

RESIDENTIAL DOSA DEFENSE PACKET MATERIALS

- 1) **Residential DOSA Drug Court Opt-in Instructions for Defense Attorneys**
- 2) **Order for Community Residential DOSA Screen and Pre-sentence Examination**
- 3) **Residential DOSA Drug Court Contract**
- 4) **Order for Release to Substance Abuse Treatment Facility (Residential DOSA)**
- 5) **Drug Court Informed Consent and Authorization for Release of Information**
- 6) **Order for Priority Payment of Drug Court Fee**
- 7) **Defense Verification of Address**
- 8) **Residential DOSA Drug Court Fee Sheet**
- 9) **Drug Court Do's and Don'ts**
- 10) **ABHS—What to Bring**
- 11) **Physician Letter**
- 12) **Intake Questionnaire**
- 13) **Res. DOSA Brochure**
- 14) **Drug Court Phase and Sanction Grid**

RESIDENTIAL DOSA DRUG COURT OPT- IN INSTRUCTIONS

Step 1 – ELIGIBILITY FOR RESIDENTIAL DOSA

- No sex offense at any time;
- Current charge is not a violent or sex offense;
- Current offense can not involve a sentence enhancement under RCW 9.04A.533(3), or (4);
- No felony DUI or felony Physical Control charge;
- No violent offense within the last ten years;
- If the current offense is a violation of the Uniform Controlled Substance Act or criminal solicitation to commit such a violation, the offense must involve only a small quantity of the particular controlled substance;
- Defendant cannot be subject to a deportation detainer;
- The end of the standard range for the current offense is greater than one year and the midpoint must be no higher than 24 months; and
- Defendant has not received a DOSA more than once in the prior 10 years before the current offense.

Step 2 – PLEADING GUILTY/EVALUATION

The defendant needs to plead guilty. The end of the standard range for the current offense must be greater than one year and the midpoint must not be higher than 24 months.

If the defendant is being considered for Residential DOSA, the following documents will need to be entered with the court after the plea is taken:

- Order for Community Residential DOSA Screen and Pre-Sentence Examination, per RCW 9.94A.660. (Clerk's Action Required)
- Waiver of Speedy Sentencing.

**The Clerk of the Court will fax the Order for the evaluation to Spectrum Health.

**The drug and alcohol evaluation will be completed within 14 days. A review date should be set before the plea judge approximately 14 days or less from the date of the plea.

**Spectrum Health will fax the evaluation to the Drug Court Coordinator who will distribute a copy of the evaluation to all parties, including the plea judge.

Step 3 – DOSA REVIEW DATE

Once Spectrum Health has completed its evaluation and all parties have received a copy of the evaluation, the case should go back before the plea judge. This date would be the date set under Step 2. At that time, counsel makes argument for consideration of Residential DOSA.

If the plea judge **does not** decide that Residential DOSA is appropriate, then the defendant will be sentenced before the plea judge within his/her standard range.

If the plea judge agrees with a Residential DOSA sentence, then a Memorandum of Disposition should be signed by the plea judge stating Residential DOSA is appropriate in this case.

The Memorandum of Disposition should set the case before the Drug Court judge on the next **Friday at 1:00 p.m.** for entry of the following:

- Judgment and Sentence Order;
- Residential DOSA Drug Court Contract;
- Order for Release to Inpatient Treatment; and
- Drug Court Informed Consent and Authorization for Release of Information

Defense counsel will need to be present at the hearing.

In-custody defendants will be picked up by American Behavioral Health Systems (ABHS) at the jail on the date and time contained in the Spectrum Health evaluation.

Out of custody defendants will be picked up by ABHS at the West entrance of the Clark County Jail off 11th St. and Grant on the date and time contained in the Spectrum Health evaluation.

Step 4 – DOSA DRUG COURT

Once the defendant has been sentenced to a Residential DOSA sentence, a Drug Court defense attorney will be assigned to the case. That defense attorney will work with the defendant until he/she has successfully completed the DOSA sentence or has had their Residential DOSA revoked.

QUESTIONS? Contact Drug Court defense attorneys, Mary H. Arden at 360/694-4551; ardenlaw@comcast.net or Barry Brandenburg at 360/695-6335; barrybrandenburg@yahoo.com

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK**

STATE OF WASHINGTON

Plaintiff,

vs.

