

COURT-ASSISTED RECOVERY EFFORT

JANUARY 2009



REVISED JUNE 2010
REVISED MAY 2012
REVISED APRIL 2014
REVISED MAY 2015
REVISED SEPTEMBER 2017

TABLE OF CONTENTS

	<u>Page No.</u>
INTRODUCTION AND MISSION STATEMENT.....	1
PROGRAM OVERVIEW.....	2
CARE TEAM.....	2
SUPERVISED PARTICIPANTS.....	2-3
REVOCATION DIVERSION OPTION.....	3-5
CONTRACT FOR PARTICIPATION.....	5
ROLE OF THE DESIGNATED JUDGE.....	5
ROLE OF THE PROBATION OFFICER.....	5
ROLE OF THE UNITED STATES ATTORNEY.....	6
ROLE OF THE FEDERAL PUBLIC DEFENDER.....	6
ROLE OF OTHER JUDGES OF THE COURT.....	6-7
ROLE OF COMMUNITY OUTREACH.....	7
CARE STAFF MEETINGS AND COURT PROCEEDINGS.....	7
SANCTIONS FOR NON-COMPLIANCE.....	8-9
EVIDENTIARY HEARING FOR A CLAIM OF ACTUAL INNOCENCE.	9
PROGRAM REWARDS AND GRADUATION.....	9
TERMINATION PROCEDURES.....	10-11
TREATMENT PHASES.....	11-12
PHASE 1: THE RECOVERY PROCESS.....	13-14
PHASE 2: SOBER LIVING AND RESPONSIBILITY.....	14-16

	<u>Page No.</u>
PHASE 3: LEARNED SOBRIETY TOOLS AND RELAPSE PREVENTION.....	16-17
PHASE 4: RELAPSE PREVENTION AND LIFE SKILLS.....	17-19
GRADUATION.....	19
TEN GUIDING PRINCIPLES OF CARE.....	20

**UNITED STATES PROBATION OFFICE
FOR THE WESTERN DISTRICT OF OKLAHOMA**



**COURT-ASSISTED RECOVERY EFFORT
FOR QUALIFIED INDIVIDUALS SERVING TERMS OF
POST-CONVICTION SUPERVISION**

INTRODUCTION AND MISSION STATEMENT

Drug and alcohol addiction make it much more difficult for a person to successfully reintegrate into the community following a federal prison term. In an effort to make that reintegration more successful here in the Western District of Oklahoma and to reduce the cycle of relapse and recidivism, the United States District Court, the Probation Office, the Federal Public Defender's Office, and the United States Attorney's Office have joined together to form an intensive, treatment-focused program for qualified individuals on federal post-conviction supervision. The program, known as Court-Assisted Recovery Effort (CARE),¹ will implement research-based supervision practices to help each participant sustain recovery from addiction and successfully reintegrate into the community as a sober, employed and law-abiding citizen.

¹The planners of this program gratefully acknowledge the generous assistance of the United States District Court and United States Probation Office for the District of Massachusetts whose C.A.R.E. program was established in 2006. To distinguish between the programs, the Western District of Oklahoma program, when referenced outside this district, will be referred to as "CARE-Oklahoma" as requested by the C.A.R.E. team in Boston, Massachusetts.

PROGRAM OVERVIEW

CARE is a voluntary, court-assisted, post-conviction supervision program designed to assist individuals under federal supervision who are struggling with drug and alcohol addiction. It consists of 4 phases, each with its own set of requirements. Those requirements include regular court appearances, frequent meetings with a probation officer, frequent drug testing, individual and group counseling, an individualized treatment and recovery plan, vocational/educational requirements and community service. The CARE Team recognizes that there may be circumstances that may hinder a participant from being employed. The employment requirement of the program may be waived by the CARE Team if valid, documented reasons exist. Participants must satisfy the requirements of each phase, including ever-increasing terms of sobriety, before advancing to the next phase. Successful participants will be in the program for at least 1 year. Upon successfully completing the program, participants will be eligible to apply for a reduction in their term of supervised release or probation of up to fifty percent.

CARE TEAM

The CARE Team will implement the program. It will consist of a presiding judge designated by the Chief Judge of the Court, an Assistant United States Attorney (AUSA) designated by the United States Attorney, an attorney from the Federal Public Defender's Office (AFPD) designated by the Federal Public Defender, and Probation Officers from the Treatment Services Unit designated by the Chief Probation Officer. The designated team members will undertake their responsibilities in CARE as a part of their official duties for their respective agencies.

