

**ALCOHOL SAFETY ACTION PROGRAM
THERAPEUTIC COURT
POLICIES & PROCEDURES (Sept. 2025)**

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PLACEHOLDER- how to communicate verbal, written, texts

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	Effective Date: 10/01/2019	Subject: Initial Opt in and Admissions	

I. POLICY

It is the policy of Alaska Therapeutic Courts (TC) to conduct standard eligibility screening to identify participants that meet the criteria for admission to the various programs. The ASAP PO is responsible for assisting in determining eligibility and admission to the assigned TC program. Each TC program has written guidelines for the specific admissions process.

II. PROCEDURE

The Role of the ASAP PO in the Admissions process

Risk Assessment(s) - It is the responsibility of the ASAP PO to conduct the assigned risk assessment(s). This assists in establishing that a defendant meets the criteria for program admission/target population (criteria varies by program- DUI/DRUG/CRP/Vet).

For CRP a participant works with the PO to establish additional clinical assessments that may be required and refer/monitor the referral status as part of Phase One.

Admission Process for all Programs

Initial Opt- A defendant is assigned to a PO and starts the assessment process.

First Multi-disciplinary Team (MDT) Review- this may or may not occur at the same time as the Initial Opt in. This step is designed to give team members (PO included) an opportunity to evaluate immediate barriers or additional information required to proceed to the risk assessment process.

Final Multi-Disciplinary Team (MDT) Review- this is the final step leading to admission. The PO presents the outcomes of the risk assessment(s) conducted, plans for housing/release planning, and special recommendations based on risk level (such as increased contacts, drug testing and external monitoring).

DUI/DRUG/Vet Court Programs

The ASAP PO is expected to conduct (not finalize) risk assessment interviews within 5 business days of the First MDT Review. The process from initial opt in to final review ranges from 2-3 weeks depending on the program.

Program Admission DUI/Drug- A participant is expected to complete a treatment intake within 5 days of Final MDT Review, and this is considered program admission.

FWC/FVC- Admissions is determined by the date the Rule 11 Agreement is completed on the court record.

Coordinated Resources Project (CRP)

Phase One for CRP starts at Initial Opt-in. For First MDT Review the PO must be able to indicate that the following:

- Qualifying Diagnosis - current mental health diagnosis; med-high mental health needs
- Access to services - are services available that meet participant needs
- Housing status - is there appropriate housing available
- Benefits Status- will the participant be able to access financial resources

If all the above criteria have been met, the ASAP PO will continue steps toward the Final MDT Review/admission and completion of Phase One.

Program Admission- The ASAP PO presents the Risk assessment information at Final MDT Review for admission. The ASAP PO is expected to present a Rule 11 Case Plan which outlines the interventions required and the agencies providing the interventions, within one week of presenting the information for Final MDT Review.

Release of Information

The PO will work with participants to develop/sign releases of information (Consent/ROI) to allow gathering of relevant records for the purpose of case planning as well as being able to communicate with local service agencies, housing, family, (Guardians), and others as needed.

Conditions of Release

The Conditions of Release process varies by program/location. The ASAP PO takes an active role in defining some of the therapeutic components of the conditions of release. Considerations for conditions should include the risk level of the participant at the time of admission.

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	Effective Date: 10-01-19	Subject: Risk Assessment	

I. POLICY

It is the policy of the Alaska Therapeutic Courts to conduct assigned Risk Assessment(s) as part of the admissions eligibility process. It is the role of the ASAP PO to conduct the assigned risk assessments.

II. PROCEDURE

Risk Assessment Tools

LSI-R or Level of Service Inventory Revised- All participants with an initial opt in to a TC program will receive a standard risk assessment interview. The LSI-R consists of criminogenic and non-criminogenic risk/need components that will be addressed through case planning and participant participation in program requirements.

Initial Risk Assessment Process

If the participant is in custody, the ASAP PO will conduct a telephonic or in-person interview. If the participant is out of custody, the ASAP PO will conduct an in-person interview. Alternative arrangements may be made on a case-by-case basis and approved by the supervisor.

Written Summary

The LSIR risk assessment information gathered by the ASAP PO will be provided to the TC program team members in a standard written summary. The risk assessment summary is provided to the team members at least two business days prior to the scheduled Final MDT Review.

The summary is designed to create an objective evaluation of the following:
Protective factors, challenges/barriers and criminogenic/non-criminogenic risk factors that the TC program can address through defined interventions. If a participant does not seem to meet program target population this must be reviewed with a supervisor prior to submission to the TC program team members.

Collateral- As much as possible collateral information is utilized to either support or refute participant self-report. Minimum collateral includes the charging documents and criminal history. Additional collateral will require signed consent to obtain information from family, friends, employers, or other service agencies.

Exit or Discharge Risk Re-Assessment

The ASAP PO will use the same standard risk assessment tool to reassess the risk/need status (exit score) no earlier than sixty days before the eligible graduation date or if a participant is discharged other than graduation (having participated for at least 12 months).

Upon completion the exit risk assessment outcomes should be reviewed with the team as part of the status report talking point.

Re-Assessment

The ASAP PO may be required to conduct a risk assessment for any participant that is not making progress and has been in the program for at least twelve months. This information is presented to the TC program team members in an effort to determine appropriate options for additional intervention.

Components of the Level of Service Inventory Revised (LSI-R)

Criminogenic risk/need areas- Targeted for intervention to decrease the likelihood of future criminal behavior.

- Attitudes/Orientation
- Family/Martial
- Leisure/Recreation
- Criminal History
- Companions/Antisocial Peers
- Education/Employment
- Substance Abuse Problems

Non-criminogenic risk/need areas-Targeted for intervention to support stability required to address the criminogenic risk factors.

- Accommodations (housing)
- Financial support/government benefits- Need for payee, Guardianship etc.
- Emotional/Personal- behavioral health needs (other than substance use)

Documentation (LSIR)

- The risk assessment score is entered in AKAIMS (Case Management)
- The risk assessment score sheet is uploaded into AKAIMS at the time of discharge (only).
- The score sheet is not sent to TC program team members
This may or may not include the initial and exit scores (if present for at least twelve months).
- The Assessment Summary is uploaded in AKAIMS upon completion

Training for Risk Assessments

ASAP PO staff will receive in-house and community-based training (when available) for all approved risk assessment tools. All necessary documentation will be provided. This includes any written instructions, summary templates, cheat sheets, completed examples, electronic and hard copy manuals, and questionnaires.

Training consists of initially observing peers conduct the interviews, followed by progress steps in note taking in order to draft the written summary and practice scoring (for observed interviews). The new ASAP PO will then be assigned to take the lead in conducting interviews with either a peer or supervisor present.

The ASAP supervisor will determine when the new ASAP PO has sufficient skills to conduct the interviews without other staff being present.

Within the first year of hire, all ASAP PO staff are expected to have summaries and scoring reviewed by a supervisor before submission to TC program team members. After one year, this requirement will be determined on a case-by-case basis.

Impaired Driving Assessment (IDA) -The IDA is a pilot project for 2024-2025

Although it is common to refer to this process as an assessment of risk of reoffending for impaired driving, it is important to understand that what is actually being accomplished is an estimate of the probability that the participant will reoffend and an estimate of the type of

supervision and service needs that may mitigate the probability of engaging in problem behavior that can lead to future impaired driving.

All DWI clients will need more comprehensive assessment to more accurately identify their service needs, as well as responsivity to such services. The evaluator/supervising officer has the discretion to determine the priority of those needs.

The IDA also provides an understanding of the degree to which the client's offense has jeopardized traffic and public safety. For example, a client with an arrest blood alcohol concentration (BAC) level of .20 has engaged in driving conduct that has much higher levels of risk to traffic and public safety than a client with an arrest BAC at the .10 level. The responsibility of upholding traffic and public safety should be one component of the assessment process.

The IDA, or any similar instrument, should never be used as the final or sole basis for making supervision or service-needs decisions. All sources of information, both self-report and other report, are to be used, and the final decisions are made by the evaluator and the court.

The IDA has Four Goals

- Provide guidelines for identifying effective community supervision approaches that reduce the risk of future impaired driving;
- Provide preliminary guidelines for service needs;
- Estimate the level of responsivity of clients to supervision and to DWI and alcohol and other drug (AOD) education and treatment services; and
- Identify the degree to which the client's impaired driving has jeopardized traffic/community safety and to address this in the supervision and services plan.

Target population/Criteria for Assessment

Applicants for the various TC programs are reviewed on a case-by-case basis to determine the need for an IDA screening/assessment.

- Any applicant with a current charge of Felony Driving Under the Influence or Operating under the influence.
- If an outcome of a LSIR assessment indicates low or low/med risk level the IDA may be conducted to assist in the decision-making regarding admission to a program.

If the applicant has significant criminogenic risk factors evident by legal collateral an IDA assessment may not be required to determine target population.

Documentation (IDA)

Conducting the Assessment is entered in Case Management under "Other" for the event. Signed notes will indicate that the IDA was conducted; no additional comments are required. The auto generated profile /summary is uploaded in AKAIMS upon completion. The status report provided at Final MDT Review will outline key information obtained during the assessment process.

ASAP has created an [IDA Reference Guide](#) to assist the PO staff in explaining the outcomes of the assessment in the status report.

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	Effective Date: 10-01-19	Subject: Participant Orientation	

I. POLICY

It is the policy of the Alaska Therapeutic Courts to provide an overview of the program rules, program expectations and an understanding of how the program works using a multi-disciplinary team and in collaboration with service providers in the community to assist in meeting the participant's needs.

It is the role of the ASAP PO to deliver the standard program orientation information through a series of meetings designed to assist the participant in becoming familiar with these expectations.

II. PROCEDURE

In Phase One, the ASAP PO will provide participants with all the necessary information needed to understand how to successfully navigate the program. This is delivered through weekly meetings designed to be no longer than 30 minutes in duration. **Orientation is expected to start within one business day of Final MDT Review for both Vet and DUI/Drug Courts. CRP occurs as soon as possible.**

Orientation Checklist (not all components apply in every program)

- Participant Handbook- Use this as an ongoing reference tool
- Program Mentor (checklist); what is a Mentor and what do I need to do
- Drug/Alcohol Testing Contract; Mobile Drug/Alcohol Testing
- Community Supervision Contract; curfew/ authorized and unauthorized visitors
- Initial Case Management Plan/ Program Rules
- Court Ordered Conditions of Release
- How to complete and submit Weekly Logs
- Approved/unapproved OTC and prescription medication
- After hours contact/emergencies. Streaming applications on phones and use of email for notifications; what do I need to do
- Referral for Medication to assist with substance use; Am I going to need to take medication
- Team Roles /ASAP PO role as a Mandated Reporter
- Program Attendance
- Court Hearings: how often do I attend court; when does this change; how is information shared about me with the team (confidentiality)
- ASAP PO Meetings; standard supervision and types of increased supervision
- Treatment meetings
- Alumni meeting: what is AKTCA and how does it apply to me
- Program Phases (checklists; what do I need to do to get to the next phase and to complete this program
- Structured hours: what is required and how do I verify my time
- Employment Tracking Form; how do I track job search hours
- Budget Form: why a budget and how often is it updated
- Program Fees Contract; does this program cost money

- UA Fee Contract: why would I have to pay a UA fee
- Medication Monitoring Contract: how are medications monitored
- Travel Permit Request: what do I do if I want to travel or spend time outside of my residence
- Change of Residence Form; what do I do if I want to move to another location or change the people currently living in my home
- Referrals for other services
- Leisure time: what is considered leisure time and why is it important in the program
- Companions/Supports; what is considered a companion or a support and what is the purpose of this in my program
- Self-Help/Recovery Meetings; what is required of me regarding community-based group participation
- Emergent Funds and Other Resources; what types of resources are available to me while in this program and how do I qualify
- Team Communications: how does the Probation staff work with the treatment staff outside of court pre-meets and court hearings
- Mentoring/Restorative Justice and other phase specific Change Commitment requirements
- Case Plan Updates: how is a Case Plan part of my program and what am I expected to do
- Program Responses to Behavior; what types of actions can the court order of me. What is a sanction, an incentive, a therapeutic adjustment, or supervision adjustment.
- How does community work service differ from volunteer hours and how will I be informed in changes ordered by the court

The Orientation Checklist for CRP is consistent with other TC court program with the exception of program mentorship, restorative justice projects, program fees and drug testing fees.

Veterans Courts (FVC/AVC) also do not require program fees.

Weekly Logs

All programs utilize a weekly log to capture the self-report by a participant of program requirements. Certain components of the weekly log are documented in the participant's status reports as well as in other modules in AKAIMS. All participants must be assigned to complete a weekly log, with the exception of some CRP participants.

Structured Hours

The required # of structured hours should be updated weekly based on the information submitted in the weekly log regardless of whether a participant is expected in court every week.

The required number of hours is a combination of volunteer, employment search, employment, skills development training, retirement or disabled status and other TC team approved activities.

Programs vary in the number of hours required in each phase and can be located in the program's Participant Handbook.

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I. POLICY

It is the policy of the Alaska Therapeutic Courts to utilize a phase structure system to provide structure and accountability for participants as well as to recognize benchmarks to graduation. Each phase consists of requirements for general compliance, performance goals/ advancement criteria and identifies the types of services to be provided. The program is based on a 5-phase system with varying lengths of time required.

II. PROCEDURE

It is the responsibility of the ASAP APO II to monitor the current phase for each participant, review progress or barriers toward advancement or graduation.

DUI/DRUG/Vet Court Program Phases -5 Phase System-15-20 months in duration

**Felony DUI and OUI (not reduced) require a minimum of 18 months

Phase 1: Orientation (30-60 days)

Phase 2: Psychosocial Stabilization (min.90 days)

Phase 3: Prosocial Habilitation (90-120 days)

Phase 4: Adaptive Life Skills (120-150 days)

Phase 5: Maintenance/Grad (120-180 days)

Phase Description

Phase 1: Orientation/ Acute Stabilization

Services in the first phase focus on providing acute crisis intervention services if necessary, orienting the person to treatment, program procedures (Handbook), developing connections with staff, identifying and resolving barriers to program attendance, conducting initial screenings/ assessments.

Probation staff- focus on positive and successful program entry and engagement in treatment, and additional assessments are completed or in progress.

Phase 2: Psychosocial Stabilization

Some needs, such as a lack of secure housing, persistent substance cravings, withdrawal, anhedonia, mental health symptoms, and cognitive impairments, are likely to interfere with a participant's ability to remain safe, attend services, pay attention in sessions, and learn from the counseling material. The second phase of the program focuses on helping participants to resolve or stabilize these pressing needs and achieve sustained psychosocial.

