

20th DISTRICT DIVISION II
TREATMENT COURT INC.



Wellness Court

Participant

Handbook

TABLE OF CONTENTS

Welcome Letter	3
Mission and History	4
Team Members	5
Treatment Contract & Services Provided	6
Community Service & Supervision	6-7
Incentives/Positive Consequences	8
Sanctions	8
Court Dockets	9
Phase I Requirements	10
Phase I Request to Advance	11
Phase II Requirements	12
Request Advance from Phase II to III	13
Phase III Requirements	14
Request Advance from Phase III to IV	15
Phase IV Transition	16
Phase IV Request to Advance to Phase V	17-18
Phase V Completion of Fines	19
Consumer Rights	20-21
Grievance Policy	22-24
Participant Responsibilities	25
How do I graduate	25
Marijuana Policy	26
OTC Medication List	27
Urine Abstinence Testing	28
Participant Drug Testing Contract	29
Communication Form	30

Dear Participant,

Welcome to the 20th District Division II Wellness Court Program.

This handbook will help you:

1. Know how Wellness Court works
2. Know Team Expectations
3. View needed paperwork
4. Store paperwork and receipts.

Wellness Court uses:

1. Criminal Justice Services
2. Treatment Services
3. Community Supports

Wellness Court Goals

MORE
Use of Treatment Services
Treatment needs met
Meeting Recovery Goals

LESS
Criminal Justice Involvement

After Program—Goals

- Life-long change
- Continue wellness and recovery journey with treatment providers
- No more offenses or court involvement

IMPORTANT:

This program is a court of law and should be respected. All Team Members should also be spoken to in a respectful manner.

Sincerely,

The Wellness Court Team

Program Mission

The mission of the 20th District Wellness Court Program is to address the unique needs of individuals with severe and persistent mental illness who have cycled through the criminal justice system. It serves as a bridge between the criminal justice system and the mental health system providing access to individualized treatment and resources. In exchange for successful completion of the treatment program, the Court may dismiss the original charge, reduce, or set aside a sentence, offer some lesser penalty, or offer a combination of these.

Program History

The Anna McBride Court Program of 20th District Division II was established in March 2020 through the collaborative efforts of Johnston, Marshall and Murray District Court, treatment providers, and the Oklahoma Department of Wellness and Substance Abuse Services. This program is regulated in part by Oklahoma State Statute 22-472, known as the “Anna McBride Act” passed by the state legislature in 2002.

Team Members

Presiding Judge – **Wallace Coppedge, District Judge**

District Attorney – **Melissa Handke**

Your Attorney - _____

Program Coordinator – **Evelyn Gallegos**

100 Plaza Suite 305

Madill, OK 73446

580-565-2531

Lighthouse Behavioral Wellness Center

Crisis Center - Address: 1219 K St NW, Ardmore Ok 73401

- ✓ Phone: (580) 798- 4523
- ✓ Hours of Operation:
 - Monday – Sunday Open 24 Hrs.

Tishomingo Office - Address: 108 W Main Tishomingo, Ok 73460

- ✓ Phone: (580) 371-3019
- ✓ Hours of Operation:
 - Monday/ Wednesday/ Thursday/ Friday 8am -5pm
 - Tuesday 8am-7pm

Madill Office - Address: 603 S 1st St

- ✓ Phone: (580) 798-0111
- ✓ Hours of Operation:
 - Monday/ Wednesday/ Thursday/ Friday 8am -5pm
 - Tuesday 8am-7pm

Sulphur Office - Address: 414 W. Muskogee Sulphur, Ok 73086

- ✓ Phone: (580) 386-8350
- ✓ Hours of Operation:
 - Monday/ Wednesday/ Thursday 8am – 5pm
 - Friday 8am -3pm
 - Tuesday 8am-7pm

The MHC Coordinator can be reached at (580) 257-2002

Should you require after-hours assistance, in case of emergencies, either go to the emergency room or call 911.

Confidentiality

It is important for the Wellness Court Team to communicate. You signed paperwork that allows team members to communicate and share information as needed.

Treatment Contract

You have stated your Plea and are now a participant of the Wellness Court.

