

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS

ADMINISTRATIVE ORDER 2012-11

WHEREAS, the Peoria County Drug Treatment Court has operated since December, 1998 under procedures and operational standards per attached Exhibit A,

AND WHEREAS, the Tazewell County Drug Treatment Court has operated since December, 2010 under a Tazewell County Administrative Order 2010-04 and similar procedures as per attached Exhibit A,

AND WHEREAS 730 ILCS 166/1 et. seq. states that the chief circuit judge must establish a drug court program as defined (730 ILCS 166/10 and 15),

IT IS ORDERED THAT the Peoria and Tazewell County Drug Treatment Courts are confirmed as established as post-adjudicatory drug court programs under said statute.

IT IS FURTHER ORDERED THAT for Marshall, Putnam, and Stark Counties, the trial court judge, with the consent of the State's Attorney, the offender, and per statute, may refer an offender to the Peoria County Drug Treatment Court on a case-by-case basis.

Entered this 24th day of September, 2012.



Michael E. Brandt
Chief Circuit Judge
10th Judicial Circuit
State of Illinois

COUNTY OF PEORIA
Tenth Judicial Circuit of Illinois



DRUG COURT PROGRAM
PEORIA COUNTY

PROCEDURAL AND OPERATIONAL
STANDARDS

Peoria County Adult Probation
Peoria County Courthouse
324 Main Street Room 520
Peoria, Illinois 61602

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PHILOSOPHY

Research indicates that a person coerced to enter treatment by the criminal justice system is likely to do as well as one who volunteers. Utilizing a non-adversarial team approach from criminal justice personnel and an array of local community service agencies, a lifetime of recovery for individuals with an addiction can be attained. The combined energies of these individuals and organizations can assist and encourage defendants to accept help that could change their lives.

MISSION STATEMENT

The mission of the Peoria County Drug Court is to stop the cycle of addiction through a coordinated community response to offenders dependent on alcohol and other drugs.

Drug Court Description

The Peoria County Drug Court Program held the first session on December 3, 1998. Presiding Judge is John A. Gorman, Assistant State's Attorney is Frank Ierulli, Public Defender is John Lonergan, treatment provider is White Oaks, Co. and the Drug Court Officer is David Burgess. All parties must conduct an initial screening process to determine eligibility of an individual for participation.