Probation staff- focus on connecting with the participant, creating an environment of comfortable sharing and being able to ask for additional help/advice. Stable housing—living in safe/sober/affordable housing. Reliable attendance (~90%)—attending services, court hearings, treatment & PO meetings, and UA testing regardless of the test results.

Phase 3: Prosocial Habilitation

Probation staff- focus on increasing prosocial routine and prosocial skills, build recovery capital, avoiding people and places where substance use is likely to occur and abstinence efforts.

Phase 4: Adaptive Life Skills

Probation staff- focus on with the participant on life skills- managing areas such as GED, employment, parenting, budgeting, time management. Adaptive Role- Engaged in school, household, work. Early Remission- At least 90 days without clinical symptoms.

Phase 5: Maintenance/Graduation

Probation staff- focus recovery-management activities, active peer support community, interacts regularly with those who offer relevant informed advice, empathy, support, and companionship. Continuing-care or symptom-recurrence prevention plan—regularly attending continuing-care services or has a workable prevention plan, abstinence maintenance—demonstrates the ability to sustain abstinence. Restorative justice activity—instructive community service, paying affordable fees or restitution, making amends.

DUI/DRUG/Vet Court

Phase Change Process

Phase change eligibility is determined by specific criteria outlined in the Phase Change Checklist. It is an essential duty of the ASAP PO to monitor, complete and verify necessary components of the checklist. Each checklist is required to be reviewed by an ASAP supervisor prior to submission to the TC program team members.

These are required to be submitted to the supervisor no later than two business days before the day of court or as assigned to specific PO staff.

Phase Change checklists are submitted via email supplemental to status reports, unless other arrangements have been made.

No phase change or graduation is absolute until on the court record. Any component of the checklist can be waived by the team based on individual needs.

CRP PHASES

Phase 1: Initial Opt In/Engagement Initial Phase/Pre-Admission; 30-90 days

Phase 2: Action with Redirection; Treatment Phase/Post Admission; 60-120 days

Phase 3: Self-motivated Action Phase/ aka Community Transition Phase; 60-120 days

Graduation /Self-efficacy Phase: Maintenance Phase; 30-60 days

CRP Phase Change Process and Phase Description

Phase 1: Initial Opt-In/Engagement Initial Phase/Pre-Admission (1-3 months)

Be intentional about what is targeted, establish trust, reward honesty and trust

Don't "fix" everything in phase one; Recovery-focused

Attendance does not need to be perfect, reward for proximal achievements

Key elements/tasks to complete:

Orientation- understanding of program requirements/release conditions/ LSI-R risk assessment/ Linkage to services

initial Case Management Plan and the Rule 11 Case Plan

Refer and attend additional assessments

Medication management supports—take meds as prescribed

Refer to medication assisted treatment (MAT) when applicable

Short-term housing established; apply for benefits

Responsivity Issues: Medication, money, housing

Phase 2: Action with Redirection aka Treatment Phase/Post-Admission (2-4 months)

Phase 2 Practices

Begin to demonstrate insight into how mental health/ SUD issues led to criminal justice involvement

Regular attendance at mental health and substance abuse treatment as scheduled

Key elements/tasks to complete:

Participant engages in mental health, substance treatment, group/individual therapy

Medication management supports—adherence to medication regime

Participant practices tools and skills learned

Participant develops supports (alumni group, sponsor, peers)

Identify and obtain/apply for permanent housing

Continue to assess responsivity issues

**Develop a Case Plan Update

Phase 3: Self-Motivated Action Phase/ aka Community Transition Phase (2-4 months)

Phase 3 Practices

What are the final milestones toward graduation?

What else does the participant need to accomplish to move towards graduation?

Are new skills identifiable?

Key elements/tasks to complete:

Continue steps to obtain permanent housing

Complete MRT, Anger Mang., SUD services – know how to apply the skills learned; demonstrate applying skills learned

Medication management—adherence to medication regime

Financial stability – benefits have been granted or employment established

Some connection to pro-social supports; engaged in some supportive activities

Continue to assess responsivity issues

**Develop a Case Plan Update

Phase 4: Graduation/Self-Efficacy Phase aka Maintenance Phase (1-2 months)

Phase 4 Practices

Maintenance of skills learned to include coping with triggers and risks for relapse (Dialectical Behavioral Therapy/DBT, emotional regulation, Anger Management etc.).

Maintain mental health and substance abuse recovery stability including being able to describe symptoms, list medications and what symptoms they treat, recognition of potential side effects, and describe the importance of medication for his/her recovery

Maintain connection to family and/or prosocial supports and be able to describe relationships and how they support/impact wellness or recovery.

Alaska Court System Alcohol Safety Action Program Therapeutic Courts Policy & Procedure	Date Revised:	Section: Program	# of Pages: 6
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I. POLICY

It is the policy of the Alaska Therapeutic Courts to utilize ASAP PO personnel to serve as the probation officer and case manager on the role of each team.

II. PROCEDURE

It is the responsibility of the ASAP PO to meet with a participant at a defined frequency in an effort to monitor the current phase, review progress or barriers toward phase advancement or graduation.

ASAP PO Meeting Frequency

Meetings are designed to be at most 30 minutes in duration. A PO is required to prepare for meetings so that essential assignments and agenda items can be completed. These meetings should start with an agenda, so it remains on task. It is unacceptable to hold a meeting longer than 30 minutes due to poor time management. If a participant is experiencing a crisis, additional resources will be explored as the PO sessions are not therapy sessions. Seek supervisor guidance on a case-by-case basis.

DUI/Drug/Vet Court

Phase 1- minimum of one contact per week

Phase 2- minimum every other week (once structured hours are established)

Phase 3- minimum every other week

Phase 4: minimum every 3 weeks

Phase 5: minimum 1 monthly contact

CRP

Phase I: Weekly

Phase II: Weekly or Bi-weekly

Phase III: Bi-weekly

Phase IV: Bi-weekly to monthly

Adjustments to PO Meeting Frequency

The ASAP PO can meet more frequently with participants in any phase of the program based on his/her status in the program and court ordered responses to behavior.

The ASAP PO will utilize the status report to make a recommendation for any adjustment to supervision services.

An increase in meeting frequency is considered a service adjustment and requires team review and judge approval. Each ASAP PO will be trained to understand what types of adjustments can be made by the ASAP PO and what types of adjustments require approval.

Any case-by-case interim increases in supervision/meetings recommendations may occur however it must be reviewed with the supervisor and only until the behavior or situation can be addressed in a routine hearing.

What Happens During PO Meetings

The PO will focus on various aspects of the program, directed by the participant's current phase in the program.

The PO will assist participants to gain an understanding of the goals of each phase of the program and to develop case plan goals.

The PO will assist participants in removing barriers to getting needs met and in connecting to needed services.

The PO will help participants explore community resources to help with the program goals such as developing a network of support/people and prosocial activities.

The PO will connect participants to community resources related to vocational training, obtaining a GED, job search and access to financial resources.

The PO will work with treatment to develop and implement Reunification Plans with family members, the assist with development of Safety Plans and Behavior Contracts.

The PO will assist with skills development and time management tools.

The PO will establish a Budget for each participant in the first 30 days of the program, referring for gaps in services or other financial supports.

The PO is responsible for processing travel pass requests and establishing travel criteria (drug testing, meetings, PO contacts).

The PO will assist eligible participants in working through the Limited License Checklist and application process.

The PO will develop and monitor medications contracts, prescriptions and compliance.

The PO will review Weekly Logs, Employment Tracking Forms, change in residence requests.

The PO will work to educate participants on criteria for recovery meetings, structured hours, AKTCA meetings/Alumni events and working with a Mentor.

The PO will refer to detox and other acute stabilization needs.

The PO will monitor progress toward completing P5 RJP hours.

What Not to Do During a PO Meeting

Meetings with the ASAP PO are not therapy sessions.

Meetings with the ASAP PO should not be utilized to process trauma experiences.

The ASAP PO should not meet with a participant who presents under the influence of substances however the PO is responsible for ensuring a participant does not leave the office without an immediate safety plan (i.e. has a ride home).

Attendance

The ASAP PO is expected to start meetings on time and have a pre-planned agenda. These meetings are the primary focus on the ASAP PO and are expected to be a combination of active listening, skills development, feedback, assignments and a planning for the next meeting.

A participant has a 15-minute grace period for being late. A meeting that cannot be conducted for more than 15 minutes is considered a Check-In as it does not meet the 30-minute minimum.

When a participant has not arrived within 15 minutes it the responsibility of the ASAP PO to attempt to contact the participant as soon as possible. This is designed to ensure there are no safety concerns or abscond violations. The expectation is to reschedule missed meetings in the same reporting period (from court to court). If the ASAP PO is unable to schedule within the same reporting period an explanation is required in AKAIMS.

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Policy & Procedure	Effective Date: 10-01-19	Subject: Case Planning / Case Management /Emergent Funds and Fees	

I. POLICY

It is the policy of the Alaska Therapeutic Court programs to include individualized case planning as one of the TC program components. Case planning is designed to assist in monitoring the completion of milestones, phase defined goals and to measure progress toward change.

II. PROCEDURE

It is the responsibility of the ASAP PO to work with participants, the primary service provider(s), and other supports to develop an individualized case plan (referred to as Case Plan Update). The case plan will focus on the standard goals for each phase of the program, address the current risk/needs and the development of Recovery Capital. These phase standards are defined by the current best practice standards and are adjusted as new information is published.

Goals for each phase are expected to be written as SMART goals – specific, measurable, achievable, relevant and time bound.

Type of Case Plans

Initial Case Management Plan/ Program Rules

Each program has a standard Initial Case Management Plan that explains in some detail how to follow the key requirements of the program. The Initial Case Management Plan is reviewed and signed during the first few meeting of orientation.

CRP/AVC – Rule 11 Case Plan

The Rule 11 case plan is completed by the ASAP PO as part of the final MDT review recommendations. The ASAP PO is responsible for drafting the Rule 11 Case Plan and presenting to the TC program team members for additional input. Either the ASAP PO or the attorney will review and sign the document with the participant. The judge will address components of the Rule 11 Case Plan on the record to ensure that the participant understands what services are recommended, where services are being established and how this relates to successful completion of the program. The court maintains a copy of the Rule 11 Case Plan.

Case Plan Update (all programs)

The Case Plan Update is initially created when a participant prepares to transition from Phase 2 to Phase 3 of the program.

Case Plan Update is then completed for each subsequent phase change and is required for each phase advancement.

The ASAP PO will provide the TC program team members with the Case Plan Update along with the Phase Change Checklist.

Each Case Plan Update form is uploaded in AKAIMS and documented in the case management module.

Case Planning

Five Key Functions of Case Management

Assessment / Planning / Linkage / Monitoring / Advocacy

Case Plan Interventions

Criminal History - Monitor for new charges, no contact orders, court ordered conditions of release requirements, restitution, community work service, no and payment of fines/fees.

Education/Employment - Evaluate current skill set, ability to engage in the work force, identify and make appropriate referrals. Evaluate education level and access to services to complete high school or equivalency, vocational, college level courses or apprenticeship programs.

Financial- Identify resources/gaps and make appropriate. Complete basic budgeting assignments and evaluate skills toward self-sufficiency. Budgets- **The first Budget is due by 30 days of Admission. Budgets are updated for phase change, changes in income or expenses and for the limited license application.**

Family/Marital - Identify current dynamics and make appropriate referrals and monitor engagement in healthy family activities.

Accommodations - Establish safe, sober and affordable housing, working toward long-term permanent housing.

Leisure/Recreation - Evaluate family and peer dynamics. Refer to community organizations and assist in accessing funds or supplies to promote healthy, sober, supportive hobbies or events. Monitor attendance through weekly logs, field visits and other supports.

Companions - Evaluate the presence or absence of prosocial and antisocial peers. Work on either setting boundaries and/or developing healthy relationships. Monitor participation through weekly logs, contact with supports and sponsor checks. ****ROIs should be on file for their closest companions/family/sponsor at a minimum**

Alcohol/Drug Problems - Refer and monitor progress in substance abuse treatment services, drug/alcohol testing results, refer and monitor use of adjunctive medication (MAT) when indicated. Refer to community-based recovery meetings, monitor participation through weekly logs and other service providers. Ongoing review of relapse prevention planning.

Emotional/Personal - Refer for acute or long-term psychiatric or other behavioral health needs to include but not limited to medication and symptoms management; individual or group therapy; trauma issues (EMDR) and other identified needs. Monitor through service providers.

Attitudes/Orientation – This includes intervention designed to address maladaptive thinking such as MRT, Anger Management and other cognitive-behavioral interventions.

Accessing Emergent Funds -There are limited funds available for basic needs, housing, one time needs for new employment, some medication expenses and cell phone minutes. Review requests with an ASAP Supervisor. Below is the process for accessing funds.

- The participant identifies a short-term, basic, or emergent need that cannot be met through other sources such as Medicaid, private insurance, Indian Health Services, earnings/benefits, donations, or other natural supports.
- The ASAP PO helps the participant complete a budget that includes income and expenses.
- Once completed, the ASAP PO reviews their financial status with the participant to confirm the need for assistance.
- Upon confirmation, the ASAP PO will work with the participant to determine a plan for the length of assistance and will include a timeframe for the participant to take over financial responsibility.
- Once the plan is completed, the participant then gathers any required documentation such as the Lease agreement, the Landlord's W9, and/or past due bills (electric, gas, etc.)
- The ASAP PO will complete the PFP Startup/Discretionary Funding Request form.
- The ASAP PO submits the budget (if applicable) and the PFP Startup/Discretionary Funding Request form to the Project Coordinator for approval.
- The ASAP PO makes sure the Project Coordinator is aware of the plan for length of assistance and the requirements for the participant to take over financial responsibility.

ASAP PO and the Project Coordinator ensure that a receipt of payment is provided/returned to Partners for Progress. The ASAP PO will be responsible to obtain all receipts from participants to submit to the Project Coordinator. Participants that do not submit required receipts are at risk of not receiving future assistance.

Recovery Capital Assessment

A Recovery Capital Questionnaire will be conducted as part of the transition from Phase 2 to Phase 3. The ASAP PO will assign the participant to complete the questionnaire, and the ASAP PO will score and develop comments for review in the next office meeting.

At each subsequent case plan update the ASAP PO will assign the participant to complete the Recovery Capital Questionnaire and work through the same process of scoring and review for developing case plan goals. The ASAP PO can also assign additional Recovery Capital Worksheets for to participants in an effort to obtain additional information for the purpose of developing the Case Plan Update.

Reunification Plans

A reunification plan is a written plan of action that the participant is required to adhere to, to be eligible for the desired victim contact. The Victim(s) will also need to be willing to participate in components of the written plan. The reunification plan is based on clinical assessment indicating appropriate intervention /services. The reunification plan will be developed on a case-by-case basis and changes in contact will be permitted based on accomplishing interventions identified in the reunification plan.

