

**POLICIES & PROCEDURES MANUAL**

**TWENTIETH JUDICIAL DISTRICT  
FAMILY INTEGRATED TREATMENT COURT**

## TABLE OF CONTENTS

- I. Steering Committee
- II. Planning Team
- III. Mission Statement
- IV. Goals & Objectives
- V. Structure/Model
- VI. Disqualification & Acceptance Criteria
- VII. Entry Process
- VIII. Roles & Responsibilities
- IX. Court Proceedings
- X. Program Phases
- XI. Voluntary Withdrawal
- XII. Termination Criteria
- XIII. Graduation Criteria
- XIV. Sanctions & Incentives
- XV. Drug Screen Protocols
- XVI. Prescription Drug Use
- XVII. “Designer” Drug Use
- XVIII. Evaluation
- XIX. Memorandums of Understanding
- XIX. Ethics & Confidentiality Statement

## STEERING COMMITTEE

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## **MISSION STATEMENT**

The Family Integrated Treatment Court (FITC) is a collaborative effort of the courts, treatment, and human services in Boulder County to stabilize families impacted by drugs and alcohol and to ensure the protection of children, reduce substance abuse, and preserve families. The treatment court partnership coordinates substance abuse and therapeutic interventions and provides consistent court oversight with a focus on accountability and community support to break the cycle of addiction, child maltreatment, and crime in future generations.

## **GOALS & OBJECTIVES**

### **Goal #1: Long-term sobriety**

#### **Objectives:**

1. Integrate treatment, case management, and court interaction.
2. Connect client to appropriate community supports to maintain sobriety and mental health.
3. Eligible clients are quickly identified, assessed, and placed in treatment.
4. Abstinence is monitored by:
  - a. frequent alcohol and other drug monitoring.
  - b. frequent contact with members of the multi-disciplinary team.
  - c. frequent contact with the judicial officer.
  - d. administration of individualized and predictable incentives and sanctions.

### **Goal #2: Long-term stability, demonstrated by:**

- Employment or other form of financial support and independence.
- Housing that is safe, sober, clean, and long-term.
- Resolve acute medical and dental care issues.
- Access to transportation.
- Healthy, non-abusive relationships.

#### **Objectives:**

1. Assist client in locating and using appropriate community resources.
2. Improve self-sufficiency through life skills training, mentoring, and developing positive family and/or community support systems.
3. Provide therapeutic interventions regarding development of healthy relationships.

### **Goal #3: Enhance parental capacity and skills in order to increase reunification of families, decrease involuntary terminations, and utilize other permanent planned living arrangements.**

#### **Objectives:**

1. Provide parenting skills enhancement through Life Skills, Community Infant Program, parenting classes, Genesis, or other appropriate parenting programs.
2. Provide frequent contact and visitation as appropriate.

3. Assist parents in making appropriate decision regarding the best interests of their children.

**Outcome measures:**

Reduce number of days in out of home placement.  
Decrease terminations.  
Early exploration of potential kinship resources, with placement as appropriate.  
Reduce number of founded child abuse or neglect incidents.  
Reduce re-entry into criminal or dependency and neglect system.  
Reduce length of time between referral and onset of treatment.

**STRUCTURE/MODEL**

The Family Integrated Treatment Court is a unified court, in that the appearances for drug court will be conducted in the same manner as regular procedural matters such as advisements, adjudications, dispositions and permanency planning hearings. Contested hearings will be scheduled at a separate time. Parties will be able to enter into the FITC as early as their initial advisement.

**DISQUALIFICATION & ACCEPTANCE CRITERIA**

Disqualifying Criteria (To be used by the Screening Team):

1. Out-of-county resident.
2. Founded sexual abuse (non-offending parent is eligible.)
3. Major mental illness or other serious condition that renders parent incapable of full participation in the program.
4. Arrested for criminal enterprise drug sales.
5. Arrested for Child Abuse Involving Serious Bodily Injury or Death, unless an appropriate treatment plan has been approved by the Court.
6. Subject to an Immigration and Customs Enforcement (ICE) hold.
7. Involvement in Adult Integrated Treatment Court (AITC) and the FITC team decides that the parent’s needs can be better met in AITC.
9. Possesses an active medical marijuana certificate.

