page 2

**CONFIDENTIALITY AND SAMHSA PARTICIPANT PROTECTION**

**1. Protect Clients and Staff from Potential Risks**

We do not anticipate any physical, medical, psychological, social, and legal risks or potential adverse effects as a result of the project itself or any data collection activity. Each of the partners in this project has a long history of serving the populations targeted for this project and has in place standards to ensure their safety and maintain their confidentiality.

Should any partner organization have reason to believe that any participant could be in physical, emotional or legal jeopardy, the participant will be referred for an assessment by the outside clinical psychologist with whom we will have a contract.

The regular Drug Court participants in this project will be offered wraparound services based on criminogenic needs determined by evidence-based assessments every six months. The services selected are ultimately their choice. The DTAP participants will choose to enter residential treatment in lieu of incarceration and do not have the choice of out-patient services until they complete their treatment plan. They do have access to the clinical psychologist; however, should they or the staff of this project believe their post-residential treatment plan is inadequate or places them at any risk.

**2. Fair Selection of Participants**

The participants included were selected as most appropriate for this project to reduce addictions and related crime because they are at moderate to high risk for recidivism and research shows them to be best served in the community. Participants undoubtedly will include adult men, women, pregnant women, people with mild mental illness, people with language and literacy challenges, and those most vulnerable to HIV/AIDS. This project excludes violent or sexual offenders, both because they are excluded by the funding sources and also because, based on their histories, they would present a risk to participants and service providers.

According to rounded-off census figures, the racial breakdown of the 1,000,000+ residents who live in Pima County's 9,283 square miles (about 60% in the City of Tucson and 40% in the unincorporated areas) is: 59% Caucasian, 32% Hispanic, 2% African American, 2% Native American, and 5% Other. Our per capita income of \$19,785 is below national and state averages, and a known 15% of residents live below the poverty line. As residents and United States citizens, both of our target groups will reflect these demographics, but, based on our experience and crime statistics, about 75% will be male and 25% female and low-income Latino males in their thirties will be disproportionately represented.

Based on 5,664 probationer PCDC drug tests last year, the most frequent drugs of choice will include: opiates (33%) - cocaine (25%) - marijuana (24%) - methamphetamine (16%) - and other narcotics (2%).

**APPENDIX E: SAMHSA - PARTICIPANT PROTECTION**      page 3  
**AND CONFIDENTIALITY**

Participants in the enhancement part of this project (additional wraparound services) are active drug court participants identified by probation, the judge or themselves as in need of additional services not otherwise available to help them avoid relapse and recidivism.

Participants in the expansion part of the project (drug treatment alternative to prison or DTAP) will be identified by the Pima County Attorney's office as offenders facing their third (or more) conviction and therefore facing mandatory prison. The prosecutor will eliminate those not otherwise eligible for drug court and give the list to the probation officer for further research. She or he will use evidence-based assessment tools and motivational interviewing to narrow the list down to those whose criminogenic profile shows that they commit crimes to support their drug habits, have criminogenic needs that are best met in drug court and addiction needs that are best met in a community treatment setting rather than prison. Additionally, their level of motivation to change will be crucial in the selection process. The treatment center staff will then conduct a preliminary assessment which will be included in probations recommendations. The prosecutor will then use those recommendations to further research the participant and discuss DTAP as option with his or her defense attorney. The prosecutor will craft a plea agreement that includes residential drug treatment in lieu of prison and adherence to the treatment plan put forth by probation and the treatment providers. The Drug Court Judge will meet with the potential participant, prosecutor, and defense attorney, and make the final decision.

### 3. Absence of Coercion

Participation in both parts of the project is entirely voluntary. Participation in DTAP requires residential treatment, but the choice to participate in DTAP is entirely voluntary.

We do not plan to financially or materially compensate participants

All involved project staff will ask participants to complete the data collection component of the project. At the same time they will be told that service provision does not hinge on their agreement.

### 4. Data Collection

We will collect demographic and other data from participants themselves via: standard intake forms used by the partner organizations; interviews, and surveys designed by the outside evaluator hired through this project to ensure accurate reporting to SAMHSA/CSAT and BJA and show the rate of progress towards our objectives. Other data related to recidivism and criminal histories will be collected by the prosecutor and probation using standard procedures.

Drug tests will be urine tests conducted by probation or the treatment providers using standard practices to ensure the safety of participants and the quality of test results.

See following attachment.

**APPENDIX E: SAMHSA - PARTICIPANT PROTECTION  
AND CONFIDENTIALITY**

page 4

**5. Privacy and Confidentiality**

Project-related collection will take place at the Probation Office, Pima County Attorney's Office, The Haven and Compass Residential Treatment Centers and Pima County One Stop Office. Each stores data electronically and in paper files available via password to project staff and protected from public or non-project access. All Drug Court data is sealed. For reporting purposes, all participant identifiers separated out.

We agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

See following attachment.

**6. Adequate Consent Procedures**

When project staff offers services to participants, they will advise them that their participation is voluntary, that they have the right to leave the project at any time without problems, that there are no known inherent risks in their participation, and that we will do everything possible to protect their safety and confidentiality. They will be asked to sign consent forms prior to service. No one under the age of 18 will be involved in the project. All partners have experience helping the target populations and ensuring that those with limitations fully understand and consent. If needed, English-as-a-second-language participants will be provided materials in Spanish or a translator.

