

HARRISON COUNTY COMMUNITY CORRECTIONS

Evidence Based Programming

CLIENT HANDBOOK

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INTRODUCTION

You have been referred to a unique, non-residential program. This program is entitled Harrison County Community Correction Center. Harrison County Community Corrections Center is a community based correctional rehabilitation program designed to provide you services that will allow you to maintain a sober, drug free lifestyle; increase your training and/or educational levels; secure sustainable employment; retool the way you think about crime; help you to not commit any more crime; and reach the goals listed in your sentence order or referral. You have been sent to this facility by one of the following methods:

1. Ordered by a Circuit Judge as a condition of release on probation, bond, home incarceration or direct sentence
2. Ordered by a Magistrate as a direct sentence or as a pre-trial diversion.
3. Ordered by your Probation Officer
4. Ordered by your Parole Officer
5. Ordered by your Home Incarceration Officer

The primary purpose of Harrison County Community Corrections is to address issues of public safety, while focusing on your individual needs and concerns. Many of the services needed to assist you in making a successful transition to productive, positive member of your community are available here, in one location, at this facility. An assessment may be conducted by a counselor to identify your particular needs and to identify the services that may be required to address those needs. Your full participation in the assessment and services is necessary to ensure that you meet the goals set forth in your sentence order or referral.

This handbook belongs to you. You may use it as a guide and reference throughout your participation in at the Harrison County Community Corrections program. We look forward to working with you. Please let us know of any problems or question you may have. We hope this program will help you develop a smooth transition back into a productive member of your community.

The Harrison County Community Corrections program is administered by providing services to clients. The services are carried out through assessment, treatment, referral and reintegration. All clients are involved in services (Group, Referral, and Individual). How well you do here will depend on your efforts to participate and complete all your Community Correction activities. Upon completion of Community Correction programs you will receive a certificate of completion for each group you attended and a letter will be sent to your sentencing judge or referring authority.

ASSESSMENT: A counselor will meet with you in order to establish a foundation on which to begin appropriate services. The assessment we use is the Level of Services/Case Management Inventory (LS/CMI). ALL DEFENDANTS who have been SENTENCED by the Magistrate Court to report to Harrison County Community Corrections for any service (drug screens, counseling, case management, etc.) are REQUIRED to undergo a LS/CMI. This requirement DOES NOT apply for Magistrate BOND cases. You may also be ordered, by your judge or referring authority, to undergo a drug and alcohol assessment. Drug and Alcohol Assessments are designed to identify what type of services will best help you maintain your sobriety and avoid illegal drug use. We will take the results of these assessments, and along with any other available collateral information, and let you know which services will meet your needs and help you reach the goals set forth in your sentencing or referral order.

SERVICES: You may be required to participate in services and/or activities recommended by Community Corrections staff, or requested by the referring authority. You are required to fully participate and show progress while participating in Community Corrections programming. Services are listed in three categories: Individual; Group; and Referral.

Individual and/or Group Services include:

Counseling – A cognitive behavioral approach is utilized by staff to help clients understand how their choices impact their lives. This program addresses thinking/communication errors, and aims to identify feelings and triggers in efforts to develop strategies for controlling negative behaviors in a healthy manner. This program will address how our thinking and choices can support irresponsible and criminal life styles, and provide information on how to change thinking patterns in efforts to create a healthy lifestyle plan. This approach will provide opportunities for clients to understand and develop positive parental/personal roles, and building healthy relationships. The goal of a cognitive behavioral approach is to provide opportunity for clients to express empathy for victims, and provide the tools to make necessary changes in their behavior to reduce recidivism.

Case Management - A Case Manager will primarily be your first point of contact, as they assist clients with the intake process and make appropriate referrals based on the terms and conditions of a client's court order and level of need (i.e. assessment recommendations, substance abuse treatment, etc.). Case Managers will also monitor client compliance throughout the duration of their programming at HCCC.

Drug and Alcohol Assessments – This assessment is used to determine current level of functioning and chemical use history through various drug and alcohol assessment tools, including the DSM IV Diagnosis Handbook. The outcome of this assessment results in treatment recommendations.