Defendant

NO. _____

**ORDER FOR COMMUNITY
RESIDENTIAL DOSA SCREEN AND
PRE-SENTENCE EXAM PER
RCW 9.94A.660 (ORDOSA)**

Offense: _____

DOB: _____

CCN: _____

[X] Clerk's action required

The Court will consider imposing a sentence under the **Residential** Chemical Dependency Treatment-Based Alternative sentence (DOSA). It is hereby

Ordered that the Defendant shall participate in a:

- Chemical dependency assessment and pre-sentence examination with a DOC contracted provider. The Court will **fax** this Order to **Spectrum Health Systems**: Phone: 253-572-3398; Fax: 253-779-0801
- Risk Needs evaluation. The Court will **fax** this Order to DOC: 360-576-6007

It is further **Ordered** that sentencing in this case shall occur on _____, 20____, at ____am/pm before Judge _____ in Room _____ of the _____ County Courthouse.

It is further **Ordered** that within 10 days of receiving this Order, the examination report shall be delivered to the Court Clerk and a copy to the **Drug Court Coordinator at (fax number): (360) 759-6620**, and to the Department of Corrections Headquarters CD Unit.

[] Defendant is residing in the community. Defendant's name, address and telephone number are: _____.

[] Defendant is incarcerated at: _____.

[] Defense counsel's name and address (print): _____.

Defense counsel's fax number: _____.

Dated: _____

Judge

Presented by:

Deputy Prosecuting Attorney
WSBA No. _____
Print Name: _____

Attorney for Defendant
WSBA No. _____
Print Name: _____

Defendant
Print Name: _____

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7 **IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON**
8 **IN AND FOR THE COUNTY OF CLARK**

9 STATE OF WASHINGTON
10 Plaintiff,

NO. _____

11 vs.

**RESIDENTIAL DOSA DRUG COURT
CONTRACT**

12 _____,
13 Defendant

14
15 In consideration of being accepted into the Clark County Superior Court Residential
16 DOSA Drug Court Program (RDDC), I agree to the following terms while I am in the program.
17 The following contract terms are hereby incorporated into the defendant's Judgment and
18 Sentence on case number _____ entered on _____.

- 19
20 1. **OBEY LAWS/REPORT POLICE CONTACT:** I will obey all laws and report any
21 contact with law enforcement personnel to my Residential DOSA Drug Court
22 probation officer within twenty-four (24) hours.
- 23 2. **COURT ORDERS:** I agree to abide by all Court Orders, this includes but is not
24 limited to No Contact Orders, Sanction Orders, and Orders to enter and complete
25 treatment.
- 26 3. **HEARINGS:** I will appear at all scheduled court hearings or as ordered by the Judge,
27 or as directed by the Residential DOSA Drug Court DOC officer.

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4. **RESIDENTIAL DOSA DRUG COURT PROGRAM (RDDC):** I understand that the Residential DOSA Drug Court program is a twenty- four (24) month program. I agree to be in the program until successful completion or until I am discharged. **NOTICE—if a defendant has charges pending or is under investigation for criminal activity in any jurisdiction, this can be a basis for termination.**
 5. **DRUG COURT FEE & RESTITUTION:** I agree to pay \$600 non refundable Drug Court fee. I understand that full payment of the participation fee and any restitution are expected prior to successful completion of the Residential DOSA Drug Court program.
 6. **JUDGMENT & SENTENCE COSTS:** I understand that I will owe court costs, fines, Victim/Assessment fee, lab fee, drug fund contribution and restitution (if applicable). These fees are either on my current Judgment and Sentence Order (PV case) or will be placed on my Judgment and Sentence upon successful completion or discharge from Residential DOSA Drug Court. I understand that Judgment and sentence costs which are not paid in full prior to completion of the Residential DOSA Drug Court program may be placed on a payment review docket for further financial review by the Court.
 7. **RELEASES:** I will sign all *Releases of Information* as deemed necessary by the treatment agency, Department of Corrections, and Drug Court.
 8. **TREATMENT:** I will enter into and successfully complete all treatment deemed necessary by the court. I will abide by all rules/regulations set by the treatment agency and all conditions and requirements ordered by the court. I will appear in person to Clark County Superior Court at my regularly assigned time on the first Thursday following completion of all required treatment, or termination from an inpatient treatment facility. I will report in person to the Department of Corrections (DOC) within twenty-four hours following my completion of all required treatment or termination from an inpatient facility. The failure to appear or report in person may result in additional criminal charges including, but not limited to the charge(s) of Bail Jump and/or Escape, violations of supervision, sanctions, and/or termination from the program and imposition of sentence pursuant to RCW 9.94A.660(5), 9.94A.660(7), and RCW 9.94A.660(8).