Teamwork is at the heart of making the program work. Therefore, team members will collaborate to determine who is admitted into the program, will meet regularly before the CARE docket to discuss each participant's progress, including any possible rewards or sanctions merited, and will attend all CARE court proceedings.

The treatment providers will also be a part of the CARE Team. Representatives from the providers will attend CARE staff meetings, provide information about the participants' progress and attend CARE court proceedings.

SUPERVISED PARTICIPANTS

To be eligible to participate, applicants must:

A.

1. be serving a term of supervised release or probation under the supervision of the United States Probation Office in the Western District of Oklahoma;
2. have a documented history of drug or alcohol addiction;

3. have risk factors for recidivism and/or relapse as documented by standard risk assessment tools;
4. be willing to participate in the program and abide by its requirements;
5. reside within or near the Oklahoma City metropolitan area;
6. meet all other admission criteria established by the CARE Team; and
7. agree, if admitted to CARE, to have conditions of supervision modified to include a search condition, which will remain in effect for the duration of supervision regardless of participation in the program.

Applicants who have been on supervision for 6 months or longer and who have been doing well on traditional supervision are not eligible for CARE's more resource-intensive supervision program. Further, applicants who are sex offenders, have a history of extreme violence, are not United States citizens, or who are unable to participate in rigorous, treatment-intensive supervision, such as those with cognitive impairments or severe mental-health issues, are ineligible to participate.

To be clear, an applicant is not precluded from applying simply because of some history of mental illness. In fact, many applicants with some types of mental illness -- such as depression - - could benefit from the program's intensive supervision. If questions arise as to whether a particular applicant can successfully complete the program's stringent requirements, the CARE Team may require such an applicant to submit to an assessment by a mental health professional before considering whether to admit that applicant into the program.

The probation officer will identify possible candidates for participation who meet the eligibility criteria. The probation officer will then present those recommendations, along with relevant background documentation such as pre-sentence investigation reports, to the CARE Team for review. The decision to admit an applicant is entirely within the discretion of the CARE Team, and all members of the Team must agree to admit an applicant before the applicant will be admitted into the program. In some instances, the Team may interview an applicant before making the admission decision.

B.

REVOCATION DIVERSION OPTIONS

Offenders with pending supervised release revocation actions may be diverted to participation in CARE, in lieu of completion of revocation proceedings, as follows:

- 1) Upon the filing of a petition for revocation of probation or supervised release, the probation officer will determine potential eligibility for CARE based on program eligibility criteria² and consultation with the probation officer assigned to CARE; the probation officer assigned to CARE will also make initial coordination with defense counsel and the assigned prosecutor regarding the offender's suitability to participate in CARE.
- 2) Offenders identified as potentially eligible for participation in CARE will be formally considered by the CARE Team to determine eligibility and suitability for participation in the program³; if the offender is suitable for participation, the assigned judge will be so notified in the final violation report submitted by the Probation Office;
- 3) The offender must stipulate to some or all of the allegations in the revocation petition such that revocation proceedings may advance through the findings stage without the need for an evidentiary hearing; if the allegations of the revocation petition are established and the Court announces findings accordingly, the Court may, with the consent of the offender and the assigned prosecutor, continue the revocation proceedings in favor of the offender's participation in CARE;
- 4) The continuance set forth in (3) above will remain in place for the duration of the offender's participation in the CARE program; in the event the offender fails to successfully complete the CARE program, the continuance will end and the Court will proceed to imposition of sentence regarding the original findings in the revocation proceeding;
- 5) If the offender graduates from the CARE program and otherwise complies with all conditions of supervision, the

² The same criteria outlined above in section A apply.

³ This process will require that the hearing on the revocation petition take place no sooner than 5-7 days after the initial appearance so that the evaluation process may take place.

assigned judge will dismiss and terminate the revocation proceedings, and act on the offender's motion for relief from a portion of the offender's remaining term of supervised release.

CONTRACT FOR PARTICIPATION

Prior to being admitted into CARE, the applicant will be educated about the program and its requirements. Each applicant must enter into a Contract for Participation agreeing to abide by the program's requirements. The applicant must also agree to waive certain due process rights and to allow all members of the CARE Team to have access to certain treatment information and records to verify compliance and progress in the program. Applicants must also agree that they understand the unique role of the AFPD assigned to the program. The applicant must understand that the AFPD will typically act in a non-adversarial manner toward other members of the CARE Team and will share information with the Team that might otherwise be considered confidential. The applicant must be willing to consent to that unique form of representation and to the disclosure by the AFPD of such confidential information.

