# Boone County Community Corrections

**Forensic Diversion Program** 

Participant Handbook

Dear Forensic Diversion Program Participant:

Welcome to the Boone County Forensic Diversion Program. This Handbook is designed to answer your questions and provide you with information about the Forensic Diversion Program.

As a result of a court ordered Diversion Agreement you have been placed in the Forensic Diversion Program. We all share the same goal, for you to successfully complete your time on the program and complete the phases of Forensic Diversion and return to the community as a productive and responsible citizen. We believe that you can accomplish this goal or you would not have been placed in the program.

This program is designed to access intensive treatment, services and supervision. It is expected that you will fully comply with the treatment plan developed for you by the Forensic Diversion Coordinator and the Forensic Diversion Team.

This Handbook will lay out for you the high expectations the Forensic Diversion Program places on you as a participant. You should share this information with your attorney, family, friends, therapist, employer or anyone else that is impacted by your participation in this program.

We are ready to support you with your program goals and recovery. Our intent is for you to successfully complete the program as a productive member of society with resources and education to lead a life of recovery. We look forward to working with you as you begin the Forensic Diversion Program.

Forensic Diversion is a component of Boone County Community Corrections and was established to meet the needs of those Defendants who are identified with mental illness, and have been charged with a non-violent offense. Offenses listed in IC 11-12-3.3 as excluded will not be considered. Non-suspendable Felony offenses will be given priority.

## **Overview of the Program**

The Forensic Diversion Program is a collaborative effort among the Boone County Courts, Boone County Prosecutors, Boone County Community Corrections and the Forensic Diversion Team. By working together, they seek to provide a strong, consistent program geared toward supporting and helping you maintain a substance-free, crime free life. Forensic Diversion involves random drug testing, check-in, case management, court appearances and active participation in all required services.

# **Participant Requirements:**

Must be a Boone County Resident

Must be accepted into the program by the Forensic Diversion Team (FDT).

Participation is expected for a minimum of 18 months. Participation may be as long as 3 years.

Participant must submit to an IRAS assessment to determine needs.

Participant must submit to drug screens and pay for all screens.

Participant must be evaluated by a mental health provider and have a diagnosed mental disorder.

Co-occurring disorders which include mental health and addiction will be considered.

Addictive disorders alone will not qualify.

Participant must agree to complete all recommended treatment.

Participant must sign release of information for all medical and mental health providers.

Participant must be able to pay for services provided by mental health providers.

Participant must take all medications as prescribed and allow the case manager to monitor prescriptions.

Participant must meet with Forensic Diversion Case Manager no less than weekly and appear before the Presiding Judge as determined by the Court for status updates.

Participant must be able to pay the program fee of \$25.00 per month.

Participant must sign a Diversion Agreement with the Boone County Prosecutors Office that includes an admission of guilt and agree to the terms of length of participation.

Offender must sign and agree to the BCCC terms of participation

#### **Forensic Diversion Program Requirements**

- 1. You agree that participation in the Forensic Diversion Program is a privilege and not a right.
- 2. You must be placed in the Forensic Diversion Program by the Judge.
- 3. You shall not possess or consume any illegal controlled substances. You shall not possess or consume any illegal controlled substances or legend drugs without a valid prescription from a physician. You shall not possess or consume any alcoholic beverage, or any other food, material, or substance that contains alcohol. Any violation of the policy shall result in a sanction, which may include jail or termination from this program.
- 4. You shall consent to search of your person, residence, place of business, papers, electronic devices, effects and any place over which you have custody or control regardless of whether you share that custody or control with other persons.
- 5. You shall permit the Forensic Diversion Team or any member of Community Corrections or any law enforcement officer to enter, visit and search your place of residence or work place at any time without notice. All people in your home at the time of a home visit shall be fully identified.
- 6. You shall sign an individual case plan for treatment and participate in the accomplishment of designated goals and objectives.
- 7. The Forensic Diversion Team and your Case Manager shall determine your case plan, and you shall follow the requirements set out for you. The requirements may be modified from time to time at the discretion of your case manager.
- 8. You shall submit to risk assessment, mental health assessments and substance abuse assessments as deemed appropriate. You may be required to participate in mental health and substance abuse treatment according to your case plan.
- 9. The Forensic Diversion Team must approve of the place where you reside and the person or persons with whom you reside with. You shall not change your place of residence without the consent of the Forensic Diversion Team and your case manager. You shall be subject to unannounced home, work and school visits by the program staff at any time. Co-residents must sign a co-resident agreement.
- 10. You shall report in a timely manner for all appointments, therapy and counseling sessions, daily reporting requirements, court appearances, work and all other obligations asked of you by any member of the Forensic Diversion Team and Case Manager.
- 11. You shall submit to Urine Drug Screens whenever requested. If you fail to give a sample within two hours, it will be considered a refusal. A test result returned from the lab dilute will be considered a refusal. Any refusal to submit a sample will be considered a violation of the program.

## **Pre-Screening Process**

Participants will be referred for consideration and screening by application to the Forensic Diversion Team (FDT). Referrals may be made by the Prosecutor, Defendant's Attorney, or Mental Health Counselor.