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9. **SOCIAL/INTIMATE CONTACT:** I agree not to have any sexual, intimate, or social contact with any person currently under DOC supervision or those with a felony conviction (excluding RDDC hearings, treatment or support meetings). Social contact can be allowed only with prior approval by the court.
10. **RANDOM URINE SAMPLES:** I agree to submit to witnessed urine, breath, or other screening whenever requested to do so by the treatment program staff, the judge, Department of Corrections, or any Residential DOSA Drug Court personnel within one hour of the request.
11. **ALTERING OF A DRUG SPECIMEN:** I understand any attempt on my part to alter any type of drug test specimen, either through use of a foreign device, consumption of a masking agent, or any other means, may result in my immediate termination from the program.
12. **ALCOHOL/DRUGS:** I will not possess or use alcohol or drugs unless lawfully prescribed by a physician, in which case I will provide copies of the prescription at the next contact with my case manager and treatment provider. I will not possess, buy, sell or consume any substances that are herbal incense, potpourri, bath salts and/or any non-prescribed mind or mood altering substances. Such substances include, but are not limited to: Spice, K2, “Mr. Nice Guy”, Salvia and Brainfreeze. I understand and agree that although these mind-altering substances may not currently be illegal, I understand and agree that any possession, use, buying or selling by me of these substances, will result and be treated as a “use” sanction/penalty within the Residential DOSA Drug Court program and will impact my progression through the program.
13. **PRESCRIPTION MEDICATION USE:** I will request, whenever possible, that any medication prescribed by a licensed physician be a non-narcotic. I will seek approval from my DOC officer and the treatment agency for any over-the-counter or prescribed medication prior to using such medication and I will take such medication as prescribed. Use of prescription drugs, other than psychotropic and antibiotic medications may impact my *clean time* and movement through my Residential DOSA Drug Court phases.

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14. **DOC CONDITIONS:** I agree to comply with all other conditions DOC may impose including, but not limited to curfew, home checks and non association with certain people.
 15. **RESIDENCE/TRAVEL/OVERNIGHTS:** I will reside in Clark County, Washington. Without first notifying and obtaining permission from DOC and/or the Court I will not: 1) change residences; 2) spend the night at any address other than the one that has been approved by the court; or 3) travel out of county/state.
 16. **SEARCH OF PERSON/HOME:** Upon request, I must submit to a search of my person, residence, vehicle or other personal property when asked by my Residential DOSA Drug Court probation officer or any law enforcement officer acting at the direction of Residential DOSA Drug Court.
 17. **FIREARMS:** I will not possess, use, own, or have under my control, any firearm, nor will I reside where firearms are present. Any exception as to residence requires prior written approval from the Court.
 18. **ASSOCIATIONS:** I will not associate with or be near convicted felons or those on DOC supervision, or any person using/possessing any controlled substance or alcohol.
 19. **EMPLOYMENT:** I agree to be employed, a student, or a full-time homemaker (as determined by the court) prior to completion of Residential DOSA Drug Court.

19 My attorney has explained and we have fully discussed all of the above and I understand
20 and wish to enter into this Residential DOSA Drug Court contract. I have no further questions.
21

22 _____ Date: _____
23 Defendant

24 I have read and discussed this Residential DOSA Drug Court contract and I believe the
25 defendant is competent and fully understands the terms of this Residential DOSA Drug Court
26 contract.

27 _____ Date: _____
Defense Attorney, WSBA # _____

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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK**

STATE OF WASHINGTON

Plaintiff,

vs.

Defendant

NO. _____

**ORDER FOR RELEASE TO
SUBSTANCE ABUSE TREATMENT
FACILITY (Residential DOSA)**

IT IS HEREBY ORDERED that the defendant shall be released from custody to an inpatient substance abuse treatment facility on _____, 20__ at _____ AM/PM.