NOTE: A prior Termination of Parental Rights or involvement in the FITC does not necessarily disqualify an applicant. Entry will be determined by the Court in consultation with the FITC team.

Other Program Entry Considerations:

1. Citizenship, age or gender is immaterial.

2. Criminal history indicates that the parent is unlikely to successfully complete the FITC.
3. Substance abuse history indicates that the parent is unlikely to successfully complete the FITC.
4. Mental illness history indicates that the parent is unlikely to successfully complete the FITC.
5. History of inappropriate use of medication and of unwillingness to allow medication regimen to be managed appropriately.
6. Meets DSM V diagnostic criteria for a substance use disorder.
7. Has at least one child under the age of 10 who has been removed or is at risk of removal.
8. Willing to receive substance abuse and mental health services.
9. Other relevant factors.

## **ENTRY PROCESS**

### **Screening & Acceptance**

Clients will enter the FITC program through the following process:

1. All substance abuse related dependency & neglect petitions are sent to DHHS Supervisor and FITC Liaison Caseworker.
2. FITC Liaison Caseworker or DHHS Supervisor attends the Emergency Hearing to make initial contact with the family, primary caseworker (typically Intake Caseworker), Respondent Parent Counsel and Guardian ad litem.
  - a. FITC Liaison Caseworker provides parent and/or Respondent Parent Counsel with the FITC Parent Handbook.
  - b. FITC Liaison Caseworker partners with the Intake Caseworker to ensure that the court orders reflect appropriate substance abuse requirements.
  - c. FITC Liaison Caseworker will ensure that the primary caseworker/County Attorney request that the parent take a UA/mouth swab at the Justice Center immediately after the hearing. The FITC Liaison Caseworker and/or FITC Peer Support Specialist will accompany parent to Probation to take the UA/mouth swab. This may be a time to informally ask the parent questions on the FITC Screening Form.
  - d. FITC Liaison Caseworker may partner with the Intake Caseworker to support the completion of all initial substance abuse monitoring referrals and the MHP substance abuse treatment referral. The FITC Liaison Caseworker will offer to attend the next scheduled family meeting to offer support/resources if needed.
  - e. If the parent is not in a position to complete the FITC Screening Form at the Emergency Hearing, the FITC Liaison Caseworker will schedule a time, within one week, to complete the form.

3. If the family qualifies for FITC, DHHS Supervisor sends the D & N Petition to the FITC Review Team. The FITC Review Team will respond as soon as possible.
  - a. If the Review Team decides to make an offer, DHHS Supervisor emails the offer to the FITC team members and primary caseworker.
  - b. The parent will be directed to observe FITC (Thursdays at 10:00 AM) as soon as possible.
4. Respondent Parent Counsel will inform the FITC team of client's decision regarding offer within 5 business days of FITC observation.
5. Parent reviews FITC Agreement and Waiver with their attorney. Upon filing the signed waiver with the Court, the parent officially enters the FITC program.
6. If applicable, MHP Liaison completes Mental Health Partners screening form, and parent is given intake appointment for substance abuse treatment.

## **ROLES & RESPONSIBILITIES**

### Magistrate

The FITC Magistrate's role is to convene the pre-court staffings, facilitate discussion regarding each client, decide on the team's response (if no consensus is reached) to the client's behavior, address the client directly in court using Motivational Interviewing, and encourage and support each client. Further, the Magistrate will collaborate with all team members to ensure the policies, procedures, and handouts are all up-to-date, that opportunities for trainings/retreats are presented, and that she stays up to date with research and practices.

### ITC Coordinator

The Coordinator works closely with the Magistrate to administer the day-to-day operations of the Court and ensures the team maintains fidelity to the treatment court model. The coordinator tracks program data and compiles the information for the status review summaries to ensure team members have current and accurate information for pre-court staffings. The Coordinator facilitates quarterly FITC business meetings, tracks the use of incentives and sanctions, and acts as a liaison to transitional housing programs.

### Assistant County Attorney

The County Attorney represents the position of the DHHS Caseworker and/or that of the People of Boulder County, and may assist the Court in drafting orders.

### Respondent Parent Counsel

The Respondent Parent Counsel represents a client's interest in a legal action, and is required to provide a client with an informed understanding of the client's legal rights and obligations.