ROLE OF THE DESIGNATED JUDGE

The designated Judge assigned to CARE will preside over all staff meetings of the CARE Team. Additionally, the Judge will preside over the regularly scheduled CARE docket and all other CARE court proceedings. When a participant has success in the program, the Judge will participate in the CARE Team's collaborative efforts to encourage and reward the participant. When a participant is non-compliant with the program requirements, the Judge will impose prompt sanctions after consulting with the CARE Team. The Judge will also make the final decision whether to terminate a participant from the program after consulting with the CARE Team. Although the same judge will generally serve as the presiding judge for all proceedings, the Chief Judge may designate other judges to preside in the assigned judge's absence.

ROLE OF THE PROBATION OFFICER

The responsibilities of the probation officer assigned to CARE are two-fold. First, the probation officer has primary responsibilities for the day-to-day work of helping participants complete the program requirements successfully. That will include regular meetings with the participant, home visits and inspections, and ongoing assessment of the participant's needs for various services, including counseling, education, and vocational services, among others. The probation officer will create an individualized treatment plan for each participant and refer the participant to appropriate service providers. Second, the probation officer will serve as the primary point of contact with the treatment providers and will provide the CARE Team with progress reports at least one day in advance of the pre-docket staff meeting, detailing each participant's successes and failures in areas of treatment, drug testing, employment, and other pertinent areas. The probation officer will maintain a file on each participant with a separate section dedicated to CARE program documents, including the Contract for Participation, treatment reports, progress reports, and drug testing results.

ROLE OF THE UNITED STATES ATTORNEY

The attorney designated by the United States Attorney's Office (AUSA) will be actively involved in all decisions made by the CARE Team, including who to accept into the program, what rewards to give successful participants, what sanctions to impose for noncompliance, and whether and when to remove a noncompliant participant from the program. The AUSA will attend CARE staff meetings and CARE court proceedings as a member of the CARE Team.

ROLE OF THE FEDERAL PUBLIC DEFENDER

The attorney designated by the Federal Public Defender's Office (AFPD) will be actively involved in all decisions made by the CARE Team, including who to accept into the program, what rewards to give successful participants, what sanctions to impose for noncompliance, and whether and when to remove a noncompliant participant from the program. The AFPD will attend CARE staff meetings and CARE court proceedings as a member of the CARE Team.

ROLE OF OTHER JUDGES OF THE COURT

The success of the CARE program depends on the informed support of all judges of the Court. Because each participant must qualify for the program based on a detailed individualized screening by the Treatment Services Unit of the Probation Office and because the program is structured as a voluntary program, participation in the program should not be imposed by the Court as a mandatory condition of supervision.

All judges of the Court will be involved in CARE at critical phases. A judge assigned to a participant's criminal case:

- will be informed when the participant is accepted into the program;
- will be informed of significant events docketed in the participant's criminal case;
- will be notified of positive urinalysis test results and will either approve or disapprove requests from the CARE Team to invoke the treatment exception to mandatory revocation pursuant to 18 U.S.C. §§ 3583(d) and (g);
- will be invited to attend the participant's court appearances at phase progression and the participant's final court appearance upon graduation from CARE;
- will preside over the participant's motion for reduction in the term of supervision upon graduation and set conditions of release during any remainder of the

participant's supervision, taking into consideration the probation officer's recommendations for any modifications to conditions; and

- will preside over any petition to revoke supervised release or probation and at the time of such proceeding will be provided with all pertinent information from the participant's CARE program file.

Additionally, the Chief Judge may ask other judges to preside over CARE proceedings in the absence of the designated CARE judge.

ROLE OF COMMUNITY OUTREACH

Assistance and support from the community is essential in helping people successfully reintegrate into society and maintain sobriety. Therefore, the CARE Team will establish relationships with community organizations to provide participants with help securing vocational training and other needed education, stable living conditions, guidance and mentoring, and employment.

CARE STAFF MEETINGS AND COURT PROCEEDINGS

Participants will appear regularly at a CARE docket. Before the start of that docket, the CARE Team will meet to discuss each participant's progress. To facilitate that discussion, at least one day earlier, the probation officer will provide CARE Team members a written update detailing each participant's progress in relevant areas. During that meeting, the CARE Team will discuss appropriate rewards and encouragement for successful participants. Likewise, the CARE Team will discuss appropriate sanctions to impose for participants who are not in compliance with program requirements. Although the Team will work to achieve consensus as to appropriate rewards and sanctions, the CARE Judge will have final discretion as to what rewards and sanctions to impose and when to impose such rewards and sanctions, with or without a hearing.