The defendant shall appear in person to the Clark County Superior Drug Court at his/her regularly assigned time on the first Thursday or Friday following discharge from the inpatient substance abuse treatment facility.

- Thursday 10:30 AM Last name begins with A – L
- Thursday 2:00 PM Last name begins with M – Z
- Friday 1:00 PM For all defendants and DOSA

The defendant shall also appear in person to his/her treatment case manager and to the Department of Corrections (DOC) within 24 hours following his/her completion or discharge from the inpatient substance abuse treatment facility. **THE FAILURE TO APPEAR AND REPORT IN PERSON MAY RESULT IN A WARRANT FOR YOUR ARREST, ADDITIONAL CRIMINAL CHARGES, TERMINATION FROM THE PROGRAM, AND/OR SANCTIONS.**

RELEASE TO: ABHS EMPLOYEE

OTHER: Defendant's progress hearing will be set within 30 days from his/her entry at the inpatient treatment facility. The progress hearing will be set for _____ at _____ AM/PM before the Drug Court judge. Defendant is not required to be present at the progress hearing if he/she is still attending inpatient treatment.

DATED this _____ day of _____, 20_____.

SUPERIOR COURT JUDGE

Deputy Prosecuting Attorney

Defendant

W.S.B. # _____

DOSA Order for Release to Substance Abuse Treatment

[Revised 5/2013]

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK**

STATE OF WASHINGTON

Plaintiff,

vs.

Defendant

NO. _____

**DRUG COURT / RESIDENTIAL DOSA
INFORMED CONSENT AND
AUTHORIZATION FOR
RELEASE OF INFORMATION**

I, _____, authorize the Clark County Superior Drug Court Team and the following members of the team:

| | |
|-----------------------------|---|
| Drug Court case managers | Drug Court Prosecuting Attorney and their assistant |
| DOC (DC) Probation officers | Drug Court Defense Attorneys |
| Drug Court Judge | CCSO/VPD assigned law enforcement officer |
| Drug Court Coordinator | Drug Court Alumni Representative |
| Drug Court Admin Assistant | |

To communicate with and disclose to one another the following information:

My name and other personal identifying information
My DOC/criminal status and history
My status as a patient in AOD/ MH treatment
Initial and subsequent evaluations of my service needs
Summaries of AOD/MH assessment, history, case plans, progress and compliance
Attendance in AOD/MH treatment and drug test results
Other: _____

The purpose of the disclosures authorized in this consent is to enable the Clark County Drug Court and its Team to evaluate my program compliance and need for services. I am aware that the above information is protected by federal and state regulations.

I understand that regulations, including 42 CFR Part 2, RCW 71.05.390 and WAC 275-56-240, prohibit disclosure of these records without my consent or as otherwise permitted by those regulations.

I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follow:

One month following termination/graduation from the Clark County Drug Court Program

DATED: _____

Defendant

Defense Attorney WSB# _____

Defendant's date of birth

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK**

STATE OF WASHINGTON

Plaintiff,

vs.

Defendant

NO. _____

**ORDER FOR PRIORITY PAYMENT OF
DRUG COURT FEE**

[X] Clerk's action required

IT IS HEREBY ORDERED that the Defendant's Drug Court fee of \$_____ in the above-entitled case shall be a priority payment.

DATED this _____ day of _____, 20__.

SUPERIOR COURT JUDGE

Presented by:

Approved to form and content:

Attorney for Defendant

W.S.B. # _____

Deputy Prosecuting Attorney

W.S.B. # _____

**DRUG COURT/RESIDENTIAL DOSA
DEFENSE VERIFICATION OF ADDRESS**

Defense attorneys are required to verify a defendant's address if they are out of custody or if they plan to be released from jail at time of acceptance into Drug Court.

Note: This does not guarantee release at time of opt-in.

Please provide the following information to the Court:

Defendant's full name: _____

Completed Address:

| | | |
|--------|------|----------|
| Street | City | Zip code |
|--------|------|----------|

Phone: _____

| | |
|----------------|------------|
| Home land line | Cell phone |
|----------------|------------|

Name and date of birth of person(s) defendant will be living with:

1. _____
2. _____
3. _____
4. _____
5. _____

Ask and answer the following questions:

- | | | |
|---|---|---|
| 1. Is this residence free from drugs and alcohol? | Y | N |
| 2. Are there any felons residing at this residence? If yes, name w/dob _____ | Y | N |
| 3. Is defendant allowed to reside at this residence? | Y | N |

The above information was verified by a person other than the defendant via:

Speaking to (name) _____ Contact phone: _____

****If the defendant is in custody, he may not be released until the above information is verified by defense.**

RESIDENTIAL DOSA DRUG COURT FEE

Residential DOSA Drug Court Fee is \$600.