A lawyer representing a client in FITC maintains both ethical and legal responsibilities while being involved in the team approach towards helping clients maintain sobriety and provide a safe and secure environment for their children. The Respondent Parent Counsel is responsible for attending all court hearings. Further, each Respondent Parent Counsel is responsible for reviewing the article *Ethical Considerations for Judges and Attorneys in Drug Court*. The Magistrate will send a copy to each new attorney joining the FITC team.

#### Guardian ad litem

The GAL independently investigates, makes recommendations that are in the best interests of the child, and advocates on the child's behalf. As part of the independent investigation, a GAL is expected to develop a relationship with the child by visiting the child in the home or placement, have adequate knowledge regarding the child's providers, participate in all necessary staffings, and attend all court hearings.

#### MHP Substance Abuse Therapist

The FITC Substance Abuse Therapist provides individual and group therapy to FITC clients, signs clients up for the appropriate level of services and links them with other specialists (Client Benefit Specialists, Connections, employment) if more services are required. The FITC Substance Abuse Therapist checks in with the MHP Liaison Therapist regarding clients' treatment and any concerns/conditions present, and is also in contact with other team members such as DHHS and Probation.

#### MHP Community Infant Program Therapist

The MHP Community Infant Program Therapist provides parent education and psychotherapy (individual and family) to parents with infants and/or young children to improve the quality of the parent-child relationship, address depression and anxiety with parents, facilitate healthy communication within the entire family and monitor child growth and development in collaboration with the CIP nurse.

#### MHP Community Infant Program Nurse

The MHP Community Infant Program Nurse is a Public Health Nurse that works with parents with infants and/or young children in collaboration with CIP therapist to assess and provide psycho-education about feeding, growth and development to promote healthy parent/infant attachment, strengthen family capacity for safe and nurturing parenting, and support optimal growth and development of the child/ren.

#### MHP Liaison Therapist

The MHP Liaison Therapist coordinates communication between MHP therapists and the FITC team to facilitate the participant's access and engagement in substance abuse and mental health treatment. The Liaison provides the FITC team with information about the participant's progress



and engagement in therapy as well as information about the children's needs and interactions with the participant.

### FITC Family Therapist

The FITC Family Therapist provides family therapy for FITC clients and families. The Family Therapist also provides individual therapy services for client's children age 5 – 18, to help them cope with trauma and mood and functioning disruptions created by the impact of substance abuse and possible separation from their families. In addition, the Family Therapist provides coordination of care for clients and their children with DHHS, the courts, and outside providers such as schools.

### MHP Peer Support Specialist

The FITC Peer Support Specialist facilitates access to needed services and provides support and encouragement while assisting clients in the recovery process. The FITC Peer Support Specialist under general supervision assists clients in articulating their goals for recovery, helps them monitor their progress, models effective coping and parenting techniques and self-help strategies based on the specialist's own recovery experience, and advocates for the client in obtaining effective services to achieve sobriety. By modeling the use of personal power they provide hope and encouragement to support others in reaching their goals and creating a safe and nurturing environment for their family. The FITC PSS also coordinates with internal and external providers to provide referral services to community resources.

### DHHS FITC Ongoing Caseworkers

The primary focus of the FITC caseworker will be to assure child safety and risk management; provide ongoing casework; facilitate parenting time; participate in collaborative treatment planning, service provision, and monitoring; and assure agency adherence to statutory and regulatory requirements. The FITC caseworker may also connect the client to other supportive services as needed.

Other agencies involved with FITC participants may include, but are not limited to, the 20<sup>th</sup> Judicial District Probation Department, Court Appointed Special Advocates (CASA) workers, and representatives from the Ready to Work program.

## **COURT PROCEEDINGS**

### **Temporary Custody/Initial Advisement Hearing:**

Whenever possible, the FITC Caseworker will meet the DHHS Intake Worker, family, and other providers at the first hearing. Respondent Parent Counsel will meet with the prospective participant(s) to discuss the option of the FITC program and the commitment required. If the parent is interested, the case will generally be set over for two weeks before formal acceptance. This allows sufficient time for the client to consult with their attorney, watch the video, review

the FITC Parent Handbook, and observe the court in operation before making the final decision to participate.

**NOTE:** If it is necessary to remove the child from the parent(s) at the first hearing, DHHS will first attempt to place the child with an appropriate kinship caregiver. If no kinship caregiver is available, and FITC is known to be an option at the time of placement, the child will be placed in a DHHS foster home.