1. You signed a Treatment Contract that included basic rules of the program.
2. There is a blank copy in this binder, and you can choose whether to keep your signed copy in here so you can find it again easily.

Fees

You are required to pay fines and court costs as established during your plea. You will also be required to pay \$35 a month for Anna McBride program fees.

Services Available

It is important for the Wellness Coordinator and treatment providers to work together. Treatment is required in this program.

You can choose your provider as long as:

1. They provide the services required may include, but are not limited to:
 - A. Individual Sessions
 - B. Group Sessions
 - C. Substance Abuse Treatment
 - D. Medication Services
 - E. Rehabilitation
 - F. Employment Training
 - G. Programs of Assertive Community-Based Treatment (PACT)
 - H. Psychosocial Rehabilitation (PSR) programs.
 - I. Moral Reconation Therapy (MRT)
2. The provider allows communication between themselves and the Team.
3. Treatment Provider shares your progress, attendance, and relevant information.

Community Service

You will be required to complete 5 hours of Community Service every month. Speak to the Coordinator to make sure you complete your community service at an approved location.

What is Supervision?

1. GroupMe App or Phone Check-ins:
 - Morning check-in: 8 am each morning
 - At check-in, you will be advised of a color for you to determine a need to have a drug test that day.
 - Drug Tests are given between 8:30am-9:30am at the location you have been instructed to

report to for testing. Test results will be reported to the Judge and team, to include efforts to beat the tests.

If you do not check-in and/or do not show for your test, it will be considered a positive (failed) drug test and can result in a sanction (consequence).

-Curfew Check-ins: You need to be home for the night by your curfew.

Phase 1 – 8:00

Phase 2 – 9:00

Phase 3 – 10:00

Phase 4 - 11:00

Phase 5 – No curfew.

-The GroupMe App and/or Phones are also way that participants and coordinator can follow up on progress in between visits.

2. Substance Testing

-Urine Tests

If you are a man, a man will be there during testing.

If you are a woman, a woman will be there during the testing.

If a person of the same gender is not available, a mouth swab will be given.

-Oral (Mouth Swabs)

-Lab testing

If you say you didn't use a drug, when your drug test shows you have, it can be sent to a lab. It will cost you \$75 if the lab results show there were drugs in your system after you have told us you have not used a substance.

3. Office appointments or Home/Work visits

-May be planned by Coordinator/Compliance Officers

-Compliance Officer and/or Coordinator visits your home or work.

-Visits can be random, planned, or chosen due to various reasons.

5. Treatment

-Coordinator and counselors will communicate about progress in services

-Wellness Court progress can be discussed with treatment providers

-Coordinator may talk to counselor about areas of concern

Incentives/Positive Consequences- The Team uses incentives to encourage positive behavior. Behaviors that prompt incentives, sanctions, and therapeutic adjustments.

Examples of Positive Behaviors:

- Doing all that is required in the program
- Meeting treatment goals
- Finishing treatment requirements
- Not using drugs, alcohol, or other addictive substances
- Getting/keeping a job
- Getting a GED
- Any good behavior/lack of poor choices the Team notices.

Examples of Possible Incentives:

- Compliment/recognition from the Team
- Item or privilege that will help with your Wellness/self-care
- Less travel restrictions
- Less check-ins
- Gift certificates
- Team can create incentives

Sanctions/Negative Consequences-The Team uses sanctions to discourage negative behaviors.

Examples:

- Not following the rules of the program
- Missing treatment appointments
- Missing appointments with Coordinator/Compliance Officers
- Missing court appearances
- Using drugs/alcohol
- Failing a Wellness test
- Not showing for a drug test
- Being disrespectful to Team Members
- Breaking the law
- Negative Patterns
- Lying
- Being AWOL- leaving the county without permission. Not reporting when required.

Possible Sanctions/Negative Consequences:

- Increased check-ins with Coordinator
- Increased contact with Coordinator
- Increased Wellness testing
- Increased time in phase
- Community service
- Jail
- Intermediate Revocation Facility “IRF”
- Termination
- There may be other sanctions as determined by policy or by the Team.

Therapeutic Adjustments – The counseling may make adjustments to your current sessions and/or treatment plan.