Following the pre-docket staff meeting, an official CARE docket will be held in open court. During that non-adversarial proceeding, the CARE Judge will address each participant individually and hear from all participants regarding their progress and issues pertinent to their reintegration into the community. The Judge will reward and encourage progress. The Judge will impose immediate and measured sanctions for noncompliant conduct. The CARE Judge may call on other members of the CARE Team to participate in such proceedings as needed.

CARE court proceedings will be open to the public and audio recorded. Minutes from each CARE court proceeding will be maintained by the Court Clerk. Additionally, important events from CARE court proceedings, such as the imposition of sanctions, the completion of a program phase and graduation from the program, will be docketed in the participant's criminal case file. Standard security procedures will be observed in all CARE docket proceedings.

SANCTIONS FOR NON-COMPLIANCE

To increase effectiveness, sanctions for noncompliance with program requirements will be imposed as promptly as possible. Possible sanctions for noncompliant participants are broad and will be tailored to correspond to the nature and seriousness of the violation. Several factors will influence the type of sanction imposed, including the nature of the violation, the number of prior violations, the amount of time the participant has remained compliant, and the participant's candor and acceptance of responsibility. Sanctions may include, but are not limited to:

1. A judicial reprimand in open court.
2. Being ordered to return to the courthouse and observe regular court proceedings.
3. Being ordered to write a paper on an assigned subject, such as the reasons for non-compliant conduct, personal triggers that lead to relapse, factors that could have influenced the participant's choice(s), and techniques the participant can use to make better choices.
4. Being ordered to provide community service.
5. Being demoted to an earlier phase of the program.
6. Being ordered to meet increased requirements in the treatment plan.
7. Being placed in short-term (up to 90 days) or long-term (up to 6 months) inpatient treatment.
8. Being placed on curfew or home confinement with electronic monitoring.
9. Being ordered to make contact with the probation officer daily at a time set by the probation officer.
10. Being ordered to serve a term in a halfway house or community corrections center and, where feasible, being ordered to reimburse the government for the costs of the stay.
11. Being ordered to serve up to seven days in jail per sanctionable offense (which may be imposed as continuous days or may be structured as nighttime or weekend jail service to preserve employment status). Again, where feasible, a participant may be ordered to reimburse the government for the costs of that incarceration.
12. Being suspended from the program for a period of time.
13. Being terminated from the program.

For any jail sanction, the United States Marshal for the Western District of Oklahoma will be notified and take custody of the participant in accordance with an order from the Judge presiding over the CARE proceedings.

The imposition of any sanction by the CARE Judge is final, and there is no appeal or reconsideration of the sanction.

EVIDENTIARY HEARING FOR A CLAIM OF ACTUAL INNOCENCE

When a participant maintains that he or she is actually innocent of an alleged violation of a program requirement, the participant may request that an evidentiary hearing be held before the CARE Judge. The use of an evidentiary hearing will be limited to determining whether the participant committed the violation, as alleged, and will not be used as a forum for the participant to explain or excuse admitted conduct. At the hearing, the AFPD will represent the participant and the AUSA will represent the probation officer. The hearing will be recorded by audiotape. The determination of the CARE Judge is final, and there is no appeal or reconsideration of the determination.

PROGRAM REWARDS AND GRADUATION

Participants who successfully complete program requirements are rewarded by advancement through the phases of the program. Advancement through the program progressively decreases the number of required meetings and court appearances, and the participant's program requirements are adjusted to reward and support the participant's progress in maintaining sobriety and successfully re-entering the community.

Participants who complete all program requirements and graduate from the program will earn a Certificate of Graduation, which will close the CARE section of their supervision file. Any graduated participant with time remaining on the term of supervision will then be transferred to traditional supervision.

Any participant who receives a Certificate of Graduation is eligible to apply for a reduction in the term of supervision or probation and may apply for up to a fifty percent reduction at the time the Certificate is awarded. Absent extraordinary circumstances the probation officer will recommend that successful participants receive such a reduction upon completion of the program. The judge assigned to the participant's criminal case retains authority to modify or reduce the term of supervision. That judge will be invited to the CARE graduation proceedings and may entertain the participant's request for reduction at that proceeding. The CARE participant's eligibility to receive a reduction in supervision will not preclude additional considerations for reduction in the term of supervision pursuant to Title 18 U.S.C. §§ 3564(c) and 3583(e)(1).