A pre-screening will be completed prior to being accepted into the Forensic Diversion Program to determine the applicant's eligibility. A recent mental health evaluation must be included with the request. There is a fee of \$25.00 non-refundable fee for the screening process. Once the referral has been made an appointment will be set to determine eligibility.

# Confidentiality

As a participant of the Forensic Diversion Program, you will be involved in counseling, therapy and case management with Boone County Community Corrections and local treatment facilities. HIPAA laws as well as CFR42 require that your privacy be protected. In response to these regulations, you will be required to sign Authorizations for Release of Information to allow the team to interact with others regarding your progress. This disclosure of information is for the purpose of maintaining communication throughout the team.

#### **Program Benefits**

The benefits for participation will include: case management, referral to therapy/counseling, drug and alcohol treatment and education as well as referrals to other community resources according to your specific needs and your recovery program. If you chose not to participate, or if you are not accepted to the Forensic Diversion Program, your case will be prosecuted in the usual manner.

# **Program Phases**

The forensic Diversion Program is a minimum of 18 months. During your time in the program you will meet with your case manager as he/she sees fit and comply with all recommendations that are given in the signed service contract. At your initial assessment you will be given an IRAS (Indiana Risk Assessment Survey) to determine your risk level and certain needs as well as the SALCE (substance abuse life circumstances survey) to determine any level of substance use disorder.

## Fees and Financial Responsibility

There will be a \$25.00 per month fee to participate in the program. Participants will also be responsible for all drug screens that are administered (minimum of \$15.00 each). Other fees that you may incur for services are determined by the agency where you receive your services. Payment of fees is a program requirement just as attendance and participation of all ordered services. Sanctions hearings may be held in the event that a participant becomes delinquent in their program fees. All program and court fees must be paid in full prior to graduation from the program. Failure to make two consecutive monthly payments or not keep up on your drug screens could result in an administrative hearing or a sanctions hearing. The client will also be asked to sign a pay agreement to catch up the fees that they are behind.

The Forensic Diversion Team understands that these fees may cause financial stress in your life but these fees are used to benefit your recovery and provide services to you. Work with the Forensic Diversion Coordinator to develop and follow a personal budget that will assist you in paying all your debts will be available if needed.

# Working Telephone

All participants must have a working telephone number. We must be able to contact you 24 hours a day 7 days a week. If using a prepay phone it must always have minutes on it for us to reach you. Failure to maintain a working telephone could result in a violation being filed with the court.

#### Residence

Forensic Diversion participants must have a stable residence, and live in Boone County in order to be properly monitored and supervised. If at any time the conditions of the residence show signs of putting the client at risk of not being able to complete the program successfully the client may be required to seek different living arrangements. One of the goals of the Forensic Diversion Program is to help the client make choices that will enable them to live crime free upon completion of the program. This may include who the participant resides with and or associates with.

#### Medications

Your case manager must be kept up to date with all prescriptions. If you are prescribed a Benzodiazepine or Opiate we must have a note in the file from the prescribing doctor stating he/she is aware of your involvement with Boone County Forensic Diversion and feels that this is the appropriate medication for you. It is a violation to take over the counter medications other than as directed on the package. You may not introduce into or onto your body by smoking, inhaling, "huffing", eating, drinking, injecting or otherwise ingesting or applying any consumer product, medication or other substance where the act of doing so is contrary to the manufacturers specifications and or warnings and/or where the purpose in your doing it is to obtain a high, euphoria, hallucination, or any kind of intoxication.

Medications must be kept up to date; you will be asked to bring in your medications for verification of quantity. If you are given a prescription for a medication and it states take one tablet 4 times a day AS NEEDED and you are given 20 pills that is recorded as a 5 day medication. After the fifth day if you think you will need to continue taking the medication you will need to get a note from the doctor for continuation of that medication. Medications with a prescribed dosage such as "take 2 per day" are required. Medications that you receive on a regular basis will need to be updated continuously with every prescription refill. Failure to provide an updated prescription before urine collection could result in a violation. IT IS YOUR RESPONSIBLIITY TO KEEP YOUR PRESCIRPTIONS UP TO DATE. MEDICATIONS OVER 30 DAYS OLD MAY NOT BE TAKEN WITHOUT RENEWAL OF THE PRESCRIPTION OR A NOTE FROM THE PRESCRIBING PHYSICIAN.

#### ALL OLD MEDICATIONS MUST BE DISCARDED

#### **Drug Testing**

All individuals are financially responsible for all drug screens conducted. Included in the handbook is a copy of the drug testing policy which you will sign. Drug testing includes testing for alcohol. This program has a zero (0) tolerance. You were advised during your pre-screen interview that you were not to ingest anything containing alcohol. This includes over the counter medications and mouthwashes. You are also instructed not to use anything containing hemp or poppy seeds. If you are not sure do not ingest it. A positive drug screen is a violation of the Forensic Diversion Program and will result in a sanctions hearing or violation being filed.