Court Dockets (Monthly Wellness Court Meetings)

You will need to attend monthly “Wellness Court Dockets”. On these court dates, you will sit down with the Wellness Court Team. Members of the team may ask you questions, provide ideas, review your progress, decide if you’ve earned an incentive or sanction, and determine if you will move to the next phase in the program. It is held each month at the Courthouse (unless changed by the Court due to holidays or other obligations). At each docket, you will be informed of your next Wellness Court date. You will sign a court minute and receive a copy for your records.

Basic Court Information:

1. You must attend each docket.
2. Bring your binder, payment, and paperwork.
3. You cannot wear:
 - flip flops
 - low cut shirts
 - crop tops or shirts that show the stomach
 - low hanging pants
 - short skirts/dresses
 - tight fitting clothing (i.e. Yoga pants, tight shirts, etc)
 - lace/see through clothing
 - Wellness related clothing
 - dirty clothes
 - Please read the rules posted outside the courtroom.

You can wear:

- Clean Jeans
 - Clean shirt
 - Dresses
 - Dress pants
 - **If you do not have clothing for court, speak to your coordinator for ideas.**
4. Lies and/or disrespect to Wellness Court Team Members are not acceptable.
 5. Disrespect for other participants is not allowed.
 6. Phase-Up: The Wellness Team decides if you can phase up and it will depend on your progress in the program.

Phase I - Orientation (Minimum 3 months)

REQUIREMENTS

1. Check-in at 7:00am through the Reconnect App.
After you take your picture, the app will let you know if you need to come in for a Wellness test.
----Wellness Testing: 8:30am-9:30am---
2. You must also be willing to take a drug test at any time required.
3. Be home before 8:00pm EVERY night. Check-in on the app at 8:00pm.
At curfew, you need to stay home until the sun rises the next day.
4. Be prepared to meet with Coordinator, at least one (1) time per week.
5. Drug and/or Drug Treatment Facility Appointments
 - A. Complete intake, treatment plan, & updates as needed.
 - B. Attend appointments as directed.
 - C. Create a Budget with your Treatment Provider
6. Be willing to have your home/work visited for supervision/compliance if required.
7. Attend three (3) in-person self-help or healthy community activities per week. (Must be approved by MHC Coordinator).
8. Attend Wellness Court one time per month.
9. Be sanction free for at least 90 days.
10. 90 days clean/sober
11. Complete 5 hours of Community Service per month
12. After you have completed the above requirements, complete "Phase 1: Request to Advance to Phase 2" form. It needs to be turned in at least one week before court.

Phase 1: Request to Advance to Phase 2

As you progress through phases, you will begin to take more personal accountability.

1) What is your Wellness diagnosis?

2) What activities do you participate in to reduce your Wellness symptoms?

3) Describe three coping skills you are currently using.

4) What are your current medications and what symptoms do they treat?

5) Who should you call if you have a question regarding medications or treatment?

6) How many support meetings have you completed in this phase? _____

7) Have you been clean/sober for 90 days? Yes / No

8) Did you attach a copy of your crisis plan? Yes / No

9) Did you attach a copy of your Budget Plan? Yes / No

10) Did you attach a copy of 5 hours of community service per month? Yes / No

11) Are you up to date on your fines, court costs, and Wellness Court fees? Yes / No

12) Have you had a sanction in the last 90 days?

13) Did you attach a letter with the progress you have made, what you are doing different now than when the offense occurred? Yes / No

The Treatment Team and the Honorable Judge Coppedge agree that _____
will advance to phase _____, on the day of _____

Honorable Judge Coppedge _____

Coordinator _____

Participant _____

Phases 2 - Engagement (Minimum 3 months)

- 1.) Check-in at 7:00am, through the Reconnect App.
----Drug Tests: 8:30am-9:30am----
- 2.) Curfew Phase 2: 9:00pm
- 3.) Be prepared to meet, with Coordinator, at least 1 time per week.
- 4.) Counseling appointments as required
- 5.) Home and/or work compliance visits if required.
- 6.) Three (3) in-person self-help or healthy community activities per week
- 7.) Attend Wellness Court one (1) time per month.
- 8.) Obtain safe, stable housing.
- 9.) Be sanction free for at least 90 days.
- 10.) 90 days clean/sober.
- 11.) Complete 5 hrs. of community service per month
13. After you have completed the above requirements, complete "Phase 2: Request to Advance to Phase 3" form. It needs to be turned in at least one week before court.