Who Develops the Plan/ recommendations

The reunification plan is developed by the ASAP PO and the designated community provider based on the overall goals of the participant/victim(s). This plan is reviewed with the TC Program team members for review and potential modification.

When is the Plan Developed

This process may take several months based on the initial engagement of the participant and clinical recommendations. Participants will be required to engage in the program, showing adherence to the rules and attendance in treatment services. It may be clinically indicated that a participant complete certain group(s) or intervention(s) prior to beginning the reunification

process. A meeting with the ASAP PO will be scheduled to discuss the desired reunification goals and to draft the Reunification Plan.

Monitoring the Plan

Once the reunification plan is developed and approved, the ASAP PO will routinely report on the status during pre-meet. Suggestions will be made for either increased contact or to hold on increased contact based on the input of the community provider and status in the TC program team members. The judge will ultimately determine any changes to the contact and updated Conditions of Release will be completed.

Any increase in contact allowing the participant to spend time in the home of the victim(s) will require the completion of a Safety Plan with the community provider prior to approval.

Roles of Team members in the Reunification Process

For new participants in the program, it is not the role of the ASAP PO to communicate with their victim(s). If the victim attempts to contact with the PO, they will be encouraged to call the prosecutor. If the victim is calling the ASAP PO and making requests, this information will be shared with the team however without an ROI no information will be shared with the victim(s) regarding the participant's status. When the team determines a reunification plan is appropriate, an ROI will be completed allowing discussion of the participant's program status and then to re-disclose to the team of these discussions. Other team members engaged in communications with the victim, will be expected to disclose the information during pre-meet once a participant initially opts into the program.

Documentation/Training

Alaska Automated Information System Documentation Requirements (AKAIMS)

AKAIMS is the approved database utilized by TC Programs to enter data. There are several training documents provided to ASAP staff for reference when entering documentation in AKAIMS. The documents are updated by the ASAP Supervisor on a regular basis and provided to staff. All ASAP staff will receive initial and ongoing training on what information is required and timelines for entries. Most entries are expected to be entered within two business days of the event taking place.

AKAIMS Case Management Module:

Case Management Activities- This event type is utilized to document a majority of the direct and indirect communications that occur with a participant on his/her behalf.

Referral to Services- This event type is utilized to document all referrals to community resources and services.

Services Attended- This event type is utilized to document when a Referral to services is attended, or a service is completed.

All referrals and the status of these referrals are required to be documented. Referrals include however not limited to: MAT, all behavioral health services (MH/SUD, anger Management, DVIP, DBT, MRT), benefits, housing assistance, medical, vocational and family services.

Court Status Reports

Components of the status report exist in multiple modules within AKAIMS. Current status reports are provided to designated team member(s) for review prior to the court pre-meet. Each program provides a set period by which reports are due.

Other AKAIMS Modules

The additional modules will require information to be entered by either the ASAP PO or the CJT. When to enter information and what information to enter will be explained in the training documents provided by the Supervisor.

Admission and Discharge Modules

Diagnosis List

Housing Module

Employment Module

Treatment Module- Medications

Drug Monitoring Module

Alaska Court System Alcohol Safety Action Program Therapeutic Courts Policy & Procedure	Date Revised:	Section: Program	# of Pages: 7
	Effective Date: 12/20/2024	Subject: Program Responses to Behavior / Behavior Matrix	

I. POLICY

Alaska Therapeutic Courts utilize a system of progressive responses to address both desired and undesired behaviors exhibited by participants in the program. The purpose of this action is to extinguish antisocial behaviors and reward prosocial behaviors that support long-term recovery.

II. PROCEDURES

Orientation will occur in order to assist the participant in understanding how to engage in desired behaviors and avoid undesired behaviors. During the orientation process participants are provided with information on program rules and expectations (See Orientation policy).

While working with a participant, it is one of the essential responsibilities of the ASAP PO to identify behaviors that require redirection or reward and how to best apply this action. The redirection or reward may occur as a directive from the ASAP PO, directly from the court or another identified/approved entity.

Matrix

All ASAP PO staff are trained to utilize the Behavior Matrix. This document provides guidance on identifying both positive and negative behaviors, low, moderate and high-level interventions that are appropriate for the situation.

Step 1: Identify the behavior

Step 2: Determine the Response Level

Step 3: Choose the Responses

The ASAP PO will be expected to review high level response requests with the supervisor prior to addressing the TC program team. Following internal discussion with the supervisor or contracted treatment provider, the ASAP PO will complete a status report outlining current Recommendations.

Team Discussion/Recommendations

During team pre meet, the PO will present additional information as requested to explain the reason for the current recommendations.

The final decision is determined by the TC program Judge.

Any recommendation on the record will be monitored by the ASAP PO and other designated team members (treatment).

Recommendations are documented in AKAIMS by the Program Project Coordinator for team reference. The last four entries in AKAIMs will automatically be listed in the court status reports.

How to Consider making a Recommendation

10 Principles of Responding to Behaviors

Sanctions should not be painful, humiliating, or injurious

Responses are in the eye of the behavior

Responses must be sufficient intensity

Responses should be delivered for every target behavior

Responses should be delivered immediately

Undesirable behavior must be readily detected

Responses must be predictable and controllable

Responses may have unintentional side effects

Behavior does not change by punishment alone

The method of delivery of the response is as important as the response itself

Staffing Considerations

- WHO are they (risk, need, responsivity)
- WHERE are they in the program- (what tools have they been given)
- WHY did this happen (circumstances)
- WHICH behaviors are we responding to- Proximal or distal
- WHAT is the response choice- treatment, supervision, incentive or sanction
- HOW do we deliver and explain response

The participant's history of a given behavior is reviewed as well as the proximal, **managed**, or distal nature of the target behavior. Responses should be measurable in terms of timeline, instructions and tools provided to complete the task and a method of verification.

Types of Responses to Behavior

Service Adjustments

Supervision/Safety- A protective response if a participant's behavior put themselves or others at risk (relapse or at high risk of relapse, program violations).

- Therapeutic- A response designed to achieve a specific clinical result for the participant in treatment.
- Motivational (Incentive)- Designed to teach the participant how to engage in desirable behavior and achieve a stable lifestyle.

Sanctions- punishment or negative reinforcement.

Negative reinforcement is the removal of a sanction/response contingent on a target behavior, which has the effect of increasing that behavior. ****Negative Reinforcement differs fundamentally from punishment in that negative reinforcement focuses on increasing desirable behavior rather than on decreasing undesirable behavior.**

Smart Sanctions are those that impose the minimal amount of punishment necessary to achieve program compliance. Graduated Sanctions- mean the intensity of the sanctions increases with the number and seriousness of program non-compliance.

Incentives

Promote engagement in the program and in treatment

Demonstrate positive regard

Connect appropriate behaviors to positive feelings

Rewarding desired behavior is more effective than punishing undesirable behavior

Teaches what to do, not what NOT to do

Setting Ranges of Responses

Avoid singular responses, which fail to account for other progress; a person can be acknowledged for both desirable and undesirable behaviors in the same court hearing.

Key elements: Aim for flexible certainty- the certainty that a response will be forthcoming united with the flexibility to address the specific needs of the individual. Determining if a response requires being scheduled for an earlier court date is discussed on a case-by-case basis.

Alaska Court System Alcohol Safety Action Program Therapeutic Courts	Date Revised: 04/01/13; 7/28/15; 12/10/16, 2/6/18, 10/01/19; Feb. 2021; March 2022; 5/08/23; 12/20/2024	Section: Program	# of Pages: 7
Policy & Procedure	Effective Date: 08/01/2011	Subject: Community Supervision, Restorative Justice Projects and Limited License	

I. POLICY

Alaska Therapeutic Courts require a member of the TC program tea to conduct community supervision.

II. PROCEDURE

It is the responsibility of the ASAP PO to monitor participant's ability to follow court ordered conditions of release. The ASAP PO will monitor participant's compliance with court ordered conditions of release and other program requirements to help monitor compliance and enhance public safety.

Field Visits conducted by the ASAP PO are designed to review a participant's compliance status for program expectations and in following court ordered conditions of release. The ASAP PO will be ensuring that the housing is identified as safe, sober, and affordable. It is the expectation that only approved residents are on site during curfew hours.

The ASAP PO will plan for unannounced visits at certain intervals of time. The ASAP APO II may also initiate a visit if there have been recent compliance issues, recent reports of relapse or any other recent concerns.

The ASAP PO will not conduct an announced or unannounced home visit under what is considered an emergency, a potential crisis or when known high- risk behaviors are engaged in by the participant such as being currently under the influence of substances.

For those participants who are also supervised by a Department of Corrections (DOC) Probation Officer, the ASAP PO will work cooperatively with DOC to ensure close participant monitoring and public safety. All requests for travel, change of address or approved contacts will be reviewed with DOC.

The ASAP PO is responsible for obtaining valid releases of information for other adults living in the home, transitional housing program, sponsors, and employers (case by case).

III. PROCEDURES

TYPES OF SUPERVISION IN THE COMMUNITY

Curfew Checks

A curfew check is conducted only to assure a participant is in their approved residence. Curfew checks can be done via a live streaming/smart phone, drive by and call, or knock on the door. If at the time of a curfew check, the ASAP PO encounters potential safety issues or violations of conditions of release, the on-call ASAP Supervisor should be called for further instruction. The TC program team will be notified no later than the following business day. There are no set requirements for frequency of curfew checks.

Program Curfews

All curfews can be adjusted for night time work schedules or one time approval to attend special events. The ASAP PO can approve a curfew extension at the last minute and report in the next status report that this permission was granted. Routine requests for adjustments should be reviewed with the TC Program team.

Anchorage CRP

Phase 1- 7pm-6am /Phase 2 through Phase 4- 10pm-6am

Palmer CRP - Case by Case

Juneau CRP

Phase 1- 9pm-6am- 30 days then move to 12am-6am (need unannounced home visit)

Phase 2 through Phase 4- 12am-6am

All DUI/DRUG/VET

Phase 1-- 9pm-6am- 30 days then move to 12am-6am (need unannounced home visit)

Phase 2 through Phase 5 - 12am-6am

FWC/FVC

Phase 1- 9pm-6am / Phase 2 – 10pm- 6am

Phase 3- 11pm-6am / Phase 4 & 5- 12am-6am

Field Visits

The ASAP PO may also conduct random, unannounced, or announced visits to each participant' home, place of employment, service agencies, school or volunteer locations and recovery meeting locations. The frequency of these field visits is based on assessment of the participant's level of functioning or by TC program team request.

Announced Home Visit

An initial home visit is conducted to establish if the requested residence meets the TC program requirements of safe, sober, and affordable.

The ASAP PO is expected to prep the participant by reviewing what the purpose of the visit is and to obtain ROIs for other people living in the home. The ASAP PO will provide a copy of the Alaska Therapeutic Court Community Supervision Guidelines form to assist in explaining what the expectations are and how it works.

An initial home visit is scheduled with either the participant, another resident, or family member. No action is taken during an initial home visit unless there is an immediate risk of safety then local law enforcement can be notified. For concerns regarding the housing not meeting program standards (safe, sober, and affordable) the ASAP PO will provide documentation to the team (emails/photos) to determine a next course of action.

Unannounced Home Visits – Private residence or transitional housing

Phase 1 (30-60 days)- One visit within 30 days of admission

Phase 2 (90 days)- No routine home visit required for entering Phase 3

Phase 3 (90-120 days)- within 60-75 days in Phase 3

Phase 4 (120-150 days)- within 75- 90 days in Phase 4

Phase 5- No earlier than 60 before grad and no later than 30 days before graduation

Additional criteria for Unannounced home visits

Within 5 days of a significant relapse (phase 3-Phase 5)

Within 5 days of a significant program violation or team request

Within 30 days of a change in residence or upon approval of new people being in the home

High Risk- one unannounced visit per month for the first five months of the program.

Regardless of Transitional Housing – field visits apply as noted above

****NOTE:** Any AVC participant living in the Mat-Su Valley may have in-person or virtual home visits based on the location being outside the duty station.

Move Requests and/or Approval for Other Persons in the Residence

A Change of Residential Status Notification/Request is required under the following:

Any request for a change in address or a request to add others to the current address.

Not all changes in residence require an Initial home visit and will be reviewed on a case-by-case basis.

APSIN Use: Designated ASAP staff will utilize APSIN to conduct background checks on anyone living in the approved residence either at Admission or for any changes requested. Court view will also be utilized to check for new charges.

Field Visit Protocols

The ASAP PO must adhere to the following protocol for conducting all types of field visits:

Never remove shoes and be aware of the exits. Do not accept offers for food or drink.

Wear gloves and avoid digging into containers or search areas not fully visible. If this action is required, the participant should be asked to perform this function. Take pictures of questionable items to report back to the TC program team. Have your phone immediately accessible.

The ASAP PO must prepare by ensuring that all equipment is in working order:

- Copy of the participant's court conditions of release
- Portable Breath Test; extra batteries
- Drug screening cup and storage container
- Disposable gloves
- Flashlight
- Phone - access to on-call ASAP, on-call DOC PO, and local police
- Additional storage container
- Narcan kit, if trained to administer
- Emergency contact numbers

Standard Notification Requirements

Private Residence

The ASAP PO is required to inform one of the ASAP TC supervisors about a proposed plan to conduct field visits. Adjustments to a weekly schedule in order to conduct field visits are documented and submitted in the flex schedule form.

While out on field visits it is expected that the ASAP PO text the designated ASAP staff about the start time for field visits, making progress in each stop and when home visits are completed.

Search Areas

Searches will generally be conducted at the place of residence of the participant however any vehicle or building/structure on the property is subject to search. All rooms of the home accessible to the participant must be accessible to the ASAP PO.

Good judgment and respect for the personal property of the participant must be shown at all times during the search. Disruption of the participant's home and property must be limited to only that which is necessary to complete the search.

Managing Third Parties

When people other than the participant are present during an unannounced home visit the guidelines for a home visit are to be reviewed. Uncooperative third parties may be asked to leave however if they continue to display any concerning behavior (safety issues), the ASAP PO will be required to immediately leave the residence, follow supervisor contact protocols, and be prepared to communicate the issue to the TC program team.

Cellular Phones and Other Electronic Devices

NO SEARCHES of cellular phones or other electronic devices are allowed either in the community or in the ASAP TC office.

Notification for Non-compliance Issues While Conducting Field Visits

During a field visit if a participant is found in violation of the court conditions of release, the on-call ASAP Supervisor is notified immediately. Further instruction will be given depending on the degree of the violation and concerns for staff safety. Contact with either the local police department, DOC Probation, OCS or APS may be warranted to include mandated reporting to other state agencies.