Substance abuse Intensive Outpatient Program (IOP) - IOPs are direct services for people with substance use disorders or co-occurring mental health and substance use disorders who do not require medical detoxification or 24-hour supervision. IOPs are alternatives to inpatient and residential treatment. They are designed to establish psychosocial supports and facilitate relapse management and coping strategies.

Peer Recovery - This service is provided by a Peer Recovery Coach (PRC)/Peer Recovery Support Specialist (PRSS) who has lived-experience and is a person in long-term recovery. This portion of the program is offered to those struggling with a substance use disorder, in need of support in their recovery. They will assist with finding resources for harm reduction, detox, inpatient treatment, outpatient treatment, family support, and local or online mutual aid groups. The PRC will "help persons in recovery achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery (NAADAC, 2023)."

Community Service – As a component of the Day Report Center, and in the interest of judicial restitution, Harrison County Community Corrections staff oversee the community service efforts of our clients. HCCC contracts with many local towns, municipalities, and non-profit organizations, thereby providing clients an opportunity to perform **court ordered** community service while on Probation, or Parole and to stay actively involved doing their part in the interest of restorative justice. Clients are assigned to community service staff as requested by court order, Probation or Parole staff members, or because of assessment(s) recommendations. The HCCC specifically addresses the purposes of sentencing by ensuring public safety by providing closely monitored community service and promoting respect for the law and the community through community restitution.

Life Skills – Staff will focus on your educational needs via GED, college, and/or training referrals. Staff will also focus on job development, and other activities intended to assist our clients achieve sustainable employment. This portion of the program aims to help with completing applications and resume writing. Staff will focus on time, money/stress management, employment, budgeting skills, workplace ethics, soft skill training for job search, interviewing, appropriate communication skills, and positive interactions with co-workers, family members, and neighbors.

Early Recovery – An evidence-based, cognitive behavioral approach is utilized by staff to help clients access they experience when choosing drugs and/or alcohol as a means of coping with problems. Counselors provide instructions in healthy decision making skills in both group and individual settings. We take into consideration their bio-psychosocial history, chemical use history, SASSI results, random drug and alcohol screening, and LS/CMI information to assist our clients maintain their sobriety.

Problem Solving/Decision Making – A cognitive behavioral approach is utilized to teach clients process of decision making and analyzing outcomes. Clients learn how to identify problems/challenges and develop a plan of action for overcoming them. A hands on approach is used so that the clients may learn how to make good decisions and how to deal with consequences of their choices.

Healthy Relationships – Concentrates on all relationships in clients lives. Clients learn ways to improve their current situation. They identify characteristics of healthy vs. unhealthy relationships, and learn about breaking the cycle of abuse (physical, emotional, or sexual).

Recovery Management – Clients learn to avoid returning to abusing drugs and/or alcohol. Objectives include actively defining relapse, developing a relapse prevention plan, identifying relapse warning signs, constructive thinking/actions, and how to best utilize their decision making worksheet.

Anger Management – A cognitive behavioral approach is utilized by a contracted service provider, helping clients develop appropriate alternatives to addressing feelings of anger. Counselors provide instructions in healthy decision making skills in both group and individual settings.

Domestic Violence - This group creates awareness of Domestic Violence. This group is also geared towards helping clients improve their ability to have successful and healthy relationships through education on alternative ways in dealing with problems.

DUI Safety and Treatment Classes –HCCCP provides DUI Safety, which allows us to generate income and provide services for our clients at a much more reasonable fee.

Referral Services include:

- **Mutual Aid Groups** - HCCCP staff could recommend participation in community support groups.
- **Detox/Inpatient Treatment/IOP (Intensive Outpatient Program)**- HCCCP staff can assist clients who are permitted by the court and willing to go to a facility specifically to address active substance abuse issues.
- **Psychological/Psychiatric Evaluations** – If staff determines there is a need for an evaluation a referral is made to Healthy Minds or other similar facility available. If current evaluation is available, appropriate releases will be signed and added to the clients file for collateral information purposes.
- **Sober Living** – If clients are Court Ordered to reside in a sober living hom, a referral can be made by staff. If housing is available, appropriate releases will be signed and added to the clients file for collateral information purposes.