You will need to have a Residential DOSA Drug Court Contract for each case that your client comes into Drug Court on. There is one fee, no matter how many separate cases your client has.

If your client is coming into Residential DOSA Drug Court on multiple cases, (different cause numbers) the Residential DOSA Drug Court fee should only be included on the Contract that has the HIGHEST (most recent) cause number. Cross off the fee in all the other Drug Court Contracts so that your client is not charged more than once.

If your client is terminated from the program they will still be required to pay any of the unpaid balance of the \$600. This is in addition to regular J&S fees.

Questions? Contact Drug Court defense attorneys, Mary H. Arden at 360.694.4551; ardenlaw@comcast.net or Barry Brandenburg at 360.695.6335; barrybrandenburg@yahoo.com

Drug Court Do's and Don'ts

DO

- **KEEP IN CONTACT.** Let us know of anything and everything that comes up, or questions you may have.
- **REPORT THE FOLLOWING:**
 - Any Police contact within 24 hours of occurrence.
 - Change of Address (Must get prior permission to move or change residence)
- **BRING YOUR DRUG COURT CALENDAR.** We will be doing spot checks to see if you have your calendar on you. Have it on you at all times.
- **TRAVEL REQUESTS/CURFEW EXTENSION-** Must be made by the Wednesday prior to court. Put request in Lifeline meeting slip box.
- **GET THE FOLLOWING FORMS FILLED OUT:**
 - Dr. Verification Form- For any medications you may get.
 - Support Group Forms- Only the chairperson can sign these, otherwise you fill out the rest of the way.
 - Phase Up Forms - In Phase III, you need filled out and submitted the month prior to graduation.
(These Forms are all available in the courtroom)
- **REPORT TO COURT** the Thursday (10:30 a.m. or 2:00 p.m.) following release (successful or unsuccessful) from residential treatment. If you get released Thursday, attend court Friday at 1:00 p.m. Drug Court is held in Dept. 3.
- **GET DOCUMENTATION IF A MEDICAL SITUATION ARISES.** On any doctor or dentist note, please have the location and have the medical staff indicate Time in and Time out on your paperwork.
- **GET YOUR PILLS COUNTED.** As soon as you get a prescription, bring them into your case manager at Lifeline to get counted, along with your Dr. Verification letter. Schedule your next pill count. Get all pills counted until the prescription is complete.
- **FILL OUT YOUR DRUG COURT WEB REPORTING FORM** (see below). Do this between Tuesday at 8:00 a.m. and Wednesday at 2:00 p.m., the week of your court date.
(<http://www.clark.wa.gov/courts/superior/drugcourtform.html>)

DON'T

- **FTA (FAILURE TO APPEAR)**—If you don't feel like showing up for court, **SHOW UP ANYWAY!** Be open, honest and communicate with us. If you do not show up in court, a Bench Warrant may be issued and you may be looking at enhanced time.
- **MISS TREATMENT.** If you are sick, you need to show up for treatment and have the counselor excuse you or get Dr's note (remember time in and time out noted by medical staff).
- **BE INAPPROPRIATE IN COURT.** Think about what you are wearing, no clothes with drug/ alcohol references. No shorts and no tank tops. Please do not have body parts that need to be covered, uncovered. No gum, food, or candy in court. Turn off your cell phones and put them away. Please remember that you are responsible for people that may come with you to court; they will be held to the same standards.
- **ASSOCIATE WITH OTHERS IN DRUG COURT OR THOSE WHO ARE FELONS** unless it is in treatment, support group meetings, or court-approved residences.
- **DISPOSE OF UNUSED MEDICATION.** If you have unused medication, bring them into Lifeline to get counted and they will instruct you on proper disposal. If you do not, this may result in a sanction.
- **COURTHOUSE:** Do not go in the main courthouse or Family Law Annex unless you have a hearing or have received permission. If you do have a court hearing outside of Drug Court, please let us know.