Phase 2: Request to Advance to Phase 3

1) Describe your support system

2) Describe the coping skills you are using.

3) Describe your current living situation? _____

4) Is your housing situation safe? _____

5) Will you be able to continue to live in your home after you complete this program?

6) Describe your triggers. _____

7) Describe skills you have learned to assist with meeting your goals.

8) Have you been clean/sober for 90 days? Yes / No

9) Have you had a sanction in the last 90 days? Yes / No

10) Did you attach a copy of your Budget Plan? Yes / No

11) Did you attach a copy of 5 hours of community service per month? Yes / No

12) Are you up to date on your fines, court costs, and Wellness Court fees? Yes / No

14) Did you attach a letter with the progress you have made since Phase 2? Yes /No

The Treatment Team and the Honorable Judge Coppedge agree that _____
will phase up to phase _____, on the day of _____

Honorable Judge Coppedge _____

Coordinator _____

Participant _____

Phase 3 - Building Independence (Minimum 3 months)

- 1.) Check-in at 7:00am, through the Reconnect App.
----Drug Tests: 8:30am-9:30am----
- 2.) Curfew Phase 3: 10:00pm
- 3.) Be prepared to meet with Coordinator, at least 1 time per week.
- 4.) Wellness appointments as required
- 5.) Home and/or work compliance visits if required.
- 6.) Three (3) in-person self-help or healthy community activities per week
- 7.) Attend Wellness Court one (1) time per month.
- 8.) Maintain stable housing
- 9.) Be sanction free for at least 90 days before phasing up.
- 10.) Complete 5 hrs of community service per month
- 11.) Be at least 90 days sober before phasing up.
- 12.) After you have completed the above requirements, complete "Phase 3: Request to Advance to Phase 4" form. It needs to be turned in at least one week before court.

Phase 3: Request to Advance to Phase 4

- 1) What are your top five stressors and what is your plan to approach these?

- 2) Describe your plan upon graduating?

- 3) How will your life change upon graduating?

- 4) What goals do you have after graduating? What barriers do you see in meeting your goals and what are your plans for these barriers?

- 5) What self-help, community activities or healthy activities do you plan to continue after graduating? How do you think they will change?

- 6) Have you been clean/sober for 90 days? Yes / No

- 7) Have you had a sanction in the last 90 days?

- 8) Did you attach a copy of your Budget Plan? Yes / No

- 9) Did you attach a copy of 5 hours of community service per month? Yes / No

- 10) Are your fines, court costs, and Wellness Court fees current? Yes/No

- 11) Did you attach a letter with the progress you have made in the program since Phase III began? Yes / No

The Treatment Team and the Honorable Judge Coppedge agree that _____ will phase up to phase _____, on the day of _____

Honorable Judge Coppedge _____

Coordinator _____

Participant _____

Phase 4 - Transition (Minimum 6 months)

- 1.) Check-in at 7:00am, in Reconnect App.
----Drug Tests: 8:30am-9:30am----
- 2.) Curfew Phase 4: 11:00pm
- 3.) Be prepared to meet, with Coordinator, at least 2 times per month.
- 4.) Counseling appointments as recommended by treatment provider.
- 5.) Home and/or work compliance visits if required.
- 6.) Three (3) in-person self-help, healthy, or community activity per week.
- 7.) Attend Wellness Court at least one (1) time per month.
- 8.) Maintain stable housing
- 9.) **After Phase 4, you will...**
 1. Move to Phase V if you **have not** paid consistently on your court costs, fines, restitution, and MHC fees.

OR

2. Review Graduation Requirements below if you **have** paid all your costs consistently, fines, restitution, and MHC fees.

To graduate, you must complete the following:

- Be sanction free for at least 180 days to graduate.
- Complete 5 hrs. of community service per month
- Have six months sobriety from illegal substances.
- Have six months compliance with treatment.
- Complete the Graduate Request Form – (See “Forms”)
- Pay off all court costs, fines, restitution, MHC fees.