### **Adjudication**

Adjudication will generally take place at the second court appearance, two weeks (14 days) after the Temporary Custody/Initial Advisement Hearing. The County Attorney and Respondent Parent Counsel will propose an agreement regarding the adjudication, including a factual basis that specifically addresses the client's substance abuse issues. The Court will advise on adjudication, accept the admission, and find the child(ren) dependent/neglected. The Court will also address the non-FITC portion of the case.

Once formally accepted into the FITC, the Judge/Magistrate will welcome the client to the program and provide a brief overview that includes information regarding the use of incentives and sanctions, including the possibility of incarceration. The Magistrate will address the requirement for parents to also progress in their parenting capacity and abilities as an additional condition for return of the children. The client will be given the date of their first FITC Status Review Hearing, generally in two weeks.

**NOTE:** The client is not officially deemed a participant in the FITC until the Court has received the signed FITC Agreement and Waiver.

### **Disposition**

Disposition will generally take place at the client's first FITC Status Review Hearing, two weeks (14 days) after adjudication. The FITC Caseworker will provide the Court with a copy of the treatment plan no later than three days prior to the hearing, so that the parties and the Court have sufficient time to review the document. At this hearing the Court will address any treatment plan issues and order the treatment plan with any amendments deemed acceptable.

### **FITC Status Review Hearings**

Participants will initially appear in court every two weeks, presently on Thursdays at 10:00 AM. As clients progress through the phase system, there will likely be longer intervals between court appearances, in accordance with phase protocols and at the discretion of the Magistrate. At the Status Review Hearing, the Magistrate will address the appropriateness of the current treatment regimen, phase advancement, incentives and sanctions, etc. The Magistrate will review the parent's progress on their parenting goals, as well as their sobriety goals. Participants will receive a copy of the team's Status Review Summary and will be informed by the Magistrate of any specific tasks or behaviors that need to be addressed (i.e. "target behaviors.") They will also be given the date of their next Status Review Hearing.

## **Pre-court Staffings**

The FITC team meets prior to all FITC Status Review Hearings to evaluate each participant's progress in the program. Presently, these staffings occur on Thursdays at 8:30 AM, just before court. The FITC Caseworker and all involved treatment providers (MHP, CIP, etc.) will provide detailed information regarding the participant's status in the program, as well as recommendations to the Court regarding treatment, visitation, incentives and sanctions, phase advancement, etc. This information will have been compiled by the ITC Coordinator and documented on the FITC Status Review Summary (see below.) Respondent Parent Counsel will be present to advocate on behalf of their client.

## **Family Group Decision Making Meetings**

A family meeting (sometimes called a Team Decision Making Meeting) brings together family members, relatives and other supportive people in a parent's life, treatment providers, representatives from DHHS, and Guardian ad litem. These individuals come together to brainstorm ways to ensure the safety and well-being of the children and family. The goal is to develop a plan that will keep children safe, strengthen the family system, and prevent removal and/or expedite reunification.

Family Meeting Timeframe Requirements:

- Within 7 business days of the case opening
- Within 7 business days of Initial Placement
- Every 90 days during out of home placement through case closure
- Every 180 days for in-home cases (child is not in out of home placement) through case closure
- Prior to transition out of out of home placement

## **Status Review Summary: Information Collection & Dissemination**

Information for pre-court staffings and FITC Status Review Summaries will be collected and distributed in the following manner:

1. The FITC Caseworker and all treatment providers (CIP therapist, MHP therapist, etc.) will e-mail the Client Contact Report forms to the ITC Coordinator by noon of the Tuesday immediately preceding the Status Review Hearing.
2. The ITC Coordinator will collect all contact information for the reporting period and enter it onto the FITC Status Review Summary. The completed review summaries will then be emailed to all team members, including the Magistrate, County Attorney, FITC caseworkers, GAL and RPC attorneys, treatment providers, etc. by noon on the Wednesday preceding the client's Status Review Hearing.
3. FITC Caseworkers will provide each participant with a copy of their Status Review Summary at the beginning of each Status Review Hearing. Occasionally, there will be amendments made to the Status Review Summary depending on information learned at the Pre-Court Staffings.

Caseworkers will write in any additional/changed information on the parent's summary before presenting them with the summary.