TERMINATION PROCEDURES

A participant can be terminated from the program in three ways:

Voluntary Termination: A participant can choose to end involvement in the program at any time. When a voluntary termination occurs, the participant is transferred to traditional supervision. Notwithstanding the voluntary termination, if unaddressed violations exist, the probation officer retains discretion to file a petition to revoke the participant's term of supervision based on those unaddressed violations. In instances of voluntary termination, the participant will not be eligible to apply for a reduction in the term of supervised release or probation based on the participant's involvement in CARE, regardless of the amount of time the participant spent in the program.

Judicial Termination Based Upon Eligibility Requirements: The CARE Judge can terminate a participant from the program based upon information indicating that the participant is not eligible or not appropriate for continued participation in the program. For example, if a participant develops or manifests a serious mental illness that materially and adversely affects the participant's ability to benefit from the program's rigorous focus on substance abuse treatment, the Judge may decide to terminate the person from the CARE program in favor of other forms of supervision by the probation office. In these instances, the participant is not being terminated on the basis of non-compliance with program requirements. The participant, however, is not eligible to apply for a reduction in the term of supervision based on the participant's involvement in CARE, regardless of the amount of time the participant spent in the program.

Judicial Termination for Cause: The CARE Judge can terminate a participant from the program for serious and/or repeated violations of the program requirements or other misconduct (such as the commission of new crimes). The CARE Team will discuss whether the violation or misconduct merits termination; however, the final decision rests with the presiding CARE Judge. When a participant is terminated in this way, the participant will be returned to traditional supervision, subject to any requirement or warrant to appear before the judge presiding over the criminal case for a violation hearing. Reasons for this type of termination include, but are not limited to:

1. new violations of the law;
2. chronic drug or alcohol use;
3. dishonesty with the Court or CARE Team;
4. refusal to cooperate with the supervising probation officer;
5. refusal to cooperate with the treatment provider;
6. refusal to cooperate with court-ordered sanctions;

7. absconding from the program and/or supervision;
8. refusal to submit a urine sample, providing a urine sample from a source other than directly from the participant's body, possession of a device used to facilitate the providing of a urine sample other than directly from the participant's body, and providing samples that are determined to be diluted or adulterated by unnatural means;
9. falsely denying drug or alcohol use; and
10. violation of other program requirements.

If a participant is terminated from the program for an alleged violation of the terms of his/her supervised release or probation, the probation office will consider filing a petition to revoke based on that violation and the individual will appear before the judge assigned to the individual's criminal case. Although the probation office will not allege in the petition violations that have been previously and conclusively addressed in CARE proceedings, the judge presiding over the violation hearing will be advised of all the offender's conduct while in CARE, both positive and negative. Nothing in this program limits the presiding judge's authority to consider such past conduct in deciding whether to revoke a participant's supervised release or probation. While in most cases termination from CARE for violation conduct will result in a petition to revoke the individual's supervision being filed with the Court, there may be instances where the offender is placed back on traditional supervision without pursuit of revocation.

TREATMENT PHASES

CARE participants will receive a continuum of care from trained credentialed treatment providers governed by the rules and guidelines of the American Counseling Association. The CARE program is designed to help the participant advance through various phases of the program, and the requirements of each phase will be based on the participant's individual needs. Specific substance abuse treatment needs are determined upon intake, in addition to the need for additional treatment or counseling services. As the participant progresses through the program and as needs change, the participant's individualized treatment plan will be revised and updated based on treatment provider recommendations.

Treatment services are designed to help participants maintain sobriety. In each phase of the program, the focus is on recovery from addiction. Private personal relationships between participants outside the context of the program are prohibited during the term of the program. In addition, starting any private personal relationships during the first six to twelve months of sobriety is strongly discouraged. In certain situations (such as domestic abuse or cohabitation with substance abusers), it will be necessary to address living arrangements based on treatment factors.

Advancement through the treatment phases of the program is determined by the participant's progress; however, the program will require at least one year to complete. The probation office

and treatment providers will be responsible for advising the participants of their obligations and responsibilities, monitoring participant progress, and reporting progress to the CARE Team. Treatment plans may be updated at any time during any phase of the program, at the discretion of the probation office in consultation with the treatment provider. Updated treatment plans are mandatory when any change occurs that differs from what was originally established at the beginning of the phase, and such changes will be documented in the participant's file and a copy placed in the probation officer's supervision file.

Providing ancillary services, such as mental health counseling, will also be part of the program. As stated earlier, an individual will not categorically be denied acceptance into the program because of a diagnosed mental illness, but the person's capacity to understand and comply with the CARE program requirements will be considered. Participants with a history of mental illness may be required to submit to an assessment by a community mental health service provider under contract with the probation office. The participant must take all prescribed medications and attend all required treatment groups for both substance abuse and mental health.