Any alcohol discovered during a home visit is to be disposed of on the premise by the ASAP PO. The ASAP PO will notify the TC program team of the violation within one business day. Any drug/alcohol paraphernalia, drugs of any type or weapons found during a home visit will be reported to the on-call ASAP Supervisor and TC Team for further instruction.

Any prescribed medication or other medication not known to the ASAP PO will be documented for further review and reporting. When possible, effort should be made on site to confirm the medications.

ASAP PO staff are not equipped to confiscate items found on location and should consult the ASAP on-call Supervisor for further instruction.

Documentation for Field Visits or Curfew Checks

The ASAP PO or designated staff will document all field visits to include the date/ time/ location (announced or unannounced), outcome and a note regarding any significant information resulting from the field visit.

Travel Requests

This may include requests to travel outside of the defined boundaries of each program, out of state or within boundaries but outside of the participant's approved residence.

For out of state or out of boundary travel all requests should be submitted in writing. Each program has an approved Travel Request Form outlining key expectations. For those with DOC Probation the assigned PO should be consulted prior to team discussion.

All requests will be brought to the TC program team for review and discussion. The ASAP PO will offer input on how this travel will or will not support the participant. Any pass over 2 nights may require drug/alcohol tests so the ASAP PO should have an initial plan to propose to the team. Requests to spend an overnight out of the approved home should be managed the same as a travel pass and shared with the TC program team for approval or denial.

Verification of Information for Community Agencies or Third Parties

Certain aspects of a participant's program will require verification to assure program adherence. Verification can occur through direct contact with service providers or through documentation and requires a valid release of information.

Employment Checks

Employment checks occur through schedules and pay stubs. Pay stubs should be requested for budget updates. Contact with the employer should only occur if there are concerns about the participant's behaviors. Contact requires authorization through written consent. All efforts are made to assist the participant in being honest with his/her employer about their scheduling needs and not through the ASAP PO.

Other Forms of Verification

All other services that a participant engages in require written consent (ROI) for the ASAP PO to verify information. Verification can be obtained through written and verbal report and should be done on a consistent basis to ensure continuity of care and adherence to the case plan.

Transport of Participants

Some program locations have access to a state vehicle for job related use and for other locations use of a personal vehicle is allowed and offers mileage reimbursement. Transporting participants in either a state vehicle or personal vehicle follow the same guidelines. At **NO TIME** should staff transport a participant that is considered high risk to themselves, staff, or the community. Transporting participants in either a state vehicle or personal should be reviewed with the supervisor prior to doing so and based on not being able to make other arrangements. Most programs have access to funds for cabs or bus fare.

DOC/PO and ASAP PO Collaboration and Dual Supervision

The DOC PO and the ASAP PO will work collaboratively when supervising participants who are already DOC probationers. The ASAP PO will communicate regularly with the DOC/PO regarding participant's progress, and challenges to ensure participant's compliance with DOC requirements. The ASAP PO will coordinate with DOC for any of the following requests: Travel passes or change in housing. The ASAP PO will keep the DOC PO informed with regular communication via pre-meet attendance or status reports, emails, or other written/verbal communication regarding the participant's status in the program to include outcomes of drug/alcohol testing, changes in employment status, phase changes, pending graduations, and for any violations of conditions of release.

Phase 5 Participant Projects (Restorative Justice Project- RJP)

It is the responsibility of the ASAP PO to explain the RJP requirements to the participant. This process is expected to start while preparing to enter Phase 5.

Participants are encouraged to plan ahead so lack of effort does not delay program graduation. The ASAP PO will instruct the participant to utilize the Weekly Log and the Community Services requirement tracking form.

Status toward project completion is to be reviewed at each ASAP PO meeting and entered in the status hearing report. If a participant is struggling to complete hours on a consistent basis, the ASAP PO can request the team for intervention. Common intervention includes an assigned # of hours weekly and increased court or PO contacts until progress is made.

Mentor/Mentee Requirements

The assigned ASAP PO is responsible for determining a candidate as a Mentor for a new participant. The ASAP PO is expected to assign a Mentor in the first week of the new participants' program. The ASAP PO will explain the requirements and how to complete them. The list of requirements is expected to be completed within 30 days of being assigned and is required for the new participant to progress to Phase 2. The ASAP PO will arrange exchanging of phone

numbers. Any component of the Mentoring requirement can be waived or adjusted on a case-by-case basis and the ASAP APO II is responsible for informing the team of modifications.

Limited License

Special conditions allow for participants with Felony DUI or OUI to obtain a limited license.

Each TC program has a set of Limited License Instructions and a Limited License Checklist.

At a minimum a participant is required to have six months of no missed, positive or adulterated drug tests, and a current budget. Additional criteria varies by program and is listed in the Limited License Checklist.

The ASAP PO is responsible for tracking who was charged with a Felony DUI or OUI for admission into the TC program and the eligibility date based on drug testing (delays) and treatment status. Prior to submitting a limited license checklist to the TC Program team, the PO will also require a copy of the treatment certificate and the ASAP PO must review the limited license instructions with the participant focus on how to maintain compliance once received. This includes what to do in the event of a positive drug/alcohol screen, pending or resulted lab and lapse in required payments.

NARCAN

All ASAP APO II staff performing field visits is required to have current Naloxone Hydrochloride (Narcan®) Nasal Spray- in the field bag. Narcan® is an FDA-approved drug approved for use to reverse an opioid overdose. ASAP staff will be provided with an overview on how to administer.

Narcan® Distribution and Storage- Narcan® Rescue Kits, which shall include the: Naloxone Hydrochloride (Narcan®) Nasal Spray; a CPR barrier patient face shield; and nitrile sterile gloves, shall be maintained in central and accessible locations within the ASAP TC office or within field search bags for work conducted outside of the office.

Narcan® Rescue Kits need to be maintained within appropriate temperature settings.

Expired Naloxone Hydrochloride Nasal Spray shall be removed from the kits and replaced with new ones. Each kit contains instructions on how to administer the nasal spray and follow-up instructions.

All ASAP/TC office should have current Narcan® Rescue Kits on hand for distribution to new and existing participants as requested.

Post Narcan® Administration- Any instance of Narcan® administration by an ASAP PO/Staff will be reported to the ASAP TC Program Coordinator and documented following current Department of Health protocols.

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	Effective Date: 5/1/10	Subject: Drug And Alcohol Testing	

I. POLICY

Alaska Therapeutic Courts provide access to a continuum of services to address participants with substance use disorders, and/or mental illness or cognitive impairment who currently reside in the community. Abstinence is monitored by frequent alcohol and drug testing.

II. PROCEDURES

Therapeutic Court Drug and Alcohol Screening/Testing Standards:

Therapeutic Court participants are required to abstain from the use of or possession of illicit, non-prescribed or mood-altering drugs and alcohol to monitor adherence. Trained staff will conduct several types of screening methods.

Participants will be required to submit to screening in any of the following instances: Through the random color system, random Reconnect system, as requested by designated team members and during field visits.

Random Color System

This is utilized by participants calling the hotline daily (active 6am-3pm) to determine if the assigned color has been selected. The daily message will indicate the date, day of the week and the colors selected for testing. If the assigned color has been selected the participant must report as directed, sign in, and provide a valid sample within the designated testing times. Each site has varying testing times. The details of location and testing times is located in the Drug Testing Agreement for each program.

Frequency of screening is based on either the participant’s current program phase, or status in the program. The contracted testing agency or ASAP CJT staff will provide the designated staff with documentation of the drug/alcohol screen outcomes for each day by the designated time.

Assigned colors frequency of testing:

Color	Phase 1 & 2 Or Green	Phase 3 & 4 Or Red or Blue	Phase 5 Or Red or Blue	Orange	Yellow	Purple
Frequency	Avg. of 12 x per month- 3x per week	Avg 8 x per month- 2x per week	Avg 8 x per month- 2x per week	Avg. 16x per month- 4x per week	2x per week Mon.- Fri.	1x per week Mon.-Fri.

Additional colors may be assigned to accommodate travel passes.

CRP Participants may be given specific days to test for a variety of reasons; this is decided on a case-by-case basis and reported to the TC program team members.

Random Reconnect System

This is utilized by participants calling the hotline daily (active 4am-3pm) to determine if they have been selected to test for the day. The participant must then report as directed, sign in, and provide a valid sample within the designated testing times. Each site has varying testing times. The details of location and testing times is located in the Drug Testing Agreement for each program.

Reconnect Documentation and Calendaring:

Either an ASAP CJT or Project Coordinator (PC) will set up new accounts and make testing frequency adjustments as needed. During orientation, the ASAP PO will review the information with the participant to include the Reconnect call-in phone number, and personalized pin for access.

In locations with a contracted testing provider, the PC will generate a no testing/testing monthly calendar and distribute to all designated parties. The Reconnect calendar is autogenerated at 12:05am on the day of testing and provides a list of participants required to show up. Any participant that does not show up will either be told to test the next day (by the PO) or have a forced testing day created in Reconnect.

Criteria for Additional Screening/ Change in Frequency

Higher frequency of testing or a random test can occur for a variety of reasons: Missed screens, dilute or positive lab results, self-report of substance use, collateral suggesting potential substance use or engaging in high-risk behaviors, return from an approved travel pass, appearing under the influence, release from jail, missing program requirements, reports by others of substance use, self-reports of substance use, as ordered by the judge and during routine office visits.

Types of collection

Urine sample or Portable Breath Test (PBT)

Urine Screen

Monitored collection process-This is *NOT* the standard method of collection and is only to be done by approval and documented as monitored.

- This method consists of the staff not observing collection of the urine sample.
- The staff member will remain on the other side of a door or barrier to listen to the collection but not directly observe.
- The participant will then directly hand over the sample for processing; flushing the toilet and hand washing will follow.
- All other testing protocols are the same for the observed collection process.

Observed Collection-This is the standard method of collection.

- The designated documentation form will be used to record the date/time of the collection, outcome of the screen and any comments related to self-report of use or denial of use on a positive screen.
- The tester asks the participant if they have any changes regarding medication use (prescribed or OTC) and if the sample will be positive for alcohol or drugs (prescribed or not) **PRIOR** to the participant providing the sample.
- If the participant responds that the sample will or may be positive for alcohol or drugs, the observing staff will notify the assigned ASAP PO upon completion of the collection process (for those on site) or as soon as possible.

- The designated staff conducting the collection ensures the restroom /facility is clear of anything that may allow a participant to alter or tamper with the sample. When the staff person is satisfied that the area is cleared the following occurs:
- Prior to providing a sample, the participant must leave all outerwear or other larger items in the designated area. The participant is then asked to wash his/her hands thoroughly with soap and water. The participant must also dry his/her hands thoroughly before proceeding.
- The observing staff must wear protective gloves when handling any urine sample and while administering a PBT.
- The observing staff opens a packaged point of care (POC) cup and gives the cup to the participant for collection. Staff should never open the cup packaging prior to the participant being present. Once opened, the staff will document first initial, last name, program, and the date prior to handing to the participant.
- Once a participant has provided the urine sample in the cup it is handed over to staff for processing.
- If a sample is screened as positive, adulterated or out of temperature range (should be between 90 and 100), and is less than 20 milliliters, it will not be sufficient for lab processing and will be considered QNS. A participant can provide an additional sample within the designated testing times.
- If a POC cup is determined by staff to be defective or a drug strip(s) is invalid the specimen may be transferred into a second POC cup.
- All urine samples collected will be screened for adulteration. If the screen cup adulteration panel appears abnormal for any of the 3 screens (creatinine, specific gravity, or oxidants) an additional One Step Specimen Validity Test will be conducted to get a second result. If the One Step Specimen Validity Test registers normal range results, it is considered a valid sample. **If this screen registers abnormal results, the sample will be processed for lab confirmation. There are several codes to choose from and should be reviewed on a case-by-case basis.**
- **If a sample screens positive for any substance, it is documented as such and will be reviewed for the necessity of ab confirmation.**
- Once all screening steps have been completed, the lid is sealed while the participant is present and the security seal with the date/participant's initials is secured over the top. Once the cup has the security seal attached it is not reopened unless by the designated Lab or ready for in-house disposal. **Exceptions for re-opening a sealed cup include new information requiring additional screening, it must be done with the permission of a supervisor, requires two staff present and documentation.**
- Upon staff reviewing each component of the screen results with the participant, the staff will sign the Testing Log indicating that the results were reviewed, and that the participant understands the results.

- When possible, any participant that has reported recent use of alcohol or drugs during this process will have an opportunity to talk to the assigned PO or another designated staff to gain further understanding of the circumstances.

The collection cup must always be in line of sight of the participant while being processed. Any TC program requesting specialty or expensive lab confirmation must be first reviewed with the Supervisor.

Mobile Screening /Urine Screen

Due to safety or other environmental issues, there may be occasions that office based or in-person collection is not an option. In this case the ASAP PO or designated staff can administer a Mobile UA.

- All participants will sign an alternative Drug Testing Agreement that outlines the steps to collection and storage, when and how he/she will be notified of when the collection will occur.
- All participants will be provided with mobile UA testing kits.
- Procedures are almost the same as the Observed Collection process with the key difference being that it is not face to face but occurs over an approved live streaming platform instead of face-to-face observation.
- All staff are to be the same gender as the participant and all staff will be trained on the process.

Trauma- Informed Specimen Collection (page 79)

ASAP staff and CJTs will be trained in trauma-informed practice and awareness of how personal trauma may impact a participant's comfort with being observed or other components of the collection process. Staff will be trained in the GLAPE approach for conducting a screen as well as the six key principles for observed drug screening (see Appendix).

Alcohol Screening/ Testing by Portable Breath Testing

PBTs will be available for each program however are not required as part of each screen. A PBT conducted requires the use of a new straw each instance. Positive results on the PBT will be recorded on the Daily Testing Log. The urine sample collected will be sent for alcohol confirmation (not etg). PBTs will be conducted when there is an odor of alcohol on the person, visual impairment or random at the discretion of staff.

Any participant at the collection site with a positive PBT result will be asked to remain until they can provide a PBT result at .000 and to develop an interim safety plan. In some instances, alternative transportation or supports will need to be arranged.

Positive screens, appearing under the influence (non PBT) or suspected tampering should be reported to ASAP PO or supervisor as soon as possible. For testing onsite (Palmer, Anchorage) the participant should remain in the office until an intervention can occur to include addressing safety issues.

Alcohol Detection Through EtG/EtS and Lab Confirmation

Programs are currently conducting etg screens either as part of the POC cup or a separated dip screen. Programs are utilizing one of these etg screen methods with each sample collection. An etg screen considered positive will be processed for lab confirmation however on a case-by-case basis there are exceptions to ordering a lab.