Drug Court contact info with questions or information:

Case Managers: Debbie Akers / Kasey Kates at Lifeline Connections: 360-397-8246

Coordinator: Brad Finegood 360-397-2304; e-mail brad.finegood@clark.wa.gov

Defense Attorneys

Barry Brandenburg: 360-695-6335

Mary Arden: 360-694-4551

American Behavioral Health Services (ABHS)

WHAT TO BRING

The following is a list of recommended personal items that all new clients should consider bringing with them to treatment. Although none are required, the items in *Italics* may help you feel more comfortable and at home:

- Good attitude and willingness to change
- All hair care products (alcohol-free and no aerosol cans)
- Personal hygiene products (i.e. deodorant—no aerosol cans, toothpaste)
- Sleepwear (non-revealing)
- Robe
- Slippers
- Shower socks/shoes
- *Favorite blanket or comforter*
- *Favorite pillow*
- 5-7 days of clothing (nothing tight or revealing)
- Inexpensive garments (those that can be laundered); dry cleaning is not available
- Tablets or spiral notebooks for personal use
- Stamps, envelopes, stationary, personal notebook
- 3 ring binder
- Roll of quarters
- Telephone card
- Alarm clock (no radio)
- Medications—must bring enough medication for the length of stay. Unopened, over-the-counter medications you will need during your stay (Tylenol, Ibuprofen, antacids, and topical creams only).

CLARK COUNTY DRUG COURT/DOSA CLIENT INTAKE QUESTIONNAIRE

Date: _____

Name: _____
First Full Middle Last

Alias Names: _____ Date of Birth: _____

Racial and Ethnic Origin: _____ Primary language: _____

SS Number: _____ Marital Status: _____ Spouse Name: _____

Full Address: _____
Street City State Zip

Email: _____

Home Phone: _____ Cell Phone: _____ Message Phone: _____

Persons residing at Primary Household:

Relationship to you:

Primary Drug of Choice _____

Age of first use _____

Secondary Drug of Choice _____

Age of first use _____

Third Drug of Choice _____

Age of first use _____

➤ Have you used any of the above mentioned drugs with a needle? _____

➤ Have you been diagnosed with any past Mental Health Disorder? _____

If yes, which disorder? _____

➤ Are you currently taking any medications? _____

If yes, what medications _____

➤ Are you currently under a physician's care? _____

If yes, who and why _____

PLEASE RETURN TO DRUG COURT COODINATOR UPON COMPLETION

If you are a female, are you pregnant? _____ If yes, when did the pregnancy begin? _____

Children's Name/DOB: _____ Custody? _____

Are you employed? _____ (Full-time / Part-time / Temp / Other)

If yes, where are you working? _____

Household Income: _____

Are you a Veteran? _____ If yes, dates _____ Type of Discharge _____

Last Grade completed: _____ GED? _____ Date: _____

In what area(s) may you be in need of assistance? _____

If you had \$5.00 -- \$10.00, outside of alcohol or drugs, what would you spend the money on? _____

PLEASE RETURN TO DRUG COURT COODINATOR UPON COMPLETION

SANCTIONS:

When a participant does not comply with program rules, the judge will impose immediate sanctions. Some sanctions include reprimands, writing essays, court visits, increased support group meetings, community service, work crew, jail, and possible termination from the program. If terminated from Drug Court, the participant will receive the sentence that is contained in their Judgment and Sentence Order.

REWARDS and INCENTIVES:

The basis for a successful Drug Court Program is when people feel good about staying sober and positive behavior is reinforced. This is why the Drug Court Program values being able to give rewards and incentives to people who are doing well, staying sober, and living a productive life. Rewards include public recognition of achievements, sobriety coins and cups, and gift certificates. The highlight of Drug Court is graduation, where a public celebration is held to recognize the participant's accomplishments.



WHY RESIDENTIAL DOSA?

Drugs and alcohol wrecks lives. For those who want to change their lives, Residential DOSA Drug Court may be the answer. Participants will receive drug and alcohol treatment and education life skills. Participants will build self-esteem, self-respect, and self-confidence. They will be able to think more clearly and feel healthier. Participants will have better ability to control their lives. They will have learned skills that will allow them to avoid criminal behavior and continue a drug-free life that is fulfilling and productive. Participants will have the support of the court system, the Drug Court team, and the community because they will have succeeded.