The length of time the participant spends in the program depends on individual progress and whether or not residential treatment has to be used. Any time spent in residential treatment will not be counted toward completion of the program phases.

If the participant is required to attend a residential treatment facility, the CARE Team will be provided with a monthly progress report from the facility. In addition, if the participant enters the CARE program under a physician's care or is placed under a physician's care at any time during the program, medical updates may be required from the treating physician to a designated CARE Team member, at the participant's expense.

Each phase of the CARE program consists of specified treatment objectives, therapeutic and rehabilitative activities, and specific requirements for advancement into the next phase. The phase requirements for each participant will be included in an individualized written treatment plan, so that the participant has a clear understanding of what must be accomplished to advance to the next phase of the program. Court-imposed sanctions will also be a factor in determining advancement from one phase to the next. The phase requirements listed below are minimum requirements. In extraordinary circumstances and with the agreement of all members of the CARE Team, these minimum requirements may be modified to account for unusual circumstances. Should additional requirements be mandated by the treatment provider to support the participant's recovery, those requirements will be incorporated into the treatment plan.

To advance from one phase of the program to the next, the participant will submit a phase advancement petition. This petition must be in writing on a designated form, and the participant will present the petition in open court, allowing for discussion and comment from the CARE Team. The judge assigned to the participant's criminal case will be invited to attend the proceeding and participate in the discussions and comments. The participant will advance to the next phase upon the CARE Judge's ruling on the petition.

PHASE 1: THE RECOVERY PROCESS

In Phase 1 of the program, the participant will be assigned a treatment counselor. The participant's problems and needs will be assessed and an individualized treatment plan will be developed. The participant will be given an orientation and overview of the CARE program and will learn about substance-related disorders and the recovery process. If the participant shows personal motivation, involvement and compliance with treatment, the participant will advance into the next phase of the program. Phase 1 of the program will be a minimum of thirteen weeks long. Minimum requirements include the following:

Phase 1 Minimum Requirements:

1. Develop and comply with individual treatment plan.
 - A. Individual counseling sessions (minimum one session a week).
 - B. Group counseling sessions (minimum of one session per week).
 - C. Develop personal program goals in conjunction with treatment plan.
 - D. Random urinalysis
2. Appear at CARE court proceedings twice a month.
3. Begin to seek employment, vocational training, or attend school unless excused by the CARE Team for valid, documented reasons.
4. Participate in Cognitive Behavioral Therapy program designated by the Probation Office.
5. Meet with the probation officer a minimum of one time per week at the probation office with additional meetings conducted as needed to address issues that may arise. Drug testing will be conducted a minimum of twice per week at the direction of the probation officer.

***Treatment plans may be updated at any time with the required number of counseling or other services increased as deemed necessary based on the participant's ability to remain substance free and comply with program rules.

Criteria for Advancement to Phase 2

- ❖ Regular attendance at all scheduled CARE court proceedings.

- ❖ No determined drug or alcohol use, dilute urine samples or unexcused missed tests within the last 30 days of the phase.
- ❖ No unexcused absences from scheduled services, CBT meetings or meetings with probation officer within the last 30 days of the phase.
- ❖ Completion or significant progress towards completion of the CBT Program.
- ❖ Employed or has established specific plan to meet vocational/educational goals unless excused by the CARE Team for valid, documented reasons.
- ❖ Acknowledgment of a substance abuse problem and commitment to a drug-free lifestyle.
- ❖ Establish a payment plan for court-ordered financial obligations, if applicable.

PHASE 2: SOBER LIVING AND RESPONSIBILITY

In Phase 2 of the program, the participant's treatment plan will be updated by the participant and the counselor in consultation with the probation officer. The counseling in this phase will focus on sober living. In addition, the participant and counselor will begin to actively address personal, family and housing needs and develop a plan to meet those needs. This phase of the program will be a minimum of thirteen weeks long. Minimum requirements include the following:

Phase 2 Minimum Requirements:

1. Update treatment plan and comply with treatment requirements.
 - A. Individual counseling sessions (minimum once every 2 weeks).
 - B. Group counseling sessions (minimum once a week).
 - C. Self-help meetings (AA, NA, CA or similar program -- minimum of 3 meetings per week). The participant must attend 3 self-help meetings per week for 4 weeks to determine if the structure and setting is appropriate for their recovery plan. If the participant decides that self-help meetings are not beneficial to them, they must confer with the probation officer and their counselor to determine if there is a community involvement or pro-social activity option (volunteer work, community service, club, etc.) that may be more beneficial to them. The participant must put a community involvement/pro-social activity plan in writing for approval by the CARE team. The participant will be required to participate in 3 hours per week of the approved activity in lieu of self-help meeting attendance. If the participant determines that continued self-help meeting attendance is in

the best interest of their recovery, then they will be required to continue attending 3 meetings per week for the duration of the program.