Exceptions may include repeated or ongoing self-reports of use, with no further collateral testing required, a recent positive lab or lab pending within the same detection window.

EtG lab results below 500ng/ml **will not** be considered conclusive for determining use and imposing a court ordered sanction. These results will be reported to the TC program team once reviewed with the ASAP Supervisor for additional interventions.

Drug Detection and Lab Confirmation

Standard drug screening is conducted by a POC cup and additional dip screens. A positive drug screen panel(s) will be sent to the contracted lab for confirmation. Abnormal results on the adulterant panel(s) will be sent to the contacted lab for confirmation. A positive drug screen because of prescription medication will be sent randomly to the contracted lab to ensure only the approved prescription medication is in use.

There are instances that a sample that screens positive for one or more drug panels will not be processed for the lab. This includes but is not limited to repeated or ongoing self-reports of use, with no further collateral testing required, a recent positive lab or lab pending within the same detection window.

Drug Screen Positive for THC/Cannabinoid

When a participant conducts a baseline (first UA upon entering the program) positive for THC it will be processed for lab confirmation. If the lab is confirmed as positive, additional lab testing will be conducted every 14 days (regardless of new use reported). The cut-off for a lab to be considered negative is under 15ng. Two consecutive samples under 15ng will be considered a completed episode of use. Additional labs will only be conducted for either a self-report of use (case by case) or a new positive screen.

Naloxone Checks

Any participant prescribed buprenorphine in the form of Sublocade will receive a monthly lab screen for the presence or absence of Naloxone. This is one method used to review if additional buprenorphine (oral- suboxone) is also being used.

Drug Testing Lab Fees

Certain programs assign a testing fee based on the following circumstances:

- *Positive Lab Confirmation- the participant denies new use at the time the sample is collected
- *Adulterated Lab Confirmation (Dilute or other form of tampering)
- *Retest Request (same Lab)
- *The cost is \$15 for one substance (or adulteration) and \$30 for more than one substance- due 30 days from the lab confirmation date

Admission of use is defined by – before sample collection, just after sample collection or follow up with the PO is the same day (before the testing staff is sending out the daily notice)

Non-admission is defined as no report to the PO in the same day as collection or any report after day one.

Drug/Alcohol Testing Agreement

After Initial opt-in or during orientation, a Drug/Alcohol Testing Agreement form is reviewed by the ASAP PO to provide participants with guidance on the collection process. This includes how to review the drug panels for positive/negative results; abnormal /normal results for the adulteration panel; documentation and lab procedures.

Problem Samples

Each TC Program has a written Drug/Alcohol Testing Agreement that instructs a participant on what to do for missed, dilute or insufficient samples (QNS, UTP, rejected specimen) per program/location. All problem samples will be recorded and reported to the TC program team members.

Adulterations

The standard drug screen cup is designed to check for 3 adulterants: CRE, SG, OXI
The standard One-Step Specimen Validity dip screen checks for 7 adulterants.

Dilution (CRE) - is the most frequent method of adulteration and most likely due to increased water or liquid intake. This can be a result of short-term water loading (flushing) in an attempt to dilute any drug below testing cutoff concentrations less than 20mg.

Abnormally dilute: Specimen showing an excessively low creatinine value. May be an indication that the specimen is not consistent with normal human urine (less than 2 mg).

A participant that provides an initial dilute screen will be given an opportunity to provide ONE additional sample during the approved testing time. If the second sample is valid then no lab is required and the dilute is not counted as a positive. If both samples are screened dilute, they will both be sent to the lab for confirmation.

Specific Gravity (SG)- High concentrations may indicate the presence of dissolved solids and low concentrations may indicate dilution.

OXI- Oxidant activity on a drug test is that specific tampering has occurred to alter the test's results, as normal urine does not contain these oxidants.

Specimen Temperature- Up to 4 minutes of collection, a sample will read between 90 - 100 degrees Fahrenheit. Any sample at collection that does not register in this range is considered a rejected specimen. A sample with no temperature read will be documented on the Daily Testing Log and documented as a rejected sample.

UTP- Unable to Produce a sample can be another method of avoiding detection. Any participant unable to produce a sample (will be documented as a UTP in AKAIMS) and a participant will be required to re-test as soon as possible.

If a participant is UTP, the same cup can be used for additional collection attempts. A participant that is UTP they can attempt as many times as the staff can accommodate during the testing window.

QNS- A Quantity not sufficient sample is one that does not adequately read screen results, or is presumptive positive and less than 20milliliters. This will also be documented as UTP in AKAIMS. For a QNS sample, a participant will have access to two cups and two attempts during the assigned testing window.

Rejected Specimen- A sample is considered rejected for blood contamination or no detection of temperature. Any contaminated sample collected will be disposed of immediately and not processed for screening.

Clean Catch Samples

A specimen containing visible blood is considered biohazard and can interfere with the testing process. At the time of orientation, participants are given instruction on how to provide a clean catch sample. Instructions are as follows:

Use the moist towelette provided by the staff and wipe the area until free of blood, start urinating into the toilet. After a few seconds, place the urine container under the stream of urine until the cup is at least half-full.

Storage and Lab Testing

Screens will be stored in the designated refrigerator(s) until either disposal or sent to the lab. Samples may be discarded ONLY after 48 hours post collection. *If there is a weekend Holiday, we ask that samples be held an extra day to ensure the ability to request a lab upon return to the office.*

Redwood Toxicology/ Confirmation Process

TC Programs require CLIA or SAMSHA certified testing laboratory services. If a TC team makes a request for alternative testing it should be reported to the team that there is a cost associated with this that ACS will not pay. This process is also not timely for addressing a participant's potential substance use and alternative action should be considered. It is also the expectation that an alternative agency meets the same certification standard as Redwood Toxicology.

Toxicologist and Other Lab Requests

Designated ASAP staff can ask the toxicologist for further interpretation of lab results. This can be completed by email or telephone. Results are expected to be reported to the TC Program team members and documented in AKAIMS.

Documentation and Notification

All information regarding collections and lab results will be documented in a hard copy Testing Log then added to (AKAIMS) drug testing module. Testing Logs are utilized to track screen outcomes and maintained in a confidential location. Testing logs are stored only until the participant is no longer in the program.

***More specific documentation requirements will be provided to staff as needed.*

Each testing site/staff is expected to communicate daily outcomes as soon as the testing time closes. Any results other than negative screens are then followed up by the ASAP PO to give participants further instruction. The ASAP PO is required to document any additional reports of use and instruction given in the same AKAIMS entry as the initial screen result.

Medication Reporting

The participant is responsible for notifying the assigned ASAP PO and any other designated staff of any prescription or other medications currently being used. This includes type and quantity and must be provided prior to submitting to the screen. Any prescription medication should be reviewed and copied by the ASAP PO or designated staff for the file.

An additional Medication Use Contract will be completed for approved prescription medication for recent medical or dental services (Medication Management Policy).

Equipment

Portable Breath Test devices will be calibrated at a minimum one time every six months. Calibration is conducted in the Anchorage TC ASAP office using dry gas calibration. Records of maintenance will be maintained in the Anchorage TC ASAP office according to U.S. Department of Transportation Regulations 40.333 (2 years).

Supplies

Most testing supply orders are monitored and filled by the designated ACS staff and stored in the Anchorage warehouse. Additional supplies are stored in the Anchorage /ASAP testing site and will be shipped via mail by designated staff. Supply Inventory Forms should be completed every month indicating the current quantity of supplies in stock and the requested number of new supplies.

It may take up to several weeks in some locations to obtain supplies therefore TC program staff should always ensure at least a month's supply is in stock when scheduling orders.

Staff Training

All designated staff required to perform any component of the alcohol/drug testing for TC programs will participate in an initial on-the-job training, annual reviews of testing procedures and immediate updates to changes in screening or testing devices, services or in the collection process.

The most effective way to detect tampering is to ensure that sample collection is observed directly by a trained and experienced staff person (ASAM, 2013; Cary, 2017).

Because specialized training is required to minimize tampering with test specimens, participants should generally be precluded from undergoing forensic drug and alcohol testing by services not affiliated with the court. In unusual circumstances, such as when participants live a long distance from the test collection site, the treatment court might designate nonaffiliated professionals or laboratories to conduct drug and alcohol collections or testing. As a condition of approval, these independent professionals should be required to complete formal training on the proper collection, handling, and analysis of drug and alcohol test samples associated with treatment court participants or comparable justice populations. Treatment courts are also required to follow generally accepted chain-of-custody procedures when handling test specimens (ASAM, 2013; Cary, 2017; Meyer, 2017). Therefore, if independent professionals or laboratories conduct drug and alcohol testing, they must be trained carefully to follow proper chain-of-custody procedures

Alaska Court System Alcohol Safety Action Program Therapeutic Courts Policy & Procedure	Date Revised: 1-08-16; 12-10-16; 2-6-18, 10/1/19; Feb. 2021; Feb. 2022; 12/20/2024	Section: Program	# of pages: 3
	Effective Date: 12/23/14	Subject: Medication Management	

I. POLICY

Medications prescribed to participants are expected to be monitored as part of the Therapeutic Court program requirements.

II. PROCEDURES

It is the responsibility of the ASAP PO to monitor all prescribed medications and appropriate use of over-the-counter medications. The level of monitoring will be determined on a case-by-case basis.

Reporting use of Medications

A participant is expected to notify the ASAP PO of any prescribed medication or changes in medication. It is the participants responsibility to inform the ASAP PO of changes in a timely manner. At the time of orientation, participants are provided with information outlining approved over the counter medication, ingredients to avoid, medications that require a current prescription and how to manage new prescriptions.

Documenting Medications

AKAIMS Treatment Module/Medications- This module is utilized to document certain categories of medications to include psychotropic medications, medication for Opioid Use Disorder (MOUD) and medication for Alcohol Use Disorder (MAUD).

Other medications are monitored by the ASAP PO however not documented in the Medication section of AKAIMS. This would include medication for medical needs or over the counter medications.

How to Complete the Required Documentation

The ASAP PO is trained to utilize additional documentation which outlines the specific requirements in AKAIMS.

Medication Monitoring Contracts

Participants allowed to take prescription pain medication for an acute medical condition will be placed on a contract Medication use Contract indicating the dose/ frequency/ start and end dates that the medication type.

At the end date on the contract the participant will be responsible for bringing any remaining medications to the designated site for a pill count and disposal. Lack of compliance will be immediately reported to TC program team.

If a participant continues to screen and/or test positive for a period exceeding the end date of the medication use and identified detection window of time, the Lab will be consulted for further instruction. TC programs will need to address what could be unapproved use of medication.

Monitoring Medication

The ASAP PO has several options for monitoring participant medications.

Observation of Self-Administration- this can occur in person, via live streaming or through video submission.

Random pill counts- from daily to monthly. Pill counts will be documented AKAIMS, and comments include number of pills remaining of the total prescribed and participant comments on the frequency of use.

Holding medications in a designated lock box accessed by designated ASAP staff and requiring the participant to be on site to administer medications.

Rules for Holding Medications on site

In order to maintain medication on site, several steps must be in place:

- Lock box or locking container not accessible to other staff that may enter the office.
- Medications must not be transported by staff but remain on site.
- Document and sign by the participant and designated staff when doses are received, and prepared for take home doses or adjusted.

Maintaining Medications in a Secured Location

Participants may be asked to lock up medication in either the place of residence or in a designated location. Medications may be locked when there is concern for other people to access the medications or when others in the home have medications that should not be accessible to the participant.

Disposing of Medications

All ASAP staff have access to Deterra Deactivation Bags that are utilized to safely dispose of pills. Pill disposal is documented in AKAIMS (Med type/number of pills). When possible, two staff will be present for pill disposal.

The Information Provided to Participants in the Initial Case Management Plan:

It is the responsibility of the ASAP PO to ensure that participants understand the expectations for medication use, monitoring and reporting, as well as reporting any medical appointments or interventions.

Medications/Health Care:

I agree to take medications as prescribed to me and report changes to my PO.

I will tell my PO if I have medication that are no longer prescribed, expired or not approved. The PO can assist in disposing of old medications.

I cannot take medications prescribed to other people, or old/expired prescriptions.

I will be allowed to fill certain prescriptions for medical need without prior approval; PO will provide examples (dental, accidents/injuries).

I understand that the program requires that I inform my provider(s) of my status in the program and seek non-habit-forming medications as an option.

I will provide documentation for medical appointments as requested by my PO.

I will work with my PO to plan for any medical care that may require adjustments to program requirements.

The team may require medication monitoring such as a Med Contract, med counts, video administration or locking them up in the PO office

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	Effective Date: 1/01/16	Subject: Records Maintenance	

I. POLICY

Therapeutic Courts Probation Officer/Case Manager (APO II) staff maintains a separate confidential record for each participant assigned to his/her caseload.

II. PROCEDURES

Active Participant Records

Each staff will be provided with storage in a secure location either in their current office or an established place in the courthouse. Records are placed in a file cabinet, in a locked office when not in direct possession of designated staff. Access shall be limited to authorized staff.

Each ASAP APO II will be provided with a template for a six-part record. Components of the record include the following:

- Consents, Legal Documents/APSIN reports
- Budgets/income verification/receipts, requests for emergent funds, program fee contracts Risk Assessment, Case Plans, Orientation checklist and phase changes (not for CRP)
- Medication information (MAT) and contracts, UA logs
- Substance Abuse and Mental Health Assessments, other treatment information
- Weekly Logs
- Court Status Reports

Inactive Participant Records

When a participant is no longer active in the program no hard copy file will be saved. Designated documents will only be uploaded in the participant’s AKAIMS account.

Documents uploaded in AKAIMS must not exceed 10(MB) and no more than 20 documents per file. Below is the minimal data to be entered and additional documents will be determined by available storage space.

During active participation, the following documents will be uploaded:

- | | |
|------------------------------|--|
| Court Forms: | ASAP Forms: |
| Conditions of Release | Behavior or Attendance Contracts |
| Rule 11 Agreement | All Case Plans / Budgets |
| Bench Warrant | Reunification Plans, Safety Plans |
| Judgement | Risk Assessment/ Score (CRP other assessments) |
| DUI/DRUG- agency assessments | ROIs (as indicated) |
| | Drug/Alcohol screening sheets (when individual) |
| | Participant Photos |

At discharge the following documents will be uploaded:

Exit or final LSI-R score sheet, sentencing or Judgement

Alaska Court System Alcohol Safety Action Program Therapeutic Courts Policy & Procedure	Date Revised: Feb. 2021	Section: Program	# of Pages: 2
	Effective Date: 05/01/2011	Subject: Emergency On-Call Policy and After-Hours Contact	

I. POLICY

A coordinated strategy governs drug court responses to participants' compliance. It is recognized that there may be circumstances when it is necessary and appropriate to designate a therapeutic court staff as being on-call and available to respond to emergency calls. Such situations may necessitate essential and immediate action outside of the regular established work hours. This policy provides specific guidance for the Therapeutic Court staff that is required to be available to respond to emergencies involving Therapeutic Court participants, after regular hours, on weekends, and holidays.