For more information contact: Brad Finegood
Therapeutic Specialty Courts Coordinator

Phone: 360-397-2304 Fax: 360-397-6078
Email: brad.finegood@clark.wa.gov



FOR ALTERNATIVE FORMATS
Clark County ADA Compliance Office
V (360) 397-2025; Washington Relay Service
711 or (800) 833-6388;
Fax (360) 397-6165;
E-mail ADA@clark.wa.gov

CLARK COUNTY
THERAPEUTIC SPECIALTY COURTS



**Drug Court
Residential DOSA**

INFORMATION PAMPHLET

Tel: 360-397-2304

THINGS TO CONSIDER...

WHAT IS CLARK COUNTY DRUG COURT?

It is a court-supervised program to reduce substance abuse, criminal behavior, and increase rehabilitation through intense court intervention and treatment. Frequent drug testing, drug treatment, sanctions and rewards are used to promote long-term sobriety, accountability, and productive lifestyles.

HOW IS DRUG COURT DIFFERENT?

In Drug Court, the Judge, Prosecutor, Defense attorneys, Probation Officers, and treatment providers work as a team. The Drug Court team works together in a non-adversarial way to help a person change their life and achieve personal and program goals. The team meets every week to review each case based on shared information from treatment, probation, police, employers, and others. During weekly court hearings, participants receive sanctions or rewards based on their progress for that week.

WHO IS ELIGIBLE?

Current charges must:

- Not involve a sentence enhancement under RCW 9.04A.533(3) or (4);
- Not be a felony DUI or felony Physical Control charge;
- Not be a violent or sex offense;
- Only involve a small quantity of the par-

ticular controlled substance, as determined by the judge, if the crime is an offense of the Uniform Controlled Substance Act or criminal solicitation to commit such a violation ;

- The end of the standard range for the current offense is greater than one year and the midpoint must be no higher than 24 months.

Participants cannot:

- Be subject to a deportation detainer;
- Have a prior sex conviction; or
- Have a violent offense conviction within the last ten years.

Participants must:

- Not have received a DOSA more than once in the prior 10 years before the current charges.

If a person is eligible and wishes to participate, they must plead guilty and be sentenced on the charges, sign a Drug Court contract and releases of information.

WHAT ARE THE PROGRAM REQUIREMENTS?

Drug Court is tough! The team will help participants obtain the tools to succeed in becoming sober and productive. If a person has an honest desire to rid their life of drugs, this program is for that person. Residential DOSA clients will be in program **at least 24 months.**

Participants are required to do the following:

- ◇ Attend court regularly to report on their progress;
- ◇ Attend individual and/or group drug/alcohol treatment;
- ◇ Submit to multiple, random, supervised urinalysis;
- ◇ Agree to curfew and random curfew/home checks;
- ◇ Attend support meetings such as AA, NA, etc.;
- ◇ Check in with a probation officer and case manager;
- ◇ Attend other programs such as Healthy Choices, Work Crew, etc. ;
- ◇ Pay the Drug Court fee. The Court can also require participants to pay fines, restitution, and/or other financial obligations.

THE DRUG COURT TEAM IS MADE UP OF:

- * The Judge
- * Drug Court Coordinator
- * Drug Court Coordinator's Assistant
- * Prosecuting Attorney
- * Drug Court Defense Attorneys
- * Dept. of Corrections Officer
- * Treatment Counselors
- * Law Enforcement