# Employment

One of the goals of the Forensic Diversion Program is to increase stability in the client's life. If the participant is able to work they will be required to job search and find employment. Having a strong employment history is a key to additional positive changes. If you wish to change jobs or leave a current employer for any reason, you must receive prior permission from the Forensic Diversion Team prior to leaving that place of employment. Lateral employment moves or advances in your career will most likely be approved. We will not approve you to quit your job because you can make more money on unemployment benefits.

# Education

Participants of the Forensic Diversion Program without a GED or high school diploma who are currently enrolled in the FD Program will be encouraged to complete their GED. Your case manager will assists you in coordinating GED classes as part of your treatment plan.

# **Sanctions for Violations**

Violations of the FD agreement may result in a variety of sanctions. If a violation of the program occurs there will be an administrative hearing or an immediate sanctions hearing in front of the presiding Judge. The Judge will then decide the result of the sanction for your violation. Sanctions may include but are not limited to essays, additional treatment/counseling, services or jail time.

#### Weather Emergencies

If the county is placed under a county issued weather emergency that restricts travel or when county offices are closed and you have an appointment with your case manager it is your responsibility to call and re-schedule that appointment. Failure to follow up with your case manager and reschedule your appointment could result in an administrative or sanctions hearing.

Information regarding weather emergencies can be found at:

www.boonecountysheriff.com www.wishtv.com www.fox59.com www.wthr.com www.weather.gov (National Weather Service)

## **Telephone Numbers:**

Community Corrections Office: 765-482-2484

Probation Department: 765-482-6505

These are important numbers for you to call if you are in need of assistance.

#### **Dress Code for Visitors**

All individuals visiting the Boone County Probation/ Community Correction's Department are expected to be fully clothed and properly dressed at all times. At no time shall a midsection of the torso be showing, the shoulders bare, and shorts cannot be shorter than 6" above the top of the kneecap. All clothing should be in good condition and not contain tears that expose parts of the body or undergarments.

All visitors are expected to wear undergarments at all times.

All undergarments should be covered at all times.

Visitors clothing shall not display drug, alcohol, gang or pornographic or racial overtones.

All visitors shall wear footwear at all times.

Visitors with inappropriate attire will immediately be asked to leave and will be subject to an administrative hearing.

All visitors and their property are subject to search at the discretion of the Department staff.

# Job Searching

Men:

Khakis or dress slacks/pants Dress shirt with tie Polo or pullover (no t-shirts) If you do not have dress pants, then jeans will be acceptable as long as they do not sag, have holes, tears or frays. Dress Shoes (no tennis shoes)

Women:

Dress pants or black slacks Blouse, polo or pullover (no t-shirts) If you do not have dress pants, then jeans will be acceptable as long as they do not sag, have holes, tears or frays. Dress Shoes

# BOONE COUNTY COMMUNITY CORRECTIONS/PROBATION/FORENSIC DIVERSION

# DRUG TESTING PROCEDURES

- 1. All drug screens will be observed. There will be no exceptions. This is a requirement for participation in the court services programs.
- 2. You will have one (1) hour to produce urine when requested. The Field Officer will give you two (2) observed opportunities only.
- 3. If you cannot produce a urine sample you may be offered hair/fingernail testing. The test is \$80.00 and must be paid in advance before the test will be administered and must be within 24 hours of your failed attempt to produce a urine drug sample.
- 4. If you cannot comply with the above stated procedures, a refusal of drug testing will be filed. This may result in a hearing, removal from the program and/or incarceration.

I have read and understand the drug testing procedures.

Name

Date

Witness

#### STATE OF INDIANA

#### COUNTY OF BOONE

#### 4<sup>TH</sup> AMENDMENT WAIVER OF RIGHTS AS A CONDITION OF PROBATION, ALCOHOL AND DRUG PROGRAM, AND/OR PARTICIPATION IN COMMUNITY CORRECTIONS

Defendant specifically waives any and all of his/her rights as to search and seizure under the laws and constitution of both the United State and the State of Indiana during his period of probation, supervision and/or participation. This waiver of rights is limited to search and seizures for any controlled substance or intoxicating liquor as defined by Indiana Law. Defendant agrees to submit to search and seizures, for such substances of his person or property, at any time, by any law enforcement, probation officer, corrections officer, or any such person hired by the supervising department for such job. Defendant further agrees to appear at the offices of any law enforcement officer, jail, designated hospital or probation office at any time to submit to any chemical test authorized by Indiana Code 9-4-4.5-1.

Defendant is informed of these 4<sup>th</sup> Amendment Rights and hereby knowingly and intelligently waives those rights to the extent provided in this agreement as a condition of probation

#### DEFENDANT

PARENT (if defendant is 17 or younger)

DATE

SUPERVISING OFFICER

#### HANDBOOK RECEIPT

I, \_\_\_\_\_\_, hereby acknowledge receipt of the Boone County Forensic Diversion Participant Handbook. The handbook has been read and explained to me and it contains the rules governing my conduct while in this Program. If a revision takes place, it will be properly posted and distributed and I will need to conduct myself according to the changes made.

Signed: \_\_\_\_\_\_

Rules Delivered By: \_\_\_\_\_

Time and Date: \_\_\_\_\_\_