Definitions

"*On-Call*" is when an ASAP- Therapeutic court staff is required to be available outside of regularly scheduled working hours, to respond immediately to an emergency involving a Therapeutic Court Participant. "*On-Call Period*" is the time when an ASAP- Therapeutic Court staff is required to carry a cell phone, or other immediate contact device and to remain in a state of readiness to respond immediately to an emergency call.

An *Emergency Call* is an **incoming** call regarding a Therapeutic Court participant that is involved in a sudden, unforeseen crisis that requires immediate action to avoid risk to health, life, property, or environment. All non-emergency calls shall be handled by the appropriate ASAP Case Manager/Probation Officer during regular work hours.

Responsibilities

The On-Call person will be available to answer calls and respond to emergencies situations after regular office hours, on weekends, and holidays. Staff assuming On-Call duties must be able to respond to emergency situations effectively. Therefore, it is the On Call staff's responsibility to not use alcohol, prescription, or non-prescription medications that may impair the ability of the responsible staff during their On-Call period. If the On-Call staff is in a situation or expects to be in a situation where they may use alcohol or impairing medications, they must arrange re-assignment to another ASAP staff.

The On-Call person will notify the appropriate team members of any emergency that requires consideration. Notification will be made as soon as soon as possible and no later than the next regularly scheduled workday.

II. PROCEDURES

Therapeutic Court Emergency On-Call

The Emergency On-Call phone number is 907-884-4595 as of 12/01/2010.

Each Therapeutic Court participant will be instructed by the ASAP APO II on the proper use of and access to the Emergency On-Call staff.

Participants will be instructed to only call the Emergency On-Call phone number if they are experiencing an emergency. A true emergency would be described as a sudden, unforeseen crisis that requires immediate action to avoid risk to health, life, property, or environment.

The Emergency On-Call staff will respond to all after hour calls as soon as possible.

There will be instances that participants call with what are defined as non-emergency events which will also be handled in the same manner as an emergency event.

Notification

The Emergency On-Call staff will notify the ASAP PO of the nature of the event and provide a detailed report with actions taken. Notifications will be made no later than the morning of the next regularly scheduled business day. Initial notification can occur through email, phone, or text contact.

If the event requires immediate action by members of the Therapeutic Court team, the Emergency On-Call staff will make every effort to contact the ASAP PO and the necessary team members as soon as possible.

The ASAP APO II and emergency on-call staff are not trained to be first responders in an emergency. Staff will however receive training on appropriate agencies to contact in the event of any type of emergency.

Alaska Court System Alcohol Safety Action Program Therapeutic Courts Policy & Procedure	Date Revised: 1-08-16; 12-10-16; Feb. 2021; Feb. 2022; 1/23/24	Section: Program	# of Pages: 3
	Effective Date: 8-25-12	Subject: ASAP Probation Officer/Case Manager Training And Continuing Education	

I. POLICY

All ASAP therapeutic court APO II (APO II) and CJT staff will participate in a training and education process that will provide the knowledge, skills, and abilities to proficiently perform all the duties and responsibilities of the job. Training starts at hire and continues through the course of employment as routine review or as new information is made available.

II. PROCEDURES

Initial Training

Each new ASAP TC staff (APO II and CJT) will be provided with a Job Training Checklist and trained in coordination with other team members and ASAP staff. The ASAP Supervisor will ensure that all new ASAP staff are provided an initial orientation to become familiar with the overall components of Alaska Therapeutic Courts and the specific program requirements in which he/she will be assigned.

The ASAP PO initial orientation will at a minimum include the following information:

- Mission statement/ philosophies of the Therapeutic Courts/Target populations
- Policy and Procedure Manuals / Participant Handbooks
- Access to forms/ shared drives
- Drug/Alcohol testing procedures
- Risk Assessment training
- Developing Case Plans/ Recovery Capital
- Field Visits, curfew checks, court ordered conditions of release
- Review of local resources / community mapping
- AKAIMS database / ASAP records management
- Internal and external communication / Team meetings and reporting requirements
- APSIN and ACOMS access
- ASAP APO II Ethics guidelines
- Confidentiality requirements; written consents (ROIs) / Mandated Reporting
- Basic legal requirements / victim's rights
- Access to and use of emergent funds
- Crisis Management and access to services
- Behavior Matrix/ Responses
- Behavior Health Interventions such as QPR/ Matrix / MRT / DBT/ EMDR

Continued Training and Education

Training will occur in any number of settings to include program administrative meetings, individual or group meetings, community-based or web-based presentations, tours or meetings with community providers, publications, articles, and local or national trainings when available. Staff will have sufficient notice of trainings and reasonable timelines for completion of trainings. Training will be tracked by the Supervisor as well as the staff member on an annual basis.

Foundational components of DUI/Drug Court/Mental Health Court/Veterans Programs

- The Ten Key Components and philosophy of Drug Court programs
- The Ten Guiding Principles of DWI Courts
 - (Principle #4- Supervision; Principle #7- Case Management)
- The Essential Elements of Mental Health Courts
- The Ten Key Components and philosophy of Veterans programs
- Adult Treatment Court Best Practice Standards Vol. 1 I-VI and Vol. 2- VI-X
- Essential Elements
- Core Correctional Practices (CCP)- Set of skills for correctional practitioners that have been shown to help the therapeutic potential of those on court supervision.
- Risk- Need Responsivity Model

Community Supervision Core Competencies

Competency 1: Participates fully as a Drug Court team member, committing him or herself to the program mission & goals and works as a full partner to ensure their success

Competency 2: Provides coordinated and comprehensive supervision so as to minimize participant manipulation and splitting of program staff. Develop post program services, client outreach, Mentor programs and Alumni Associations.

Competency 3: Develops effective measures for drug testing and supervision compliance reporting that provide the team with sufficient and timely information to implement incentives and sanctions systems.

Competency 4: Coordinates the utilization of community-based services such as health and mental health services, victims' services, housing, entitlements, transportation, education, vocational training, job skills training and placement to provide a strong foundation for recovery.

Competency 5: Is knowledgeable about addiction, alcoholism, and pharmacology generally and applies that knowledge to respond to compliance in a therapeutically appropriate manner.

Competency 6: Is knowledgeable of gender, age and cultural issues that may impact the offender's success.

Competency 7: Contributes to the team's efforts in the community education and local resource acquisition.

Competency 8: Contributes to the education of peers, colleagues and judiciary in the efficacy of Drug Courts.

Annual Review of Information will occur for the following:

- Ethical Guidelines and confidentiality laws
- Drug and Alcohol Testing protocols
- Crisis Management and emergency procedures
- Suicide Prevention
- Narcan Administration
- Mandated Reporting

Alaska Court System Alcohol Safety Action Program Therapeutic Courts Policy & Procedure	Date Revised: 1-08-16; 2-10-16; 2-6-18; Feb. 2022; 1/23/24	Section: Program	Pages: 1 of 3
	Effective Date: 04-15-2013	Subject: ASAP Therapeutic Court Staff Supervision and Absenteeism Policy	

I. POLICY

The Alcohol Safety Action Program (ASAP) management is responsible for providing regular and on-going supervision to the ASAP therapeutic court (TC) staff. Supervision is regarded as a key means of ensuring management accountability, including planning, allocation, monitoring, and the evaluation of each ASAP staff's work as a member of the Therapeutic Court team. Supervision is expected to be regular, structured, planned, and documented.

II. PROCEDURES

All ASAP therapeutic court staff will have a designated supervisor. There will be management commitment to allow time and priority for supervision with all ASAP therapeutic court staff.

Senior Managers are responsible for monitoring and evaluating supervisors' competence and performance in meeting the standards defined in their job description. All supervisors will be familiar with and trained to undertake supervision in line with the expectations for supervisors within the state of Alaska/Department of Health and Social Services.

Supervision meetings are documented and notes available to both supervisor and supervisee.

Supervision Types and Frequency

APO II staff will receive supervision at a minimum frequency of monthly. The exception to this will be periods of travel, annual leave, illness, other absences.

Criminal Justice Technicians (CJT) perform duties in support roles, less frequent meetings are sufficient to meet needs of the individual staff and the mission of the organization.

Supervision will be conducted in several forms to include individual or group meetings, observing the supervisee performing the job duties, individual or group trainings, assignments, and regular review of current participant dynamics and case staffing.

Each ASAP staff will receive either annual or biannual performance evaluations based on state requirements. At this time, the staff and supervisor will review the individual goals and training needs and develop a plan for the new evaluation period.

Communication

The best practice in supervision entails the supervisee and supervisor developing and maintaining a relationship, which enables open discussion of sensitive and sometimes contentious issues. When decisions are made in supervision that have a bearing on the supervisee's terms of employment, then these must be recorded in line with the requirements of the Department and Division.

Potential Disagreement and Resolution

If there are difficulties and disagreements, it is expected that in the first instance, supervisor and supervisee take personal responsibility for making every effort to resolve the issue within the supervision session. If this is not possible, the next stage is to involve the line management chain. If the difficulty cannot be resolved at this stage, the employee may seek resolution according to the collective bargaining agreement.

Staff Absences

Planned Absence

Planned leave should be reported (verbal and email) to the supervisor as early as possible to determine coverage requirements and to allow time for the supervisor and supervisee to plan accordingly.

For a short-term absence (1-2 days) the staff will be responsible for adjusting the workload and ensuring coverage for key responsibilities. This plan will need to be communicated to the supervisor. The Supervisor will assist, if needed, in planning coverage. Whether or not the cell phone needs to be temporarily reassigned also needs to be considered.

Any adjustments to the schedule should not include cancelling scheduled participant appointments that are required as part of program expectations. Arrangements must be made to reschedule with the staff within the same work week or scheduled to meet with another staff.

Unplanned Absence

Unplanned leave is required to be reported to the supervisor as soon as possible so necessary planning can occur. This is best communicated via phone or text message (not email). Before the end of the work day additional contact with a supervisor is requested to determine next day staffing needs.

Telecommuting Approval and Documentation

Some planned or unplanned absences may be transitioned to telecommuting upon request of the staff and with supervisor approval. Staff will not be allowed to telecommute if the absence involves any level of personal impairment or inability to fulfill the requirements.

Approved telecommuting requires a written report (Outlook calendar) of job duties/tasks scheduled and completed for the day. Staff should be accessible to the supervisor other than planned breaks or other meetings as indicated in the Outlook calendar.

Notification to Participants of Planned and Unplanned Absences

CJT- Short term/planned or unplanned time off (1-2 days) of CJT staff requires the supervisor to determine coverage or adjust drug testing schedules as needed.

APO II- Short term/planned time off (1-2 days) of APO II staff requires the PO to review tasks that need to be covered and determine if these things can be rescheduled without missing deadlines or need to be assigned to other APO II or supervisory staff.

Longer term planned time off of APO II staff will require working with the supervisor to assign covering staff, re-assign the cell phone and providing sufficient notice to peers/other agency staff and participants.

- 1) Forward all Outlook participant meeting invites to the assigned PO. Whenever possible the intent is to follow the preset schedule unless no staff can accommodate the day/time.
- 2) Inform participants of the assigned covering PO and expectations for attending meetings and general communication. Information is sent to participant primarily via email with the covering staff included. This is done so covering staff have the exact same instructions as the participants.
- 3) For cell phones, for those with no work cell or an inability to pass the phone to covering staff, create a group text including both ASAP supervisors allowing for easier group communications if the need arises.
- 4) Put an out of office on the office phone and emails.

For Unplanned Absences Similar Rules Apply

- 1) If staff is compromised then notify the supervisor to assist with adjusting schedules and communications for the designated period of time.
- 2) Update an out of office message on the work cell phone and when possible office phone (remotely).
- 3) When possible, other staff will work to check the office phone for messages.
- 4) When possible, adjust email notifications in the lap top.

State Office closures/Judicial Office closures

Drug Testing

Various conditions may prompt discussion on the current plan for drug testing. These conditions mainly consist of weather and facility issues. As soon as it is known there is an issue or weather is questionable, the respective staff for the program (Juneau, Palmer, Fairbanks, Anchorage) will be prompted to discuss the need to alter service delivery.

Generally this discussion takes place in the evening (by text) to plan for the next day. The testing hotline (and RECONNECT) will be adjusted as determined day by day until conditions improve or facilities issues are resolved.

The supervisor is generally responsible for prompting this discussion however for areas outside of Anchorage the supervisor may not be aware of inclement weather or facility related issues and therefore there will be designated staff to prompt discussion.

For drug testing site facility issues in Fairbanks and Juneau, the agency will have an identified point of contact responsible for notifying the program PC/ASAP supervisor/ PO of the need to modify service delivery. The necessary notifications will be assigned and completed.

For those programs utilizing RECONNECT to post testing information, designated staff will need to be notified of changes as well. Team notification is not an immediate need and will be addressed as needed.

Court Closures and Notifications

The judicial branch operations are not determined by the executive branch. ASAP is reliant on the Project Coordinator to inform team members of court closures and/or cancelled court hearings. If there is an unplanned court closure, it is the responsibility of the PO for the program to notify participants on the assigned caseload of the closure. If the primary PO is unable to complete this notification it will be assigned to another PO or the supervisor. To ensure the ability to communicate remotely, cellular phone capability is required to be available to access by the PO 24/7. Future court dates will be determined in the next few days by working with the PC.

Remote Court

If court is not cancelled but moved to a ZOOM or phone setting, it is the responsibility of the PO for the program to provide this information to participants on the assigned caseload. The PC for each program will provide the call in or zoom information (via email). The PO will then forward this information to the participants on their assigned caseload (via text/email/phone call). **It is the responsibility of the PO to get confirmation from each participant.**

If court occurs via phone or zoom, the APO II is expected to participate unless there was planned time off or an excused absence. Not being in the office does not automatically indicate not attending to planned work obligations.

State Office Closures

What occurs with state office closure notices is dependent on your work site location.

Some closure notices indicate to work remotely when possible.

It is the ASAP Therapeutic Court staff policy to evaluate the work obligations and the ability to attend to the obligations to determine if staff work in the office, remotely or not at all.

Each program staff must evaluate the following:

Criminal Justice Technicians- if there is no UA testing and the state has issued an office closure notice, you are not obligated to work. If you have other tasks to address and choose to work in the office you must first communicate with the supervisor. For any state office closure you will not be required to use your personal leave.