NOTE: This requirement will NOT replace the additional community service requirement in Phases 2, 3, and 4.

D. Random urinalysis

2. Appear at CARE court proceedings twice a month.
3. Employed or participating in vocational/educational program unless excused by the CARE Team for valid, documented reasons.
4. Community give-back (10 hours of community service).
5. Meet with probation officer once a week.
6. Completion of CBT Program if not completed in Phase 1.

***Treatment plans may be updated at any time with the required number of counseling or other services increased as deemed necessary based on the participant's ability to remain substance free and comply with program rules.

Criteria for Advancement to Phase 3

- ❖ Regular attendance at all scheduled CARE court proceedings.
- ❖ No determined drug or alcohol use, dilute urine samples or unexcused missed tests within the last 30 of the phase.
- ❖ No unexcused absences from scheduled services, CBT meetings or meetings with probation officer within the last 60 days of the phase.
- ❖ Completion of CBT program.
- ❖ Completion of 10 hours of community service.
- ❖ Employed or participating in vocational/educational program unless excused by the CARE Team for valid, documented reasons.
- ❖ Have a recovery sponsor or an approved equivalent mentor.
- ❖ Documentation of required minimum attendance at self-help meetings or approved community involvement activity.

- ❖ Acknowledgment of a substance abuse problem and a commitment to a drug-free lifestyle.
- ❖ Actively making payments on any court-ordered financial obligations.
- ❖ In compliance with your AA/NA, community service, or pro-social activity plan developed in Phase 2.

PHASE 3: LEARNED SOBRIETY TOOLS AND RELAPSE PREVENTION

In Phase 3 of the program, the treatment plan will be updated and reflect the participant's progress, new treatment goals, and objectives for this phase. Counseling and meetings will focus on relapse prevention issues and help the participant identify ways to cope with stressful situations. The participant will be exposed to weekly topics on education and recovery dynamics. In addition, the participants are encouraged to involve family members in the recovery process so they can gain insight about the participant's activities in counseling, and to assist in discovering facts about addiction and recovery while dispelling myths associated with it. This phase will be a minimum of thirteen weeks long. Minimum requirements include the following:

Phase 3 Minimum Requirements:

1. Update treatment plan and comply with treatment requirements.
 - A. Individual counseling sessions (minimum once every 2 weeks).
 - B. Group counseling sessions (minimum once every 2 weeks).
 - C. Self-help meetings (AA, NA, CA or similar program) (minimum 3 meetings per week) or community involvement/pro-social activity option (minimum of 3 hours per week). Have a recovery sponsor or an approved equivalent mentor.
 - D. Random urinalysis
2. Appear at CARE court proceedings once a month.
3. Employed or participating in vocational/educational program unless excused by the CARE Team for valid, documented reasons.
4. Complete 10 hours of community service (separate from self-help attendance or community involvement).
5. Meet with probation officer a minimum of once every 2 weeks.

6. Participate in the Financial Program offered by the U.S. Probation Office, if offered during the participant's time in Phase 3.
7. In compliance with your AA/NA, community service, or pro-social activity plan developed in Phase 2.

***Treatment plans may be updated at any time with the required number of counseling or other services increased as deemed necessary based on the participant's ability to remain substance free and comply with program rules.

Criteria for Advancement to Phase 4

- ❖ Regular attendance at all scheduled CARE court proceedings.
- ❖ No determined drug or alcohol use, dilute urine samples or unexcused missed tests within the last 60 days of the phase.
- ❖ No unexcused absences from scheduled services or meetings with probation officer within the last 90 days of the phase.
- ❖ Completion of community service requirements.
- ❖ Employed or participating in vocational/educational program unless excused by the CARE Team for valid, documented reasons.
- ❖ Have a recovery sponsor or an approved equivalent mentor.
- ❖ Documentation of required minimum attendance at self-help meetings or approved community involvement activity.
- ❖ Acknowledgment of a substance abuse problem and a commitment to a drug-free lifestyle.
- ❖ Complete Financial Program, if offered by the U.S. Probation Office.
- ❖ Actively making payments on court-ordered financial obligations, if applicable.
- ❖ In compliance with your AA/NA, community service, or pro-social activity plan developed in Phase 2.