## **PROGRAM PHASES**

There are five phases to the FITC program. The time frames below indicate how long it takes to complete each phase. These should be considered estimates, as the actual time it takes will depend on each participant's unique circumstances. Typically, the program takes about one year to complete. Each client's progress toward meeting specific phase requirements will be determined by the treatment team. The final decision regarding phase advancement is made by the Magistrate.

### **Phase 1 (2 weeks)**

Minimum Requirements:

- Attend substance abuse intake/evaluation at MHP (or other approved treatment agency)
- Attend all court appearances
- Attend all scheduled visitation (if applicable)
- Comply with Initial Protective Orders of the Court
- Comply with all random drug/alcohol monitoring

### **Phase 2 (12 weeks)**

Minimum Requirements:

- Attend and participate in all required substance abuse treatment, therapeutic services, and pro-social activities
- Attend all court appearances
- Attend all scheduled visitation (if applicable)
- Comply with all random drug/alcohol monitoring
- Comply with all court-ordered treatment plans
- Make acceptable efforts to establish sober/stable housing

To be eligible for Phase 3, participants must have a minimum of 30 consecutive days of sobriety.\*

### **Phase 3 (16 weeks)**

Minimum Requirements:

- Attend, participate, and engage in all substance abuse treatment, therapeutic services, and pro-social activities
- Attend all court appearances
- Attend all scheduled visitation (if applicable)
- Comply with all random drug/alcohol monitoring
- Comply with all court-ordered treatment plans
- Maintain sober/stable housing

To be eligible for Phase 4, participants must have a minimum of 30 consecutive days of sobriety.\*

#### **Phase 4 (10 weeks)**

Minimum Requirements:

- Attend, participate and engage in all required substance abuse treatment, therapeutic services, and pro-social activities
- Attend all court appearances
- Attend all scheduled visitation (if applicable)
- Comply with all random drug/alcohol monitoring
- Comply with all court-ordered treatment plans
- Maintain sober/stable housing

To be eligible for Phase 5, participants must have a minimum of 30 consecutive days of sobriety.\*

#### **Phase 5 (8 weeks)**

Minimum Requirements:

- Attend, participate and engage in all required substance abuse treatment, therapeutic services, and pro-social activities
- Attend all court appearances
- Attend all scheduled visitation (if applicable)
- Comply with all random drug/alcohol monitoring
- Comply with all court-ordered treatment plans
- Maintain sober/stable housing

\* Transition from one phase to the next includes a sobriety requirement. Given the lag time between testing and when results are received, should a person be promoted to the next phase and the results indicate use, dilution, or tampering, the promotion will be rescinded until the participant fulfills the sobriety requirement.

## **VOLUNTARY WITHDRAWAL**

The FITC is a voluntary program. Participants can withdraw at any time, under the following conditions:

1. Those requesting to withdraw will be required to observe a two-week waiting period before the decision is deemed final by the Court;
2. Any sanctions imposed by the Court must be completed before the participant is allowed to withdraw.

## **TERMINATION CRITERIA**

**The following are reasons for possible termination from the FITC:**

1. Participant is no longer eligible to receive services from Boulder County Department of Housing & Human Services due to place of residence.
2. Participant fails to complete the assessment and evaluation with Mental Health Partners (or other approved agency) in a timely manner.
3. Participant disappears from DHHS supervision and fails to make contact with the department within 30 days of last contact.
4. Participant is arrested for a disqualifying criminal offense, such as Child Sexual Abuse, criminal enterprise drug sales or Child Abuse Involving Serious Bodily Injury or Death.
5. Participant is determined to have a medical or mental health condition that prevents them from participating in or achieving benefits from the FITC's clinical program.
6. Participant fails to progress through the program phases in a reasonable period of time, as determined by the FITC team.
8. Participant fails to attend status reviews (for reasons other than those beyond their control.)
9. Participant demonstrates a pattern of noncompliance that suggests they are unable or unwilling to abide by program rules.

## **GRADUATION CRITERIA**

Participants must meet the following criteria in order to be eligible for graduation:

1. Participant has successfully completed all five program phases.
2. Participant has successfully completed all court-ordered treatment plans.
3. Participant is able to assist in decisions regarding the permanency and well-being of their children.
4. Participant is not subject to a new D & N filing.
5. Participant has attained a minimum of 30 consecutive days of sobriety.