USEFUL TELEPHONE NUMBERS:

HOPE Domestic Violence Shelter	304-624-9835
WVU Medicine Healthy Minds	304-623-5661
Harrison County DHHR Office	304-627-2295
Harrison County Child Advocacy Center	304-622-0375
Probation Office	304-624-8699
Parole Office	304-627-2308
Public Defenders Office	304-627-2134

DAYS OF OPERATION:

The Harrison County Community Corrections Program is open daily, Monday through Friday from 8:30 a.m. to 6:00 p.m.; Saturdays and Sundays consist of community service work only. NOTE: Random Drug and Alcohol Screens can also take place on random Saturdays.

EMERGENCY CONTACTS:

If you must contact staff during non-working hours, weekends, evenings, etc., for EMERGENCIES, call your counselor and leave a voice mail message. You may also contact the facility at: 304-624-8556.

INCLEMENT WEATHER POLICY:

In the event of a county wide shut down (State of Emergency issued by Governor for Harrison County), all persons ordered to report to the facility, are not required to attend that day.

FEES:

- There will be no fee for Drug & Alcohol Assessments ordered by the Court, unless specified in the court order that client is responsible and/or required to pay the Assessment fee. All other Drug & Alcohol Assessment referrals, clients shall be charged a \$200.00 fee.
- Intensive Outpatient Program (IOP): \$430.00. Fees may be exchanged for 40 hours of community service with the Harrison County Community Corrections Program. Payment or Community Service arrangement must be made prior to participating in this service.
- All drug screens shall be the financial responsibility of the defendant with additional fees for lab confirmation, unless otherwise stated in their Court Order.
- Cordant Sentry Health Solutions drug screens (sent out for confirmation levels) shall be the responsibility of the client should results yield positive for any illicit substance.
- 16-panel Urine Analysis (UA): \$10.00; \$15 per lab confirmed substance.
- Sweat Patch: \$135.00 (lab confirmation)
Blood Test: \$135.00 (lab confirmation)
Hair Test: \$35.00 instant test, \$100.00 per lab confirmation.
- UA drug screen fees may be exchanged for Community Service work at the rate of **1 hour of community service = 1 UA drug screen** with the Harrison County Community Corrections Program.

ATTENDANCE: Unless otherwise ordered, if unemployed, you are required to report to the Harrison County Community Corrections Program (HCCC) and complete a minimum of **8 hours of Community Service** per week. You are also required to attend all recommended services as scheduled and report to HCCC on days you are required to drug screen.

- **Illness** – if this illness will affect a reporting requirement, you are required to call the facility at least one hour before your scheduled reporting time; please leave a voicemail message if staff does not answer. If your illness will cause you to be unable to report, a Doctor's note will be required.
- **Emergency** – any emergency that would affect your attendance should be reported at least one hour before your scheduled reporting time. Staff will verify if the emergency is appropriate for excuse from programming.

Please note that in addition to notifying the Harrison County Community Corrections Program of your absence, you are required to contact your probation, parole, or home incarceration officer of any absence from the HCCC, or any change in your weekly schedule.

HARRISON COUNTY COMMUNITY CORRECTION PROGRAM

PARTICIPATION AGREEMENT/RULES

_____ I agree to submit to random drug tests at my own expense at the discretion of staff, and understand that failure to produce a specimen will be regarded as a positive drug screen. I agree to provide my prescription information to staff. I understand that it is my responsibility to obtain and provide staff required prescription information.

_____ I agree to NOT purchase, possess, or consume any drug(s) or substance(s) listed in the Uniform Controlled Substances Act, unless the drug or substance is lawfully prescribed to me by a licensed healthcare provider.

_____ I understand that any positive drug screen (lab confirmed) that shows new use of alcohol or an illicit substance without a valid prescription, is considered a violation and that all violations will be reported to the referring authority (i.e. sentencing Judge, Magistrate, Prosecutor, Probation Officer, or Parole Officer).

_____ I agree to give a valid drug screen specimen, and acknowledge that if I attempt to adulter, tamper, or substitute my specimen will be reported to the appropriate authorities immediately. I understand that it is against the law to attempt to defeat a drug screen per WV Code 60A-4-412.