PHASE 4: RELAPSE PREVENTION AND LIFE SKILLS

The main focus of Phase 4 will be relapse prevention, maintaining total abstinence from all drugs, mentoring and daily living skills. The participant is encouraged to develop an independent lifestyle, facilitate group discussions, provide support to other participants entering

counseling and continue the learning process. During Phase 4, the participant receives support for continued success in the community as a productive and responsible citizen. This phase is a minimum of 13 weeks long. Minimum requirements include the following:

Phase 4 Minimum Requirements:

1. Update treatment plan and comply with treatment requirements.
 - A. Individual counseling sessions (minimum once a month).
 - B. Group counseling sessions (minimum once a month).
 - C. Self-help meetings (AA, NA, CA or similar program) (minimum 3 meetings per week) or community involvement/pro-social activity option (minimum of 3 hours per week). Have a recovery sponsor or an approved equivalent mentor.
 - D. Random urinalysis
 - E. Complete 20 hours of community service (separate from self-help attendance or community involvement).
2. Appear at CARE court proceedings once a month.
3. Employed or participating in vocational/educational program unless excused by the CARE Team for valid, documented reasons.
4. Completion of 20 hours community service.
5. Meet with probation officer a minimum of once a month.
6. Actively paying on court-ordered financial obligations, if applicable.
7. In compliance with your AA/NA, community service, or pro-social activity plan developed in Phase 2.

***Treatment plans may be updated at any time with the required number of counseling or other services increased as deemed necessary based on the participant's ability to remain substance free and comply with program rules.

Criteria for Advancement to Graduation

- ❖ Maintaining regular attendance at all scheduled CARE court proceedings, unless excused.
- ❖ No determined drug or alcohol use, dilute urine samples or unexcused missed tests within the last 60 days.

- ❖ No unexcused absences from scheduled services or meetings with probation officer within the last 120 days.
- ❖ Have a recovery sponsor or an approved equivalent mentor.
- ❖ Documentation of required minimum attendance at self-help meetings or approved community involvement activity.
- ❖ Completion of 20 hours of community service (separate from self-help attendance or community involvement).
- ❖ Maintaining gainful, consistent employment or participating in a vocational/educational program or a combination of the two, with six months of consistent employment or training/education unless excused by the CARE Team for valid, documented reasons.
- ❖ Fulfillment of goals as stated in the individual treatment plan.
- ❖ Maintaining sober and independent lifestyle and demonstrating a commitment to being a positive and contributing member of the community.
- ❖ In compliance with your AA/NA, community service, or pro-social activity plan developed in Phase 2.

GRADUATION

Once the participant has successfully completed the criteria for each phase of the CARE program, the participant will become a candidate for graduation and may submit a written petition for graduation. The participant and CARE Team will meet to develop a plan for transition to traditional supervision. The graduating participant will present the petition for graduation in open court, allowing for discussion and comment from the CARE Team. The judge assigned to the participant's criminal case will be invited to the graduation proceeding to join in the discussions and review the participant's progress and achievements. The participant will graduate upon the CARE Judge's acceptance and approval of the petition, and the graduate may then move for a reduction in the term of supervised release or probation at the CARE graduation proceeding.

Following transition planning and graduation, any participant who has time remaining on the term of supervision will be returned to traditional supervision through the probation office. While on traditional supervision, the participant will continue self-help meeting attendance, random drug testing at the officer's discretion, and maintain employment. All graduates of the program will be welcome to attend future CARE court proceedings as a valuable member of CARE and as a mentor and source of support for other participants in CARE.

TEN GUIDING PRINCIPLES OF CARE

The CARE program will be guided by the following principles:

Principle #1: CARE will integrate drug and alcohol treatment services with justice system case processing.

Principle #2: Eligible candidates for participation will be identified early and promptly given an opportunity to be placed in the program.

Principle #3: CARE will provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

Principle #4: CARE participants will be monitored by frequent alcohol and drug testing.

Principle #5: CARE proceedings will ensure ongoing judicial interaction with each participant.

Principle #6: A coordinated team strategy will govern responses to participants' compliance.

Principle #7: Using a non-adversarial approach, prosecution and defense counsel will promote public safety while protecting each participant's rights to fair proceedings.

Principle #8: The CARE program will implement research-based best practices and will establish procedures to study and evaluate the program's effectiveness.

Principle #9: The CARE program will incorporate continuing interdisciplinary education to promote effective planning, implementation, and operation.

Principle #10: The CARE program will forge partnerships among public agencies and community-based organizations to generate local support and enhance the program's effectiveness.