| Requirements (mandated minimums) | Stabilization Period & PHASE 1 | PHASE 2 | PHASE 3 |
|---|---|---|---|
| Treatment | In-patient Tx and/or Intensive Out-patient Tx (IOP) MRT Stages 1-3 | Out-Patient Tx MRT Stages 4-7 | Complete all Treatment Remaining MRT stages |
| Support Groups (Due Wed by Noon at Lifeline) | 3x/wk | 2x/wk – Must have Anchor Group/Mentor | 2x/wk |
| Drug Testing | Randomly per Assigned Color | Randomly per Assigned Color | Randomly per Assigned Color |
| Sobriety* | 90 days in phase prior to transition No prescription medications | 120 days in phase prior to transition No prescription medications | 150 days in phase prior to graduation No prescription medications |
| Court Appearances | Weekly every Thursday/Friday (with weekly web reporting) | Every other week (with web reporting) | Monthly (3 rd Thursday/Friday) (with monthly web reporting) |
| Curfew | 9 p.m. | 10 p.m. | 11 p.m. (negotiable) |
| Programming | Residence issues resolved Complete Healthy Choices Class (2 class series)/ Life skills class for DOSA | Enroll in a life skills program (see treatment provider for info) | Complete Life Skills program, school, employment, home making 2 consecutive DC alumni meetings 1 year (min) in program |
| Fees | \$5 at each court session 60-day grace period upon entrance (\$100 total prior to Phase 2) | \$20 at each court session \$200 owed in Phase 2 (\$300 total prior to Phase 3) | \$50 at each court session DC fee paid in full prior to Graduation Restitution (if any) paid in full |
| Transitions/ Graduation (min. 12 months) (24 mo. for DOSA) | No phase requirement violations 30 days prior to phase transition | No phase requirement violations 45 days prior to phase transition | Any violations may postpone Graduation Requirements to be completed by 1 st Thurs of the Graduating Month |

*In program time, excluding *pre-inpatient*, jail time, and ITA

*No phase transitions while taking prescription medications: excluding antibiotics and psychotropic meds

DRUG COURT SANCTION GRID

2/2012

| VIOLATION | SANCTION | | | | |
|---|--|--|---|---|---|
| | Stabilization Period (First 30 days) | PHASE 1 | PHASE 2 | PHASE 3 | |
| 1st Positive UA* * Dilute, FTL, missed & insufficient sample, FTR to DOC during random testing | Each Positive UA* = 1 day of Jail | Court visit w/one page report or Jail 5 support meetings | 16 hrs Comm Serv/Work Crew Phase 1 Requirements for 4 wks, then back to Phase 2 Follow Court schedule 7 support meetings | 8 hrs Comm Serv/Work Crew Phase 2 Requirements for 4 wks, then back to Phase 3 Follow court Schedule 30 support mtgs. in 30 days | |
| 2nd Positive UA* | | 8 hours Comm. Service or Work Crew or Jail 7 support meetings in 7 days | 24 hrs Comm Serv/Work Crew Phase 1 Requirements for 4 wks, then back to Phase 2 Follow court schedule 14 support meetings in 14 days | 16 hrs Comm Serv/Work Crew Phase 1 Requirements 4 wks, then Phase 2 Requirements 4 wks, then back to Start of Phase 3 Follow court schedule 60 support meetings in 60 days | |
| 3rd Positive UA* | | 16 hours Comm. Service or Work Crew or Jail 10 support meetings in 7 days | 2 days jail Phase 1 Requirements for 4 wks, then back to Phase 2 Follow court schedule 21 support meetings in 21 days | 2 days jail Phase 1 Requirements 4 wks, then Phase 2 Requirements 4 wks, then back to Start of Phase 3 Follow court schedule 90 support meetings in 90 days | |
| 4th Positive UA* | | Each Positive UA* = 1 day of Jail | 2 days jail 14 support mtgs. (7 before next court) | Jail Follow H sanction drug testing, Court appearance and web reporting Progress Discussion | Jail Follow O sanction drug testing, Court appearance and web reporting Progress Discussion |
| 5th Positive UA* | | Each Positive UA* = 1 day of Jail | 7 days jail 21 support meetings (7 each week) Progress Discussion | Jail Follow H sanction drug testing, Court appearance and web reporting Progress Discussion | Jail Follow O sanction drug testing, Court appearance and web reporting Progress Discussion |
| Missed/late web report, Curfew violation, Residence Issues | 4 hrs Community Service 8 hours CS or 1 Day Work Crew | Fail to make scheduled payment = 1 day Work Crew | | | |
| Missed Support Mtgs | 2 Additional Support Meetings | 10+ Support Meetings owed w/in 1 week = Conversion to WC/CS + resume normal phase meeting requirements | | | |
| Missed Tx Groups | 1 Day Work Crew | | | | |
| 1st Missed Sanction | → 2x Sanction | | | | |
| 2nd Missed Sanction | → 2x Sanction + 2 days Jail | | | | |
| Missed Thinking Errors Report | → 4 hrs Community Service | | | | |
| Fail to follow Drug Court Contract, Living Arrangements, Violate No Contact Order, New Crime, LYING, etc. | Case by Case | | | | |