Attached are sample consent forms currently in use by the partner organizations. They provide for: (1) informed consent for participation in service intervention; (2) informed consent for participation in the data collection component of the project; and (3) informed consent for the exchange (releasing or requesting) of confidential information. None imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

We do not anticipate needing separate consent forms for the two target populations or for different phases of the project. Describe if separate consents will be obtained for different stages or parts of the project. Information will not be released to others outside the project partners except in raw data form with no identifiers.

**7. Risk/Benefit Discussion**

We do not anticipate any risks.

**NOTE:** This project does not include activities that need compliance with Protection of Human Subjects Regulations

# PIMA COUNTY DRUG COURT

## Contact Information:

The following services may be available to you free of charge:

### HELP TO STAY CLEAN AND SOBER

- Referrals to self-help groups for addicts and alcoholics
- Peer-to-peer recovery support
- Addiction recovery support programs (including faith-based)
- Addiction recovery coaching
- Substance abuse intervention or brief treatment

### COUNSELING

- Individual counseling for you
- Group counseling for you
- Family counseling for you and your family

### FOOD

- Food stamps
- Food boxes

### HOUSING

- Transitional drug-free housing
- Assistance in finding permanent housing

### Pima County Superior Court

#### Probation Drug Court

2695 E. Ajo Way  
Tucson, AZ 85713  
Phone: (520) 740-4800

Hours: 8:00 AM - 5:00 PM  
Monday through Friday,  
except Court Holidays



### Kayla Fraser, DCE/DTAP

#### Case Manager

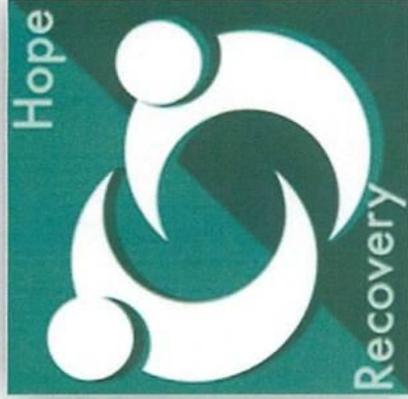
#### Primavera Foundation

151 W. 40th Street  
Tucson, AZ 85713  
(520) 882-5383, ext. 141



Barbara LaWall  
Pima County Attorney

Produced by the Pima County Attorney's Office with grant support from the U.S. Department of Justice and the U.S. Department of Health and Human Services



### Recovery Support Services

Pima County has received a federal grant to provide recovery support services to Drug Court participants who are trying to avoid illegal drug use, recover from addiction, and move forward with life without becoming further involved in the criminal justice system.

To get started in this program, bring this brochure with you, and talk with your Probation Officer about your specific needs. She or he will complete a referral form and will give you further instructions. If you have additional needs during your six months in the program let your Probation Officer know.

This is a six-month program. To be eligible you must have at least six months left to serve on your term of probation.

INTERVIEW REQUIRED

You must agree to take a confidential 15-20 minute interview, called a Government Performance and Results Act (GPRA) interview when you start the program and repeat the same interview six months later when you complete the program. The interviewer (who is an employee of a treatment center) will know only your first name. She will assign you a unique ID and ask you a series of personal questions about your life in the previous 90 days. The information is used by the funding agency to justify the grant and help it plan for future grants. No one in the criminal justice system will have access to the information, so we ask you to be open and honest.

MEET WITH CASE MANAGER

When you finish your GPRA interview, you will meet with a case manager. The case manager will coordinate your services with the Probation Department and will arrange for referrals and vouchers to ensure you receive the goods and services you need.

The following services may be available to you free of charge:

TRANSPORTATION

- Bus Passes
Bicycle

EMPLOYMENT

- Employment services to help you get a job, keep a job, or get a better job
Uniforms, clothing, hygiene supplies, tools and equipment needed for a job

IDENTIFICATION

- Identification document fees and forms
Driver's License fees

MEDICAL CARE

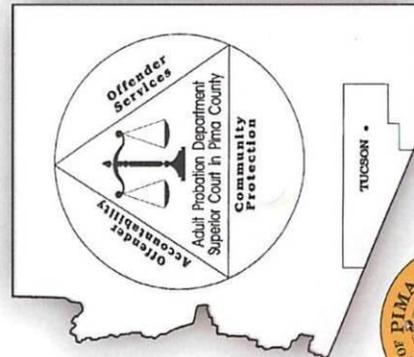
- HIV/AIDS testing, education, services
Vaccines to prevent diseases
Eyeglasses
Medical care
Dental care

EDUCATION

- Help getting a GED
Literacy tutoring
Family education (Marriage, Parenting, Child Development)

CHILD CARE

- Short-term child care



**PIMA COUNTY PROTOCOL**  
**FOR**  
**DRUG TREATMENT ALTERNATIVE TO**  
**PRISON (DTAP) AND DRUG COURT**  
**ENHANCEMENT (DCE) PROGRAMS**

**For Further Information Contact:**

Amelia Craig Cramer  
Chief Deputy Pima County Attorney  
DTAP/DCE Program Director  
32 N. Stone Avenue  
Tucson, AZ 85701

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