_____ I agree that I will not attempt to buy, sell, or exchange, any medications/drugs while at the Harrison County Community Corrections (HCCC) facility, or while participating in HCCC services outside of the facility. I agree that I will not consume or have in my possession any controlled substances/narcotics, or drug paraphernalia while at the HCCC facility or while participating in HCCC services outside of the facility. I agree that I will not consume or have in my possession any alcoholic beverages while at the HCCC facility or while participating in HCCC services outside of the facility. This includes wine and non-intoxicating beer.

_____ I agree to not physically or verbally assault any client or staff while at the HCCC facility, or while participating in directed activities. This includes, but is not limited to threats, physical contact, profanity, racist/sexist remarks, sexually suggestive remarks, and/or verbal slams or put downs. I agree to maintain confidentiality. I understand that subjects discussed in group sessions are to remain private, unless the counselor believes that harm may come to you or others.

_____ I agree to fully participate in all recommended and/or required programming and services. I agree to fully participate in group discussions and activities. I agree that if I choose to not participate that I will be subject to disciplinary steps and that my failure to comply will be reported to the referring authority. I agree to attend and complete sessions as scheduled.

_____ I agree that I am expected to maintain my appearance in a clean and appropriate manner. Clothing, jewelry, or fashion accessories that are racially offensive, obscene, depict nudity, promote/advocate gangs, violence, guns, illegal activities, or represent items associated with drugs, alcohol, or the paraphernalia, are prohibited. I agree to remove my hat upon entering the facility. I understand that I am not permitted to bring any type of weapon into the facility. If questions arise concerning the appropriateness of any item, THE PROGRAM SUPERVISOR will make the final determination.

_____ I understand that pagers, cell phones, tablets, smart watches, and other communication devices are not allowed in the HCCC facility. I agree to keep all of my personal belongings in designated lockers in the lobby, or locked in a secure closet in the facility. I understand that if I bring a purse, backpack, etc., that I must place the parcel in a secured locker in the facility. I understand that I have no reasonable expectation of privacy, and that my belongings are subject to search by staff or law enforcement.

_____ I agree to not break any law while on HCCC property or while participating in HCCC services outside of the facility. I understand that any violation thereof will result in notification to local authorities. I agree not to smoke/vape, or use tobacco products, in the facility and/or during group sessions. I agree to smoke/vape in designated areas outside of the facility.

HARRISON COUNTY COMMUNITY CORRECTION PROGRAM PARTICIPATION AGREEMENT/RULES (CONTINUED)

_____ I understand that ALL DEFENDANTS who have been SENTENCED by the Magistrate Court to report to Harrison County Community Corrections for any service (drug screens, counseling, case management, etc.) are REQUIRED to undergo a LS/CMI. (*This requirement DOES NOT apply for Magistrate BOND cases*).

_____ I agree to arrange for child care while participating in services. If child care is unavailable, I will contact my counselor or case manager to determine a course of action. I agree to report any changes in my daily schedule, work schedule and employment status, school schedule and student status, phone number, and/or physical address to my case manager. I agree to pay any assessed fees for services (i.e. drug screen/lab fees and community corrections fees) received by me, unless otherwise waived by my sentencing authority (Circuit or Magistrate Court).

_____ I agree I will complete a minimum of 8 hours of community service each week at HCCC if not employed. I agree to provide staff documentation verifying my employment once employed (i.e. work schedules and/or pay stubs).

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

DISCIPLINARY POLICY: Choosing to fail to comply with rules of HCCC and/or your recommended services will constitute a violation. ALL violations will be reported to the referring authority (i.e. sentencing Judge, Magistrate, Prosecutor, Probation Officer, or Parole Officer). Violations may also result in termination from the Harrison County Community Corrections Program.

Violations may include, but are not limited to:

1. Any new criminal arrest and/or conviction with or without notifying Harrison County Community Corrections staff within 24 hours.
2. Absconding (which is defined as a period of one day or more for which your whereabouts are unaccounted for or unknown to the staff)
3. Threatening/abusive language, assaultive behavior or threatening with and/or use of weapons or objects that may be used as weapons
4. Any positive drug screen (lab confirmed) that shows new use of alcohol or an illicit substance without a valid prescription.
5. Failure to complete your community service hours.
6. Failure to notify staff of changes in living or work situations, including changes in household composition, address and phone number, moving to new unit, fired, laid off, more/less hours at work, pay raise, etc.
7. Breaking Harrison County Community Corrections rules and regulations as outlined in this handbook and the Participation Agreement/Rules section on Page 8.
8. Not attending groups or individual sessions with Harrison County Community Corrections staff.
9. Not calling in when late to scheduled HCCC event or missing that event.
10. Disruption of a group or individual session that warrants mandatory removal.
11. Refusal to provide urine sample for drug/alcohol screening.