## **SANCTIONS & INCENTIVES**

The FITC program uses incentives and sanctions in responding to participant behavior, including attendance and participation in treatment and visitation, drug screen results, and general progress in the program. Decisions regarding incentives and sanctions are made by the FITC team during pre-court staffings, with the final determination made by the Magistrate. Responses are individualized and will depend on a variety of factors, including history of compliance, length of time in the program, and the participant's individual circumstances.

Incentives are given when participants are in compliance with their individual treatment plan and the expectations of the FITC program. Incentives may include verbal recognition from the Court, applause, gift cards, movie tickets, activity passes, and gifts for the participant's children.

Sanctions are given when participants are not in compliance with their individualized treatment plan or the expectations of the FITC program. Sanctions may include verbal warnings, essay presentations, community service, work crew, and jail time.\*

Participants will be asked upon entry if they have any medical issues that would preclude them from completing sanctions such as Work Crew. If so, they will be required to provide medical documentation to their caseworker indicating the nature of the condition and any limitations associated with it.

Participants ordered to complete community service must provide documentation of hours completed to the Court. This should be on agency letterhead and include service dates as well as the name of a person who can be contacted to verify the information. The participant will be given the required documentation form by the Magistrate when community service is ordered.

\*While jail time will not be included in the regular progression of sanctions imposed, there are circumstances under which the Court may impose jail time. Such circumstances include when a participant fails to complete a previously imposed sanction; when a participant refuses to engage in the recommended level of treatment, or when the participant's level of use is deemed to pose a risk to themselves or the community.

## **DRUG SCREEN PROTOCOLS**

Since achieving and maintaining sobriety is one of the main goals of the FITC, participants will be tested frequently for drug use. Drug testing in FITC will consist primarily of urine screens and oral swabs, although occasionally other tests may be used. These may include, but are not limited to, hair follicle tests, nail clipping tests, SCRAM, etc.

Testing will typically consist of eight random UA's and two oral swabs per month. All testing will be random and monitored. Participants will be assigned a monitoring agency and location where they will be expected to submit tests. Submitting at a different agency or location is not permitted, and may result in a sanction, unless prior approval was obtained from the FITC team.

Positive, missed, altered or refused screens will be considered positive and subject to sanction. *Urine samples with creatinine levels below 20 mg/dl or above 400 mg/dl will be considered invalid and subject to sanction.*

### **Confirmation of Positive Urinalysis Tests**

Participants who wish to have a positive urinalysis result confirmed (re-tested) should consult with their attorney and inform the Court within one month of the receipt of test results. Should the confirmation test come back positive, the participant will be charged for the test, and will be subject to court sanction as appropriate. If the result is negative, DHHS will absorb the cost of the test, and no sanction will be imposed.

## **PRESCRIPTION DRUG USE**

All participants will be expected to inform their health care providers of their addiction issues so that informed decisions can be made when prescription medications are being considered. In the event that prescription medications are deemed necessary, participants should make every effort to obtain a non-narcotic alternative, if one is available. Participants will be expected to notify their caseworker within 24 hours of being placed on a prescription medication, or if any changes are made to existing prescriptions. Failure to do so will result in a sanction.

NOTE: In an effort to ensure full disclosure, participants are required to provide their health care provider with the FITC Doctor's Notice when attending medical or dental appointments, provided by the caseworker. This form contains the caseworker's contact information and requires the doctor's signature.

Participants with a history of abusing prescription drugs, or who have been prescribed potentially habit-forming medications, may be subject to additional requirements. These may include:

- Being restricted to one prescribing physician.
- Agreeing to work with your physician to discontinue use of a potentially habit-forming medication.

NOTE: Individuals may not possess a medical marijuana certificate while in the program.

## **“DESIGNER” DRUG USE**

The possession or consumption of any “designer” drugs such as “Spice,” “bath salts,” etc., whether purchased legally or illegally, is strictly prohibited and subject to sanction.

## **EVALUATION**

Consistent with best practices, FITC staff maintains, collects, and analyzes data on a regular basis. Annual reports are compiled and presented as requested.

## **MEMORANDUMS OF UNDERSTANDING**

See FITC Intake Procedures, Status Review Protocols, and Flow Chart.

## **ETHICS & CONFIDENTIALITY STATEMENT**

See FITC Agreement & Waiver.