APO II/Supervisor:

Is there access to the office (court or state building)

Is it safe to work or travel to the office

What are the work obligations for the day and how can they best be managed

Is there means to adjust for the day (work remotely with phone and computer)

Are there barriers at home (no school)

Immediately contact the supervisor to discuss the plan for the day (phone call is best).

Telecommuting for closures or coverage needs will be discussed and if it is identified that staff will not work for the identified period of time then participants will need to be notified of cancelled, or rescheduled services, or services moved to a remote platform as soon as possible.

Palmer- if state offices are closed- and drug testing is cancelled, participants will not be expected to travel to the office for APO II meetings however they may be required to travel for court.

For closures when drug testing is NOT in the same location as the APO (JNU/FBKS) this is a case by case decision.

Flexible Scheduling and Documentation

All staff have designated shifts and days off. The APO staff will be required to adjust these days/hours for various tasks that occur on a random basis. These tasks include but are not limited to performing announced and unannounced home visits, curfew checks and other scheduled meetings or activities.

APO and CJT staff may adjust the regular weekly schedule for any planned or unplanned absence however this must be approved by the Supervisor in advance.

Flex Scheduling Report Use

For a CJT or APO II that has a work absence can request to work additional hours outside of the assigned weekly schedule in order to avoid using personal leave. The day/time and work duties to be performed must be approved by the supervisor in advance. The plan is submitted via email or in person using the ASAP Flex Scheduling Report.

The ASAP Flex Scheduling Report will also be required when an APO II plans work duties (or coverage for other staff) and this will result in working over 7.5 hours in a day or over 37.5 hours in a week. The form also requires staff to indicate a plan to flex hours (gain that time back). The report will be provided to the Supervisor in a designated period of time.

On rare occasions OVERTIME may be offered only for work duties pre-approved by the Supervisor.

Alaska Court System Alcohol Safety Action Program Therapeutic Courts Policy & Procedure	Date Revised: 09/29/2010; 12/10/16; 12/24/2024	Section: Program	# of Pages: 2
	Effective Date: 10/01/2010	Subject: Ethics	

Policy: Ethics

Key Component 2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.

Ethics

Apart from the collaborative framework of the Therapeutic Courts, all team members will adhere to strict ethical standards set forth for each member according to profession. These ethical standards are described in the Model Code of Judicial Conduct, the Model Rules of Professional Conduct, and the American Bar Association Standards for Criminal Justice for judges and attorneys.

To ensure the integrity of the Therapeutic Courts, no ASAP staff member accepts gifts or invitations from participants, participants’ families, relatives, business associates, sponsors, clergy, friends, or significant others.

No member of the Court Team benefits from information obtained while performing duties as a member of the team. As a member of the Court Team, ASAP staff members maintain a professional relationship with all participants and adhere to all the following points that are part of this policy.

- ASAP staff members must discharge their work without bias or prejudice.
- ASAP staff members should not accept on their caseload a person that they or their immediate family has a personal relationship with.
- ASAP staff members are prohibited from developing personal relationships of any kind with current Therapeutic Court participants, their romantic partners, or their immediate family members.
- ASAP staff members are prohibited from entering a dual relationship of any kind with a participant or their immediate family members who are currently in the program, or who have not been out of the Therapeutic Court program for at least five years. A dual relationship is defined as serving in any other role(s) other than the role outlined in the ASAP Policies and Procedures.
- ASAP staff members must disclose to their immediate supervisor any past or present relationship with participants who they have had a casual, distant, or past relationship within order to determine appropriate placement in the program.
- ASAP staff members are required to disclose any past or present relationship with any alleged victim of a current participant to determine appropriate placement in the program.
- ASAP staff members that choose to participate in functions that extend the current boundaries of the ASAP staff member’s role must first get approval from their immediate supervisor (such as attending a wedding, visiting a participants’ ill family member).

- ASAP staff will avoid imposing their own personal values, attitudes, beliefs, and behaviors onto participants.
- ASAP staff will avoid or limit personal self-disclosure and never use self-disclosure to meet their own personal needs.
- ASAP staff will not utilize social media to maintain contact with current or past participants. Personal cell phone numbers not utilized by DBH contract for employment purposes should not be distributed to current or past participants.
- Engaging in or condoning any type of sexual harassment is prohibited by any ASAP employee.
- ASAP staff members are prohibited from exploiting participants in their professional relationships. ASAP staff members will neither accept nor grant favors in connection with the Therapeutic Court.
- ASAP staff will attempt to resolve ethical dilemmas with direct and open communication with appropriate parties involved and seek supervision and/or consultation as needed.
- ASAP staff members will adhere to state required mandated reporting laws.
- ASAP staff members will adhere to Confidentiality- federal regulation: 42 U.S.C. § 290dd-2, 42 CFR §§ 2.1 to 2.67 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Alaska Court System Alcohol Safety Action Program Therapeutic Courts Policy & Procedure	Date Revised: Feb. 2022; 12/20/2024	Section: Program	# of Pages: 2
	Effective Date: 10/01/2019	Subject: Confidentiality	

I. POLICY

All Alcohol Safety Action Program staff that work within the Alaska Therapeutic Court programs are trained to comply with the requirements of 42 U.S.C. § 290dd-2, 42 CFR §§ 2.1 to 2.67 for substance abuse treatment programs and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). All protected Health Information and substance use treatment records are not disclosed or re-disclosed without the appropriate written consent.

I. PROCEDURES

Participant Consent

Written consent is required in order for the ASAP PO to share information with either the Therapeutic Court (TC) team members or other agencies.

The Written consent forms adhere to regulations and require the following: Patient name, entities permitted to make the disclosure, how much and what kind of information is to be disclosed, name of the individual or entity (agency) to whom a disclosure is to be made, purpose of the disclosure, revocation statement, defined expiration, signature, and date.

Team Communication

Each therapeutic court program has a standard release of information authorizing ASAP staff to communicate with other team members regarding the services directly provided by ASAP or those monitored by ASAP for purposes of the assigned program. This includes but is not limited to results of drug/alcohol testing, risk assessment results, attendance in PO meetings, compliance with case plans activities/ Weekly Logs, attendance in other behavioral health services and recommended services.

*This does not include providing written or electronic documentation from other agencies to TC team members and should be limited to verbal or electronic summary only.

Re-disclosure to the TC Teams

For ASAP staff to re-disclose documentation or information provided by partner agencies to the TC team members, specific written consent is required. This consent authorizes sharing of very specific information or documentation for purposes of monitoring a participant’s status in the designated TC program. This would include re-releasing documentation from other agencies that is otherwise not permitted.

Re-disclosure to Other Agencies

For ASAP staff to re-disclose documentation or information provided by partner agencies to other partner agencies specific written consent is required. These consents are usually a one-time only use. This correspondence should also be limited to sharing the minimum information that is required.

Routine Communications with Agencies and Team Members

It is required that the ASAP PO has a valid ROI for each agency or support person currently being communicated with. There should only be one ROI per agency despite the form containing all the agencies listed. The ROI should be limited to the scope per Agency/Individual.

Electronic Communications

ASAP staff are required to minimize the degree of personal identifying information (PHI) that is disseminated to TC team members or partner agencies when conducting email communications. The expectation will be to use the first 3 initial of the first and last name in all emails.

Large Electronic File Transfer

Transferring files containing ePHI using MOVEit

MOVEit is the approved state system for transferring large files containing confidential information, including PHI. Outlook 365 email limits the file size of attachments, so if you are sending files too large to email that contain confidential information, including PHI, use MOVEit. If you have any questions on how to access or use MOVEit, please contact the IT help desk at doh.its.helpdesk@alaska.gov .

HIPAA Compliant Email

3.5.1. How to use your State of Alaska email account (O365 Outlook/Webmail) to send confidential information including Protected Health Information (PHI)

- Outlook Desktop client – use the “Sensitivity” button to apply encryption. NOTE: This button is not available in Outlook Webmail or Outlook mobile.
- Outlook Desktop, Webmail, or Mobile – Anywhere in the message subject line, simply type **[encrypt]** (case insensitive, brackets required).

Emailing LSIR risk assessment summaries

ASAP PO staff are expected to execute the HIPAA Compliant process above when dissemination these summaries to team members.

Records Requests

For any participant currently engaged in a TC program an ROI is required from any agency requesting information. The information is limited to direct services provided by ASAP such as drug/alcohol testing results, risk assessment, admission/discharge dates, program compliance and program requirements. The ASAP PO will verify with the participant that this ROI is valid, and that the information can be shared.

ASAP staff cannot provide documentation provided from our partner agencies such as mental health or substance use assessments, medical records, prescriptions, neuro psych evals or personal information.

For any former participant in the program any request for records will be directed to the program Project Coordinator (PC). ASAP does not maintain hard copy files and all information collected is stored in the AKAIMS database. The ASAP Supervisor will assist the PC (if needed) in identifying the specific reports that can be used to share information.

Subpoenas, Court Orders

Any ASAP TC staff that is served with a Court Order or subpoena for records will be reviewed with ACS administration. ASAP reporting is solely based on reading reports generated from AKAIMS.

Alaska Court System Alcohol Safety Action Program Therapeutic Courts Policy & Procedure	Date Revised:	Section: Program	# of Pages: 7
	Effective Date: August 2020	Subject: Distancing for Community Supervision	

I. POLICY

Alaska Therapeutic Courts support participants in accessing services designed to assist with reducing recidivism to future criminal behavior.

Community Supervision

The goal of the Alaska Therapeutic Court’s Community Supervision component of therapeutic courts is to monitor participant’s ability to follow court ordered conditions of release and his/her case plan.

The ASAP APO II will monitor participant’s compliance with all court ordered conditions of release, other program requirements and the participant’s case plan to ensure program compliance and enhance public safety.

There may be instances when traditional supervision transitioning to remote services is needed so that business –as-usual conditions can be maintained under restricted operating procedures.

There may be instances those modifications for either community supervision and/or office-based supervision need to be applied when there are issues related to staff safety, participant safety or community safety, barriers such as transportation/weather, personal illness, or injury travel to remote areas that do not offer needed services.

The ASAP APO II or other designated staff will educate participants on the phone technology or other requirements needed to conduct any type of remote or distancing supervision methods such as:

- Phone Calls/Text Messaging/Emails (match to need)
- Video conferencing (Face to Face)
- Social Distancing Appointments (Drive by, Parking lots)
- Virtual Home Visits
- Reconnect App.

I. PROCEDURES

Types of Supervision in the Community

Virtual Initial Home Visits

An initial home visit is announced/scheduled and conducted to establish whether the requested residence meets the TC Program requirements.

The purpose of the initial home visit under restrictions is not only to evaluate the current environment but also to be familiar with the approved residence so that future unannounced home visits and curfew checks will allow the PO to determine if the participant is in the approved residence.

The assigned APO II will utilize an assigned form of live streaming application to conduct a virtual walk through of the residence.

The participant will be responsible for adhering to a set time to meet with the APO II via phone. Any concerns stemming from the virtual home visit will be addressed with the TC Program team prior to approval.

Virtual Unannounced Home Visits

A virtual unannounced home visit is conducted to establish whether the participant follows the expectations to maintain safe, sober, and affordable housing.

The assigned APO II will utilize an assigned form of live streaming application to conduct a virtual walk through of the residence.

The APO II will focus on reviewing that only approved people are living in the home, that there are no obvious issues related to safety and substance use, review prescription medications currently in the home and compliance any with special conditions of release (such as no weapons).

If the live streaming option is not available, the PO can call the participant on the phone and require that the participant conduct a video walk through of the residence that can then be sent immediately to the PO.

Frequency of virtual unannounced home visits will remain as outlined in the ASAP- Community Supervision Services policy.

Curfew Checks

A curfew check is conducted to assure a participant is in their approved residence during the assigned curfew hours. Curfew checks can be conducted with some additional restrictions.

The participant should not be aware that a curfew check is going to take place.

Under restrictions, a curfew checks can take place by calling on the phone or using a live streaming application.

For the phone call the ASAP APO II will remain in a vehicle near the residence with a visual of the entrance.

For the live streaming application, the ASAP APO II will ask the participant to provide a quick view of his/her current location.

Other Types of Supervision in the Community

The ASAP APO II will also make random, unannounced, or announced visits to each participant's, place of employment, service agencies, school or volunteer location, and recovery meeting locations. The frequency of these field visits is based on assessment of the participant's level of functioning or by TC Program Team request. Field visits that occur in locations other than a private residence, do not require more than one staff be present unless deemed appropriate.

Under remote or modified service delivery the above referenced community-based visits can continue to occur on a case-by case basis with approved safety measures implemented.

Reconnect App. for Virtual Supervision

Some programs are trained in the use of the Reconnect App. for various components of community supervision. The type of tasks that can be assigned through Reconnect consist of the following:

Location checks- Employment, housing, groups, meetings, travel locations.

Curfew Checks- also a type of location check

Documentation- community work service hours, recovery meeting comments,

Field Visit Protocols

Under Traditional community supervision services there are several protocols in place. These protocols should be adhered to as much as possible under the various scenarios. (See the Community Supervision Services ASAP Policy).

Office-based visits

In the absence of being able to conduct traditional office visits the ASAP APO II will have access to either phone or live streaming contact with a participant. At the time of Orientation to the TC Program a participant will be assigned to obtain an approved live streaming application to conduct these visits.

Drug/Alcohol Testing

Traditional Drug/Alcohol Testing methods occur using either a random system or by PO instruction.

Testing can occur at the designated testing site, during a field visit or Office-based visit with the ASAP APO II.

Under restrictions, drug/alcohol testing may occur using the Mobile UA testing process.

Each participant will be given instruction on how to follow both the traditional testing methods and the restricted mobile UA method at the time of Orientation.

A participant will sign two separate Drug/Alcohol Testing Agreements identifying the two processes.

The participant will be given one or several mobile UA testing kits so that at any time circumstances prohibit the traditional testing method the alternative method can be administered.

Standard Notification Requirements

For any community supervision non-compliance issue the TC program team members will be notified either via email or status report based on the severity of the violation and immediate risk issues.

Transport of Participants

At **NO TIME** under restrictions should staff transport a participant regardless of the circumstances.

Alaska Court System Alcohol Safety Action Program Therapeutic Courts Policy & Procedure	Date Revised: 2-15-2024; 4/17/24; 12/20/2024	Section: Program	# of Pages: 2
	Effective Date: Feb. 2023	Subject: External Monitoring Options	

I. POLICY

It is the policy of Alaska Therapeutic Courts (TC) to utilize SCRAM CAM for transdermal alcohol monitoring.