I, _____ have read and fully understand the Harrison County Community Corrections (HCCC) Disciplinary Policy and what constitutes a violation as outlined on this page.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

HARRISON COUNTY COMMUNITY CORRECTIONS

CLIENT RIGHTS

Clients of the Harrison County Community Correction Program shall be afforded the following basic rights:

1. The right to treatment and services under conditions that support the client's personal liberty and restrict such liberty only as necessary to comply with treatment needs.
2. The right to an individualized, written treatment plan to be developed promptly after admission; treatment based on the plan; periodic review and reassessment of needs, and appropriate revisions of the plan including a description of the services that may be needed for follow-up.
3. The right to ongoing participation in the planning of services to be provided as well as participation in the development and periodic revision of the treatment plan, and the right to be provided with a reasonable explanation of all aspects of his/her conditions and treatment.
4. The right to refuse treatment and/or services. The right to refuse to participate in experimentation without the informed, voluntary, written consent of the client, parent or guardian; the right to protections associated with such participation; and the right and opportunity to revoke such consent.
5. The right to freedom from restraint or seclusion. Restraint and seclusion may only be used in situations where there is imminent danger that the client will injure himself or others, and all other less restrictive methods of control have been exhausted.
6. The right to a humane treatment environment that affords reasonable protection from harm and appropriate privacy and freedom from verbal or physical abuse. The right to confidentiality of records. The right to access, upon request, to his/her own records in accordance with state law.
7. The right to be informed of all rights. The right to legal counsel and other requirements of due process. The right to not be subjected to remarks which ridicule the clients or others. The right to refuse to make public statements acknowledging gratitude to the program or perform at public gatherings.
8. The right to assert grievances with respect to infringement of these rights, including the right to have such grievances considered in a fair, timely, and impartial procedure.
9. HCCCP shall be prohibited from discharging or discriminating against any client by whom, or on whose behalf, a complaint has been submitted to the Harrison County Commission, or who has participated in a complaint investigation process. The right of access to a qualified advocate in order to understand, exercise, and protect the client's rights.
10. The right to be informed, in advance, of charges for services. The right to all available services without discrimination because of race, creed, color, sex, age, handicap, national origin or marital status and the right to referral, as appropriate, to other providers of behavioral health services.
11. The right to exercise his/her civil rights, including but not limited to the right to hold professional, occupational or vehicle operator's licenses, unless he/she has been adjudicated incompetent, or there has been a specific finding that such individual is unable to exercise the specific right or category of rights. In the case of a client adjudicated incompetent, these rights may be devolved to the client's guardian, if so specified by the court.
12. The right to a smoke free environment.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

HARRISON COUNTY COMMUNITY CORRECTIONS

CLIENT GRIEVANCE PROCEDURES AGREEMENT

Any client who believes that he/she has been treated in an unfair or inappropriate manner by the staff, or is in some other way dissatisfied with the services received, has the opportunity to seek a satisfactory resolution of their concerns through the Client Grievance Procedure. This procedure includes the following steps:

1. The client is encouraged to try to resolve any dissatisfaction with staff by first discussing his/her concerns with the individual staff member and supervisor involved.
2. If the client is not satisfied with the outcome of the initial discussion with the staff member and/or supervisor involved, the client may appeal to the Program Supervisor to have his/her dissatisfaction reviewed. The Program Director will normally meet with the client to discuss the dissatisfaction within 72 hours of any request for appeal. The Program Supervisor will respond to the client as soon as possible but within 72 hours, with a decision to approve or reject the client's request. This response will be in writing if, (a) The client requests a written response, or if (b) the Program Supervisor determines that the matter is of sufficient seriousness to warrant a written response.
3. If the client is not satisfied with the outcome of the Program Supervisor's decision, the client may appeal to the Program Director to review his/her dissatisfaction. The Program Director will normally meet with the client to discuss the dissatisfaction within 72 hours of any request. The Program Director will respond to the client as soon as possible, but within 72 hours, with a decision to approve or reject the client's request. This response by the Program Director will be in writing.
4. If the client is not satisfied with the decision made by the Program Director, the client may appeal to the Community Corrections Board. If the client is not satisfied with the decision made by the Community Corrections Board, the client may appeal to the Harrison County Commission.
5. HCCCP shall be prohibited from discharging, or discriminating against any client by whom, or on whose behalf, a complaint has been submitted to the Harrison County Commission or who has participated in a complaint investigation process.
6. A copy of the grievance procedures shall be posted in a prominent location for clients, parents, guardians, or designated representatives to review.
7. Grievances shall be filed in a secure area and shall be retained for five years.

I, _____, acknowledge being advised and understand my rights as a client of the Harrison County Community Corrections Program to pursue problem resolution in accordance with the above stated Client Grievance Procedures.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

HARRISON COUNTY COMMUNITY CORRECTIONS

CONSENT FOR CARE

_____ I hereby grant permission to the Harrison County Community Corrections Program to provide routine evaluation and treatment services as may be deemed necessary or advisable for the provisional diagnosis and/or care of:

(Client's full name)

_____ I understand that all information gathered in the course of my care is confidential. However, information may be released in cases of medical emergency, abuse or neglect, court order, insurance billing claim requirements, and where otherwise legally required.

_____ I agree to participate in my care planning process to the best of my ability. I understand that there is no guarantee that those services will prove beneficial to me.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

HARRISON COUNTY COMMUNITY CORRECTION PROGRAM GROUP SESSION PARTICIPATION AGREEMENT

Client's Name: _____

_____ I agree to attend all group sessions.

_____ I will call, email, or text when I am unable to attend.

_____ I will make every effort to fully participate in group discussions.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

HARRISON COUNTY COMMUNITY CORRECTIONS

INDIVIDUAL OUTLINE OF SERVICES

Name: _____

Case Manager: _____

Phone Number(s): _____

EARLY RECOVERY

___ Group Session

___ One on One

Referral (to: _____)

GED TEST PREP

Referral (to: _____)

PEER RECOVERY

Referral (to: _____)

ANGER MANAGEMENT

___ Group Session

___ One on One

___ Referral (to: _____)

LIFE SKILLS

___ Group Session

___ One on One

Referral (to: _____)

CRIMINAL THINKING

Referral (to: _____)

INPATIENT TREATMENT

Referral (to: _____)

OUTPATIENT TREATMENT (IOP)

Referral (to: _____)

DOMESTIC VIOLENCE

___ Group Session

___ One on one

Referral (to: _____)

PROBLEM SOLVING/DECISION MAKING

Referral (to: _____)

HEALTHY RELATIONSHIPS

Referral (to: _____)

RECOVERY MANAGEMENT

___ Group Session

___ One on One

Referral (to: _____)

RATIONAL THINKING

Referral (to: _____)

MUTUAL AID GROUPS

___ per week

___ PSYCHIATRIC EVALUATION

___ PSYCHOLOGICAL EVALUATION

Referral (to: _____)

THERAPY EVALUATION

Referral (to: _____)

RANDOM URINE DRUG SCREENS

___ times

___ per week

___ per month

DUI SAFETY/TREATMENT

___ Group Session

Referral (to: _____)

COMMUNITY SERVICE

___ Number of Hours

Referral (to: _____)

I, the undersigned, have been explained the above outlined services. I understand that I am required to fully participate in the above designated services. I also understand that failure to fully participate with the programming requirements may be a violation of HCCC rules and regulations as outlined in the client handbook.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

HARRISON COUNTY COMMUNITY CORRECTION PROGRAM

FIRE OR DISASTER PLAN

1. In case of a fire or other emergency, immediately notify the staff person on duty. The person in charge shall contact/notify the appropriate authorities.
2. Please note emergency numbers and all exits posted in the entrance of the office.
3. In case of fire, the person in charge shall immediately call the local fire department or 911. The number is posted by the telephones in the office. Remember to give the exact location of the session of facility. All persons are to evacuate the building immediately. Leave through the nearest exit as quickly as possible. Signs mark all fire exits and floor plans of all exits are posted on each floor.
4. In case of disaster or fire, do you need assistance in exiting the building?