Phase 4: Request to Advance to Phase 5

I'm requesting to advance to Phase 5 ____

I'm requesting to Graduate ____

You must be current with all other program requirements to be considered for advancement.

<u>Services I receive now:</u>	<u>I plan to continue:</u>	<u># appts provider requires</u>
<input type="checkbox"/> Counseling	<input type="checkbox"/> Counseling __times per ____	__times per ____
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Psychiatrist __time per ____	__times per ____
<input type="checkbox"/> Med Clinic at LBWC	<input type="checkbox"/> Med Clinic __time per ____	__times per ____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	__times per ____

What helps you personally maintain good Wellness in a week?

____self-help groups

____community activities

____healthy habits or exercise

____counseling sessions

Participant Name: _____ Plea Date _____

Diagnosis: _____

Is Your Crisis Plan Attached? _____

Current medications:

How many community service hours have you completed throughout the program? _____

Have you been sober 6 months from substances? _____

Have you been completing all treatment for 6 months? _____

Have you completed all court orders? _____

Have you paid off all court fines, costs, and Wellness Program Fees? _____

Have you paid off all fines, costs and restitution owed to the District Court? _____

How many support meetings have you completed throughout the program duration?

Name of your Sponsor: _____

Telephone number of your Sponsor (required): _____

Describe what you have learned from this program that has made your life better.

Consistent levels of participation in all aspects of treatment are required to graduate. The following statement must be agreed to by the entire Wellness Court Team for Graduation to be approved:

The above-mentioned participant has demonstrated consistent motivation in the treatment. Each signature below represents the team member's recommendation for Graduation from the Wellness Court.

Request to Graduate: Accepted/Denied

If denied, reason why: _____

If denied, next steps: _____

Signature of Supervising Judge: _____

Signature of ADA: _____

Signature Treatment Counselor: _____

Signature of Coordinator: _____

Signature of Participant: _____

Phases V – Completion of Fines (No Minimum)

This phase is used when you have shown progress and compliance with MHC program requirements to the point you could graduate if all your fines and costs were paid. This phase promotes more independence as you work toward paying off the remainder of your fines and costs.

- 1.) Report, in-person, to Coordinator as directed
- 2.) Check-in, by phone or app, with Coordinator as directed.
- 3.) Attend appointments with Treatment Provider as required. (You and your provider decide the level of services needed to maintain good Wellness, maintain having a counselor, and continue med clinic for your medicines for Wellness.)
- 4.) Attend Wellness Court at least one (1) time every other month.
- 5.) Three (3) in-person self-help or healthy community activities per week
- 7.) Maintain Stable Housing
- 8.) **To graduate, you must complete the following:**
 - Be sanction free for at least 180 days to graduate.
 - Complete 5 hrs. of community service per month
 - Have six months sobriety from illegal substances.
 - Have six months compliance with treatment.
 - Complete the Graduate Request Form – (See “Forms”)
 - Pay off all court costs, fines, restitution, MHC fees.

CONSUMER RIGHTS

Treatment Court programs shall have policy and procedures which protect participants' rights as both consumers of treatment services and as defendants in the criminal justice system. Oklahoma Administrative Code Title 450 Chapter 15 identifies the rights of individuals receiving services, either voluntarily or involuntarily in a public or private agency, corporation, partnership, or other entity operated or certified by OHMHSAS contracts to provide the physical custody, detention or treatment of consumers.

- * A grievance process shall be made available to program participants to make formal complaints regarding perceived violations of consumer rights. Wellness Court teams shall store all original grievance and grievance outcome information to be accessed by ODMHSAS upon request. Wellness Court policy and procedures shall identify a participant grievance process. Process shall:
 - * Identify the method by which program participants can file a grievance with the Wellness Court Team.
 - * Identify a time frame for the grievance procedures which allow for an expedient resolution of participant grievances, not to exceed fourteen (14) days.
 - * Include the provision of written notification to the participant of the outcome and mechanism by which the participant can appeal the outcome.
 - * Identify the person(s) responsible for coordinating the program's grievance procedure and the individual responsible for or authorized to make decisions for resolution of the grievance. In the instance where the decision maker(s) is (are) the subject of a grievance, decision making authority shall be delegated.
 - * If a satisfactory outcome to the grievance cannot be reached, the Wellness Court Team shall forward the grievance, along with steps taken by the Wellness Court Team to resolve the grievance, to the Office of Consumer Advocacy.