II. PROCEDURE

SCRAM CAM bracelets provide 24/7 transdermal alcohol testing that will be monitored by ASAP staff. Staff will be trained in how to connect participants to the unit and how to monitor the results through use of The SCRAM TouchPoint mobile app.

SCRAM CAM bracelets will be utilized for participants identified by the therapeutic court program as requiring a higher level of alcohol monitoring beyond the random alcohol/drug urine collection process. Criteria includes but is not limited to the following:

- Alcohol use at the time of admission to the program
- One or more relapses or continued episodes of alcohol use potentially coupled with other high risk behaviors or non-compliance.
- Participants with barriers to use of medication assisted treatment medications

Bracelets will be made available in locations that do not readily have cost free access to other forms of transdermal alcohol monitoring (DOC Probation, Pre-Trial services).

Results

The Program PO will be required to have access to the SCRAM TouchPoint Software via computer download. SCRAM will track the data collected and will determine if an alcohol use episode occurred. We will be notified of positive alcohol use within 24 business hours.

Results can be obtained via internet access or by manual download in the PO office using a USB cord. If obtaining results requires manual download, the program will need to determine the frequency a participant is required to meet with the PO in order to complete the download.

AKAIMS will be utilized to document the outcomes of positive alcohol results.

Changing out Equipment

The system will generate a prompt when equipment needs to be replaced. When there is an issue with a unit, an RMA is needed to return the devices. This is initiated and completed through the user portal. A return label will be provided for returning equipment.

Cost

Participants will not be required to pay for use of the SCRAM units however intentional damage can result in criminal charges from the DA's office.

Medical Screening

If a participant has a known allergy, the program may require a medical provider note in order to assign the unit. If a participant experiences a reaction to the unit while wearing it, the PO will need to remove the unit and notify the team. Additional medical attention and clearance for re-assigning the unit may be required.

Alaska Court System Alcohol Safety Action Program Therapeutic Courts Policy & Procedure	Date Revised: 8-15-11; 10-08-16; 2-06-18; Feb. 2022	Section: Program	# of Pages: 2
	Effective Date: 8/05/2011	Subject: Participant Grievance Procedure	

I. POLICY

Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

II. PROCEDURES

Grievance

Any active therapeutic court participant who feels that he or she has a legitimate grievance or complaint regarding ASAP staff, may file a formal grievance by following the procedures set forth in this policy. Any therapeutic court participant who feels that he or she has been discriminated against in any way, denied reasonable and appropriate care (neglected), exploited, or abused by any ASAP staff member may file a formal complaint.

How to File a Grievance

Participants are encouraged to attempt to resolve conflicts or concerns in an "informal" manner prior to filing a Grievance. This means discussing any concerns with the individual(s) with whom the concern has arisen prior to filing. A participant may file a grievance at any time if s/he believes resolution cannot be achieved through the "informal" process.

Step 1: Complaints may be initiated by requesting to meet with the ASAP/TC Supervisor for the purpose of submitting in writing a signed and dated statement specifying (1) the nature of the action(s) or incident resulting in the complaint, (2) the staff member(s) against whom the complaint is being filed, and (3) the relief requested.

The Supervisor will have forty-eight (48) business hours to respond to the grievant.

Step 2: If the grievant does not accept the resolution proposed by the Supervisor, s/he may request a meeting with the ASAP Program Manager for the purpose of submitting an appeal to the Grievance Committee. The grievant will submit in writing his/her reasons (1) why the Supervisor's proposed resolution does not resolve the situation and, (2) the relief requested. An appeal to the Grievance Committee must be filed no later than two days after the participant received his/ her response from the Supervisor.

Within three working days the ASAP Program Manager will call a meeting of the Grievance Committee to address and respond to the complaint. The Grievance Committee shall issue its findings within 48 hours. The Committee shall be composed of the ASAP Program Manager, the ASAP/TC Supervisor, and the Division of Behavioral Health Prevention Section Manager.

Division of Behavioral Health Agency Documents and Expectations



State of Alaska

OFFICE OF INFORMATION TECHNOLOGY
STATE INFORMATION SECURITY OFFICE
907-269-5000
infosec@alaska.gov

Cyber Incident Reporting Procedure Call 907-269-5000

Please have the following information available prior to your call:

- Agency Name
- Point of Contact:
 - Name
 - Phone Number
 - Email
- Characteristics of Incident
- How the Incident was Identified
- Date and Time Incident was Detected
- Scope of Impact
- Nature of Incident:
 - Denial of Service
 - Malicious Code
 - Ransomware
 - Recon & Scans
 - Unauthorized Access
 - Other
- What immediate assistance can the Security Office offer your agency?

Clip and keep this handy reference



State of Alaska

Cyber Incident Reporting Procedure
Call 907-269-5000



Please have the following information available prior to your call:

- | | |
|---|---|
| <ul style="list-style-type: none"> ➤ Agency Name <ul style="list-style-type: none"> ○ Point of Contact: <ul style="list-style-type: none"> ○ Name ○ Phone Number ○ Email ➤ Characteristics of Incident ➤ How the Incident was Identified ➤ Date and Time Incident was Detected ➤ Scope of Impact | <ul style="list-style-type: none"> ➤ Nature of Incident: <ul style="list-style-type: none"> ○ Denial of Service ○ Malicious Code ○ Ransomware ○ Recon & Scans ○ Unauthorized Access ○ Other ➤ What immediate assistance can the Security Office offer your agency? |
|---|---|

MEMORANDUM

TO: All DBH Staff
FROM: DBH Director's
Office DATE: August 7, 2024
RE: DBH Employee Expectation and Conduct Memo

Welcome to the Division of Behavioral Health. We are pleased you have joined our team. This memorandum outlines the general policies regarding the Division of Behavioral Health's (Division) expectations and employee conduct.

This memorandum is provided each year as an annual reminder of these expectations and for conduct. Please read this memorandum carefully to ensure you understand these guidelines. If there is a need for clarification, please see your immediate supervisor.

Division Mission:

The Division of Behavioral Health has a commitment to improving the quality of life of Alaskans through the right service to the right person at the right time. The central purpose of the division is to support a continuum of statewide behavioral health services (mental health and substance use) ranging from prevention and screening to brief intervention through acute psychiatric care.

Division Vision:

- ✓ That every Alaskan has access to behavioral health care when and where they need it and in the appropriate level of care allowing them to remain close to their continuing support network.
- ✓ A robust continuum of behavioral health care services with the clinical, direct care and peer support workforce to support the delivery of services.
- ✓ A strong and collaborative engagement between the State of Alaska, tribal organizations, providers, and advocacy groups to identify and address barriers to providing behavioral health care to Alaskans.
- ✓ That varied resources are allocated appropriately to support and sustain the behavioral health continuum of services in Alaska.

Employee Expectations:

As State of Alaska employees, you are expected to be respectful, courteous, and considerate toward those we serve, as well as those we work with and for.

New employees are required to complete the online New Employee Orientation. This orientation is found under Department of Administration, Division of Personnel, at

<http://doa.alaska.gov/dop/employeeorientation/>.

All State employees are expected to become familiar with State of Alaska employment policies. You can find these policies on the Department of Administration, Division of Personnel's website at <http://doa.alaska.gov/dop/employeeorientation/resources/>. Here, you will find information regarding State employment policies such as:

- [Family and Medical Leave Act \(PDF\)](#)

- [Americans with Disability Act \(AO 129\)](#)
- [Equal Employment Opportunity \(AO 75\)](#)
- [Sexual Harassment and Other Discriminatory Harassment \(AO 81\)](#)
- [Diversity in the Workplace \(AO 195\)](#)
- [Business Use/Acceptable Use ISP-172 \(Personal Use of Office Technology Policy\) \(PDF\)](#)
- [State of Alaska Ethics Information for Public Employees \(AS 39.52\)](#)
- [Policy on Seat Belts \(AO 85\)](#)
- [Effects of Violations of Federal or State Law \(2 AAC 07.416\)](#)
- [Alcohol and Drug Free Workplace](#)
- [Telework Policy](#)

Agents and Representatives

When serving the public or other State agency personnel, we each must always be aware we are agents and representatives of the Division and the State of Alaska. Each of us is accountable for the information and services we provide. While we want to be helpful, please keep in mind you can only assist as authorized based on your current position. If you are unsure an item is within the scope of your job, please consult with your immediate supervisor. As an agent of the Division, what you assert to the public may be legally binding to the Division.

Represent our division in a professional manner:

- Provide exceptional customer service to both internal and external clients and stakeholders.
- Be responsive to requests for assistance.
- If you are out of the office, please identify a contact name and number on your voicemail and your out-of-office email message(s).
- Staff is expected to present a professional appearance by reporting to work properly attired and displaying appropriate hygiene. Workplace attire must be appropriate for the work being performed and for the setting in which the work is being performed. Keep in mind that some employees are particularly sensitive to fragrances.
- The State of Alaska has a zero-tolerance policy for alcohol or drug possession or use in the workplace. Employees will remain free of any intoxicating substance during their work hours.

Customer Service

Excellent customer service is our top priority. The Division's customers are Alaska's public, providers, and other agencies within the State. Contact from these groups, whether by letter, telephone, or in person, is not an interruption of our daily work, but is the purpose of our jobs and one of the most important aspects of the Division. Our customers have entrusted the Division with their personal information and issues. Please treat customers of the Division with the same respect and courtesy you would expect if you contacted the Division about your needs.

Whenever possible, make an effort to instill confidence in our customers. The message staff members should convey in interactions with customers is that the Division can be trusted to safeguard members' personal information.

Employee Conduct

Be respectful:

- Treat each other respectfully and professionally; this is especially important when we disagree with one another. All workplaces have conflict, and I expect us to approach conflict positively, and with a focus on problem solving.
- Please be mindful of the level of your voice when on the phone or speaking with other staff, particularly in the open area in our office.
- If you share swing space resulting from our hybrid telework model, clean up the space and put everything back in its appropriate space before you leave for the day.

Be responsible:

- Abide by HIPAA standards and treat all health information as confidential information.
- All confidential information, whether verbal, written, faxed, photographic, or electronic, is considered to be privileged and must be maintained in a manner that ensures privacy.
- Confidential information should not be discussed in open or public areas such as open offices, in elevators, hallways, or common areas.
- Please be punctual and ready to begin your workday at the start of your scheduled shift.
- Personal calls and texting need to be kept to a minimum.

Be team members:

- Share information and ideas; be a resource for others.
- Encourage each other's success and promote the success of our division.
- Be receptive to constructive feedback; use the information you receive as a "learning opportunity".
- Provide feedback to co-workers focused on learning and being successful.
- Share and celebrate successes!

Telework Opportunities

The State of Alaska promotes a robust telework policy that allows for many positions to be able to work both remotely and in-person. This can provide flexibility to work from home when needed and is another option to achieve work-life balance. The Division allows for a hybrid work environment for its employees who demonstrate acceptable performance. Staff are required to be in-person at least 2 days per week. For employees who believe they may qualify for 100% telework based on an ADA accommodation should contact their immediate supervisor for next steps. Employees working under a hybrid work environment must ensure they have read the [State of Alaska telework policy](#) and have a signed telework agreement. Further telework expectations include:

- Employees should follow the same expectations identified below when there is a need for a delayed start to the workday or they are unable to work.
- Employees should be available during their telework day to respond to phone calls, Teams messages, and emails.
- Efforts should be made to have cameras on during meetings.

Travel:

Travel is a part of many jobs within the Division of Behavioral Health. These employee expectations must also be adhered to during your workday while in travel status. Employees should also read and sign [the travel expectations memo](#) and return it to their supervisor prior to the first trip is taken.

Leave usage:

- Schedule leave in advance to minimize the impact to your team and allow for workload to be adjusted.
- Supervisors need to plan leave and ensure units are covered.
- Personal appointments that require absence during work hours require approval from your supervisor. If possible, schedule appointments at the start or end of the workday to minimize staffing shortages.
- Staff must have available leave hours before leave will be approved.
- Approved Leave Without Pay (LWOP) is rare and requires director or designee, approval.
- If you are unable to plan your leave in advance (i.e. illness), please follow your supervisor's guidance for notifying your work unit.
- Leave slip must be submitted to your supervisor for signature and approval before any scheduled leave is taken.

Unscheduled leave:

- If staff are sick and unable to come to work, staff must contact their supervisor no later than the scheduled start time. Please inform them of work that needs to be done during your absence.
- If staff become ill during the workday, contact your supervisor prior to leaving and submit your leave slip as soon as possible.
- Leave slips must be submitted to your supervisor for signature and approval on the day you return from unscheduled/sick leave unless otherwise instructed.

Timesheets:

- Please complete timesheets accurately and submit them to your supervisor on time.

Breaks/Lunch:

- Use your breaks to take care of personal needs/business such as personal phone calls and emails.
- Clarify with your supervisor when breaks should be taken to meet business needs.
- Your lunch time should be scheduled with your supervisor so that co-workers know when you are expected to be away.
- Please return from breaks and lunch on time unless, otherwise arranged with your supervisor.
- Staff must obtain prior approval from their supervisor if it's necessary to deviate from your scheduled work hours.

Supervision:

- Supervisors are responsible for ensuring work is performed accurately, efficiently, and safely.
- Supervisors are authorized to commit the work unit to a specific course, or to change a course of action. As a team member, you are to be supportive of decisions made by your supervisor and/or Leadership.
- Supervisors shall meet with staff on a regular basis to review individual goals, accomplishments and expectations.
- Staff are responsible for addressing concerns and requests with their direct supervisors and following the chain of command regarding concerns.
- Supervisors are responsible for ensuring acceptable work performance for all staff under a telework agreement.
- Evaluations will be conducted by supervisors to address employee knowledge, skills achievements, training, and educational opportunities.

HIPAA Certification

As a new or returning employee you are required to complete HIPAA Security & Policy Training as soon as possible. Go to: <https://hsstraining.alaska.gov/>. The training takes about approximately 1 - 1 ½ hrs. and is mandatory for all Department employees. If you have any questions or concerns, please contact: privacyofficial@alaska.gov

State of Alaska Equipment:

State computers, equipment, telephones, and internet are intended to conduct state business to meet our mission. Email is provided for business use only and the contents of all state computers (which include email) may be subject to public information requests and departmental review, state equipment may not be used for personal business.

This memo of expectation is intended to establish expectations for all staff who works for DBH. However, I understand that each section may have additional expectations that are specific to the work performed in that section. If you have any questions or need clarification, please follow up with your immediate supervisor or unit manager.

Thank you for being part of this Division and contributing your time and talents to optimizing the behavioral health system in Alaska.

Acknowledgement

This is to acknowledge I have received and reviewed the DBH Letter of Expectations Memo. I understand it is my responsibility to read, understand and become familiar with the expectations outlined in this memo.

Employee’s Name (please print)

Employee’s Signature

Date