_____ YES

_____ NO

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

HARRISON COUNTY COMMUNITY CORRECTION PROGRAM

COMMUNITY SERVICE PARTICIPATION AGREEMENT

I agree to perform a **minimum of 8 hours per week of Community Service** if not employed while enrolled in HCCCP services. I agree that I will not consume or have in my possession any controlled substances or narcotics, except those prescribed for me by a licensed physician, and taken in the prescribed dosages while performing community service. I agree to provide my prescription information to HCCCP staff. I agree not to possess any drug paraphernalia. I will submit to random drug tests at my own expense at the discretion of HCCCP Staff. I agree that any required medication is my responsibility and that I must discuss my medication needs and/or requirements with HCCCP staff. I agree not to be around any one possessing or consuming controlled substances or narcotics, except those prescribed for that person. I agree that I will not consume or have in my possession any alcoholic beverages, including wine and non-intoxicating beer, nor associate with anyone possessing or consuming the same. I will submit to random alcohol tests (urine, blood, and/or breath test) at my own expense at the discretion of HCCCP staff.

I agree to be supervised and to fully participate in the community service activity to which I am assigned to or find on my own. I agree to use independent work time constructively. I agree to have approval from my supervisor prior to leaving a community service activity. I agree to participate in all community service activities. I understand choosing to not participate or failure to appear for work will result in HCCCP staff forwarding letters of non-compliance to referring authorities and they may order a revocation of my sentence. Communication devices such as cell phones, smart watches, etc. are allowed, but are to be kept in a secured location. Personal listening devices cannot be used due to safety concerns. Purses are permitted, but backpacks must stay at the HCCC facility. I understand that I am responsible for my own transportation to and from the HCCC Community Service Building or approved Work Site prior to and following my completion of the community service activity. I understand that I am responsible for my meals while working on community service, and that the lack of Child Care is not an appropriate cause for failure to appear.

Appropriate clothing is required at all times. Shorts, tank tops, halter tops, shirts that show your stomach, and sandals, are not allowed. Clothing must cover the body and shoes must cover the feet for safety. I agree to wear my Community Service t-shirt or provided safety vest at all times while completing community service hours. I agree to pay \$10.00 if I do not return my t-shirt. I agree to maintain the peace and not break any laws. I will report any and all contact I may have with Law Enforcement personnel immediately to HCCCP staff. I agree that if I commit a crime I may be removed from the program and documentation pertaining to my removal will be forwarded to my attorney, referring court authority, parole or probation officer, and prosecuting attorney's office. I agree to obey all city ordinances, state laws, and the laws of the U.S. government.

I agree to attend and complete community service as scheduled. I agree to contact the HCCC Community Service Supervisor for scheduling community service work. I agree to not physically or verbally assault any client, staff, or supervisor while performing community service work. This includes, but is not limited to threats, physical contact, profanity, racist or sexist remarks, sexually suggestive remarks, and/or verbal assault. I agree to keep appointments with HCCCP staff at the place, date, and time previously agreed upon. I agree to notify HCCC Community Service Supervisor and my Case Manager of any changes in my address and/or telephone number.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

HARRISON COUNTY COMMUNITY CORRECTION PROGRAM COMMUNITY SERVICE WORK CONTRACT

This is an agreement between the client, the Harrison County Day Report Center, and the Community Service Work Site specifying terms and conditions of court ordered or referring authority requested community service work hours.

Name of client: _____

Community Service work hours ordered: _____

Date of discharge: _____

Approved Placement: _____

Name of Supervisor: _____

Telephone Number(s): _____

Address: _____

Directions: _____

Community Service work hours will be completed as noted below:

I agree to accept the responsibility for attesting to the community service work hours performed by the client. Further, that should the defendant not adhere to work site rules and regulations and perform the work hours as agree, that they will be terminated from this placement.