Office of Consumer Advocacy

- * The Office of Consumer Advocacy is authorized by 43A O.S. Section 2-108 to conduct investigations on behalf of the DMHSAS Board to determine if a client or consumer of services from a facility operated by, certified by, or under contract with DMHSAS has been wrongfully deprived of liberty or cruelly, negligently or improperly treated or has had inadequate provisions made for medical care, supervision, and safe keeping. The Office of Consumer Advocacy shall conduct investigations into allegations of physical abuse, neglect, exploitation, mistreatment, sexual abuse, and other consumer rights violations.

- * The Office of Consumer Advocacy shall conduct investigations for the purpose of having an independent and objective administrative investigation of suspected consumer maltreatment in order to protect consumers from further maltreatment, to deter and prevent maltreatment, to rule out unfounded allegations and to allow the Board and DMHSAS to hold violators accountable. Wellness Court Teams shall cooperate in all investigations.

Ancillary Services

- * Referrals will be made to ancillary services on an as needed basis per individual participant. Should the participant wish to refuse these services, the treatment provider shall formulate a new treatment plan.
- * Wellness Court Participants belonging to special populations will be referred to the appropriate ancillary service (V.A., D.H.S., etc.)

Dual Relationships

- * The 20th District Division II Wellness Court prohibits any type of dual relationship between any Wellness Court participant and any member of the Wellness Court Team.

Prior Relationships

- * If a prior relationship exists between a Wellness Court participant and a Wellness Court Team member, notification shall be made to all Wellness Court Team members. Documentation of the notification will be placed in the participant's Wellness Court file. All steps will be taken to minimize the impact of the prior relationship on the participant.

PARTICIPANT GRIEVANCE PROCEDURE

All participants have the right and ability to file grievances regarding their participation in the 20TH DISTRICT DIVISION II Wellness Court Program. The Wellness Court Coordinator shall be the person responsible for coordinating the program's grievance procedures. Upon the Wellness Court Coordinator being subject of a grievance, the District Attorney Representative - Craig Ladd, shall be delegated the authority to oversee the grievance process.

Participant grievance forms are available at the 20TH DISTRICT DIVISION II Wellness Court Administration Office and the Wellness Court Treatment Providers offices (Lighthouse Behavioral Wellness Centers). These are readily available to all program participants.

Upon receipt of a grievance, the coordinator shall review the grievance information to determine a possible resolution to the complaint. The grievance as well as the possible resolution shall then be brought to the Wellness Court Team by the program Coordinator or designee during the next scheduled Wellness court team staffing. A team discussion of the proposed resolution will be determined at the Wellness court team staffing and provided to the participant filing the grievance in writing within fourteen (14) days of the original grievance complaint. The participant shall sign the document identifying receipt of the proposed resolution. The original document will be placed into the coordinator's grievance file and a copy will be provided to the participant. All original participant grievance documents and grievance outcome information shall be stored with the Wellness Court Program Coordinator in a file separate from the participants' administrative Wellness court files.

Additionally, the resolution provided to the participant shall include information on how to contact the Oklahoma Department of Mental Health and Substance Abuse Services Office of Consumer Advocacy. If a resolution cannot be reached by the 20TH DISTRICT DIVISION II Wellness Court Team, the Coordinator shall forward the grievance and the steps taken by the Wellness Court Team to resolve the grievance, to the Oklahoma Department of Mental Health and Substance Abuse Services.

Contact Information:

Wellness Court Coordinator: Brian Utley

Phone: (580) 257-2002

District Attorney Representative: Craig Ladd

Johnston County: (580) 371-2379

Marshall County: (580) 795-2169

Murray County: (580) 622-5417

ODMHSAS Office of Consumer Advocacy:

405-248-9037

1-866-699-6605 (toll-free)

Advocacydivision@odmhsas.org

2000 N. Classen Blvd. Ste. E600

Oklahoma City, OK 73106

This grievance policy shall be posted in Johnston, Marshall, and Murray County at ANY SERVICE LOCATION where Wellness Court Participants are required to report.