Work Site Supervisor Signature: _____ Date: _____

I agree to the terms and conditions as stated and understand that failure to adhere to the terms and conditions of this agreement could result in termination from the community service work program and further action by the court.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

PROGRAM MANAGER: Pat McIntire
220 Washington Ave.
Clarksburg, West Virginia 26301
FAX: 304-626-1085 PHONE: 304-624-8556

HARRISON COUNTY COMMUNITY CORRECTION PROGRAM COMMUNITY SERVICE SITE CONTRACT

In the interest of providing opportunities for restorative justice, the following agency (municipality or 501(c) (3) entity) _____ agrees to allow the Harrison County Community Corrections Program (HCCCP) to provide personnel to complete community service hours and/or projects at their place of business or specified affiliate. The undersigned agrees to allow Community Service Work Crews to perform work on their premises under the supervision of HCCCP staff on previously scheduled Saturdays and Sundays, between the hours of 9:00 a.m. and 3:00 p.m. and/or allow individuals to perform community service throughout the week.

The above specified entity is required to monitor and document the number of community service hours performed by each individual provided by the HCCCP, unless a designated representative is present (i.e. county employed personnel or Day Report Center staff).

The contact person for community service monitoring shall be: _____

Entity Address: _____

Phone (304) _____ Fax (304) _____ Email _____

Community Service Work Site Signature

Date of Signature

HCCCP Staff Signature

Date of Signature

***PROGRAM MANAGER: Pat McIntire
220 Washington Ave.
Clarksburg, West Virginia 26301
FAX: 304-626-1085 PHONE: 304-624-8556***

RELEASE, WAIVER, INDEMNIFICATION, HOLD HARMLESS, AND ASSUMPTION OF THE RISK AGREEMENT

WHEREAS, in return for completion of community service hours/activities, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Undersigned agrees to the following:

The Undersigned agrees to indemnify, hold harmless and defend the Harrison County Community Corrections Program, the Harrison County Commission, the Harrison County Sheriff's Department and any of its employees, directors, officers or agents (hereinafter the HCCCP), from any and all fault, liabilities, costs, expenses, claims, demands or lawsuits arising out of related to or connected with the completion of community service hours/activities; the Undersigned's participation in the completions of community service, buildings, land and premises used for the community service (hereinafter the "Premises"); the Undersigned's presence on or use of said Premises; and any and all acts of omissions of the Undersigned. And should any such claim, demand or lawsuit arise or be asserted in any way whatsoever related thereto, whether arising under the laws of the United States or of any State, or under any theory of law or equity, the Undersigned will indemnify, hold harmless and defend the HCCCP, from any and all costs, expenses or liability including, but not limited to, the cost of any settlement or judgment made or rendered against the HCCCP, whether individually, jointly, or in so lido with the Undersigned, together with all costs of court and other costs or expenses incurred in connection with any such claim, demand or lawsuit, including attorney's fees. The Undersigned furthermore waives for himself/herself and his/her executors, administrators, assignees or heirs, and all rights and claims for damages, losses, demands and any other actions whatsoever, which he/she may have or which may arise against the HCCCP, (including, but not limited to any and all injuries, damages or illnesses suffered by the Undersigned or the Undersigned's property), which many, in any way whatsoever, arise out of, be related to or be connected with: completion of community service hours/activities; the Premises, including any latent defect in the Premises; the Undersigned's presence on or use of said Premises; and the Undersigned's property (whether or not entrusted to HCCCP). The HCCCP shall not be liable for, and the Undersigned, on behalf of himself/herself and his/her executors, administrators, assignees or heirs, hereby expressly releases the HCCCP from any and all such claims.

The Undersigned hereby expressly assumes the risk of entering the Premises and of taking part in activities on the Premises which include, but are not limited to, completion of community service hours/activities. The undersigned acknowledges and agrees that if he/she works in excess of the assigned community service hours, he/she understands they will not be paid or compensated in any way for any additional hours. The Undersigned furthermore hereby acknowledges and agrees that he/she has read, understands and will at all times abide by all HCCCP rules and procedures. This instrument binds the Undersigned and his/her executors, administrators, assignees or heirs.

Undersigned (Client) Signature

Staff Signature

Print Name

Print Name

Date Signed

Date Signed

NOTE: Signing this form is voluntary