**WELLNESS COURT
PARTICIPANT GRIEVANCE FORM (cont)**

The information provided will be brought to the Marshall County Wellness Court Team at the next scheduled staff meeting. Information will be provided to you regarding possible resolutions of your grievance within the next fourteen (14) days.

☐ No resolution available, forwarded to ODMHSAS on _____.

Date staffed: _____

The above resolution in response to your grievance was discussed in staffing. Please see the above resolution provided by the Marshall County Wellness Court Team.

Grievance Coordinator Signature

Date

Participant Signature

Date

As per the Marshall County Wellness Court Participant Handbook, you may reach the Office of Consumer Advocacy at (405)573-6605 or (866)699-6605.

Participant Responsibilities

You have the responsibility to:

- ❖ Be courteous to others
- ❖ Be on time for all appointments
- ❖ Cancel any appointments at least 24 hours in advance
- ❖ Discuss difficulties honestly and completely
- ❖ Tell the Coordinator and Providers of any changes with address, phone, or employment
- ❖ See your doctor regularly if you are being prescribed medications.

SUCCESSFUL ---OR--- UNSUCCESSFUL

You will end the program Successfully (Graduate) or Unsuccessfully (Terminated).

- On the day you pled into Wellness Court, you signed a plea agreement.
- The plea agreement states what will happen if you are successful or unsuccessful.

What is Termination?

- Termination from the Program = Unsuccessful is when a person is removed from the program without completing it.

There are two different types of termination:

1. You choose to withdraw from the program.
It is recommended that you talk with your attorney before making this decision.
2. The Wellness Court Team recommends termination.

Reasons the Wellness Court Team may recommend termination:

- ❖ Repeated violations of the performance contract
- ❖ New criminal charges
- ❖ Bench warrants
- ❖ Repeated positive Wellness testing.

What is Graduation?

- Graduation from the Program = Successful
- Graduation can happen when you complete all phases, requirements, and pay all fees/costs.
- Graduation is recognition by the Wellness Court Team that you can graduate.

How do I Graduate?

- Complete the “Request to Graduate” and its requirements
- Turn in the “Request to Graduate” form at least a week before court.

What happens if I Graduate?

When a participant is approved to graduate, a court date will be set for Sentencing.

Sentencing may include:

- ❖ The outcome was previously decided in the Plea Agreement.
- ❖ Possible reduction in charges
- ❖ Possible dismissal of charges
- ❖ Decrease in court costs

MEDICAL MARIJUANA POLICY STATEMENT

With the provided references as guidance, the 20th District Division II Early Diversion Program of Johnston, Marshall, and Murray Counties finds a rational basis for believing cannabis use could threaten public safety and inhibit a participant's ability to successfully address any possible substance use disorder, mental illness, or ongoing screenings utilized as part of the Early Diversion Program individualized plans. Moreover, permitting medical marijuana use for participants would pose significant difficulties for Treatment Court supervision and compliance monitoring. Finally, use of medical marijuana for participants would be contrary to overall goals of the 20th District Division II Treatment Courts as they assist in addressing possible substance abuse issues, mental health diagnoses, conducting ongoing screenings, and could limit ability for participant to meet certain goals. As such, the 20th District Division II Early Diversion Program for Johnston, Marshall, and Murray Counties finds that the possession or use of medical marijuana by any participant shall be prohibited during participation in the program.

Approved Over the Counter (OTC) Medication List

Avoid positive Wellness tests, follow the rules of the program, and help promote good Wellness by avoiding medicines that may have addictive qualities. To do this:

1. Tell the Wellness Court Coordinator if you are taking any medications.
2. Look to this “pre-approved” list of over-the-counter medications.
3. Medicines must only be taken as directed on the label of the Wellness.
4. Medicines cannot have additives (**No Tylenol Cold, Tylenol Nighttime, “D”, or “DM”**).
5. Call your coordinator if you have any questions.
6. Mostly, work with your doctor to have a plan for medicines that work for you, that do not have addictive qualities, but address your health needs.

PAIN: (No PM formulas)

Acetaminophen
Ibuprofen
Aspirin
Excedrin Migraine

STOMACH:

Mylanta
Milk of Magnesia
Pepto Bismol

ANTACIDS:

Zantac
Pepcid
Prilosec
Tums/Roloids

FLU SYMPTOMS:

Theraflu
Alka-Seltzer

COUGH/COLD:

Delsym (non-alcoholic/pediatric)
Mucinex (cannot be D or DM)

ALLERGIES: (No medicines with D or DM formula)

Claritin
Allegra
Benadryl

JOINT PAIN:

Tylenol Arthritis
Ben Gay muscle rub & thermal patches
Icy Hot muscle rub & thermal patches

VITAMINS: (no sports additives or supplements)

Multivitamins
Prenatal vitamins

Urine Abstinence Testing Avoid Accidentally Using Substances

Health and hygiene are important. With that in mind, you are also encouraged to read labels, tell your doctor you want to avoid medications that are addictive, avoid food and medications if you do not know what is in them, and ask the Wellness Coordinator if you have questions.

The list below is to let you know of items that may contain alcohol or other substances that could impact your Wellness test. (READ LABELS)

Prescriptions: Tell your doctor you want to avoid medicines that are addictive.

Pain patches: Avoid exposure to patches that contain Fentanyl.

Marijuana: Avoid smoke, foods, gummies, suckers, or other candy containing cannabis.

Poppyseed: Muffins, etc.

Cough Syrups & Liquid Medications- See “Approved Over-the-Counter Medication List”

Non-Alcoholic Beer & Wine: Non-alcoholic beers (e.g., O’Douls[®], Sharps[®]) do contain a residual amount of alcohol that may result in a positive test result for alcohol.

Food & Other Edible Products: Food may cause you to have a positive Wellness test even if it is cooked. Examples: Vanilla extract, almond extract, and liquid herbal extracts (such as Ginko Biloba), cherries jubilee, baked Alaska, rum cake, burgundy chicken, and flambé dishes. When eating food that you did not make, ask if the food was prepared using any ingredient containing alcohol.

Creams, Topical Products

Mouthwash & Breath Strips

Hand Sanitizers

Hygiene Products

Solvents & Lacquers

Homeopathic or Herbal Products

Bug Sprays & Insecticides

**20th District Division II Wellness Court
Participant Drug Testing Contract**

I understand:

1. I will be required to take a drug test when asked.
2. It is my responsibility to be at the right place and time to test.
3. My test will be considered positive (failed) if:
 - A. I'm late or miss a drug test.
 - B. I cannot give a sample.
 - C. I refuse to give a sample.
 - D. I drink too much water and the sample is diluted (watered down)
 - E. I try to alter ("trick") a drug test in order to try to pass it.
4. I will be sanctioned for a positive test.
5. I can be terminated for trying to alter (trick) a test.
6. I will be watched while taking the drug test.
7. If I am a male, a male will watch during my drug test.
8. If I'm a female, a female will watch during my drug test.
9. Mouth swab testing can be viewed by male or females.

PRINT NAME

SIGN NAME

DATE _____

20th District Division II
Wellness Court

COMMUNICATION FORM



Name (optional): _____ Date: _____ Time: _____

I want to: ☐ Give a Suggestion ☐ Voice a Concern ☐ Give a Compliment ☐ Other. __

Describe your issue: _____

(If more space is needed, please use the back)

I have already discussed with the following:\

☐ Judge ☐ Coordinator ☐ Case Manager ☐ Other _____

*Thank you for your feedback and allowing us an opportunity
to improve the quality of care we provide to our patients.*

(Staff use only) Date Received: _____ Time Received: _____

By: ☐ Participant ☐ Family Member _____ ☐ Other _____

Name & Title of Staff who addressed the concern immediately: _____

Actions/Steps taken to resolve the concern: _____

Is the concern resolved? ☐ No ☐ Yes

Participant Signature: _____

Pertinent Additional Information: _____

Problem Resolution/Follow Up: _____

☐ Written Grievance ☐ Verbal Complaint/Grievance

Participant Advocate

Date Resolved Date