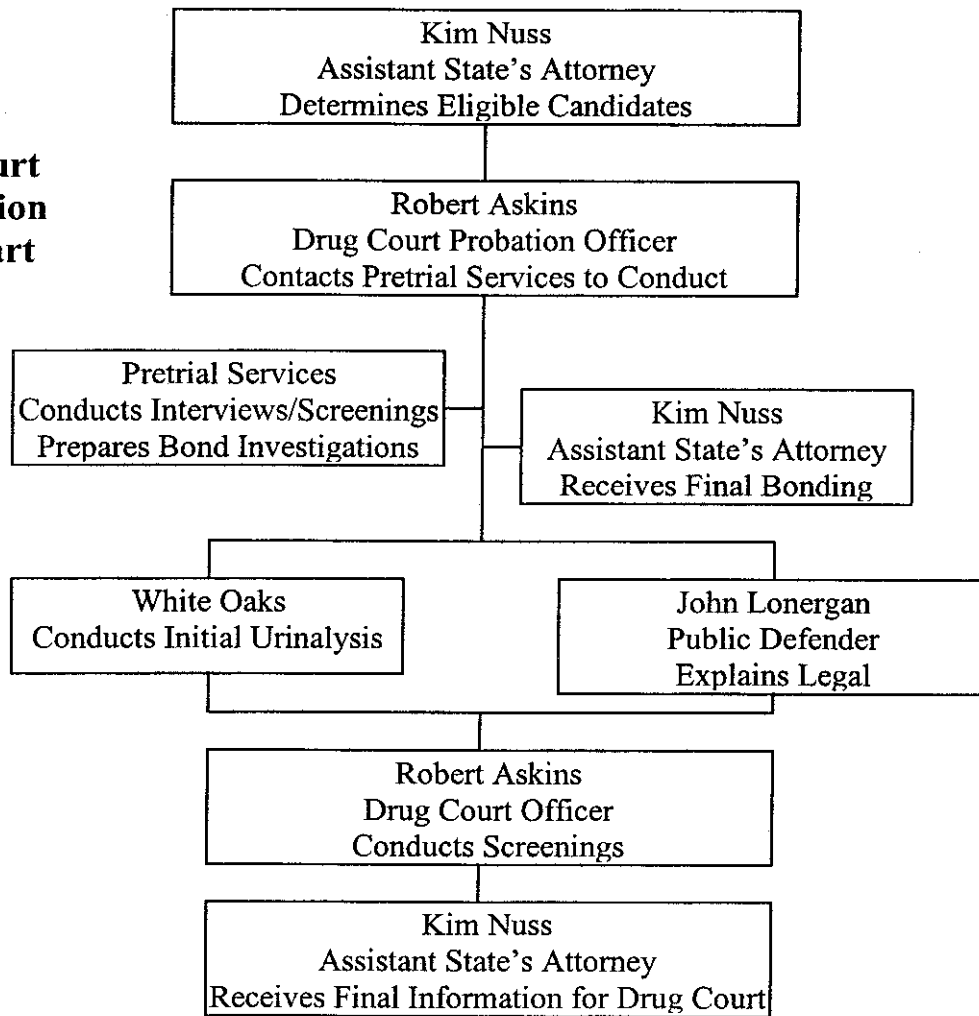
The screening process begins with the State's Attorney's Office. A defendant may be identified as a potential candidate for Drug Court in several different manners. The first and most common process is within twenty-four hours of arrest. Prior to attendance at bonding court, the Assistant State's Attorney identifies eligibility by the following criteria: charges, prior criminal history, residency and substance abuse treatment history. If the defendant remains eligible for Drug Court, a referral is made to the Adult Probation Department - Pretrial Services. A bond report is prepared and the officer determines (to the best of their ability) whether the defendant would be a willing participant in the treatment process.

Second, the Assistant State's Attorney may identify potential candidates after a notice to appear has been issued through the same criteria listed above. A referral is made to the Drug Court Officer to contact the defendant. If the defendant is found to be eligible, the Assistant State's Attorney is directed to issue a Notice to Appear for Drug Court.

Finally, defendants may be identified by the above criteria through Petitions to Revoke/Modify Probation. Utilizing the supervision histories provided by the Adult Probation Officers, candidates may be referred to Drug Court for disposal of petitions and re-sentencing.

Once a defendant appears in Drug Court, the Public Defender explains their legal rights and Drug Court obligations. In order to be admitted to the Drug Court Program, the defendant must enter a plea of guilty and participate in all modalities of treatment as directed by the treatment provider prior to sentencing. Supervision while participating in treatment will be conducted by the Drug Court Officer. All violations will be reported to the presiding judge at status review hearings. Their sentence will be based upon their progress or lack thereof while participating in the Drug Court Program.

**Drug Court
Information
Flow Chart**



GOALS & OBJECTIVES

1. Peoria County Drug Court will eliminate criminal activity as an option for drug-addicted offenders in Peoria County.
 - a. *Drug Court participants will not recidivate.*
 - b. *Drug Court participants will avoid community areas of known criminal activity.*
 - c. *Drug Court participants will identify alternative and productive behaviors to replace criminal activity.*

2. Peoria County Drug Court will improve the quality of life for the offender by eliminating substance abuse as a viable alternative lifestyle.
 - a. *Drug Court participants will complete substance abuse treatment successfully.*
 - b. *Drug Court participants will identify and utilize life-skills instruction.*
 - c. *Drug Court participants will institute a life-long process of recovery and relapse prevention.*

3. Peoria County Drug Court will provide the tools to enable substance abusers to utilize treatment methods throughout their lives.
 - a. *Drug Court participants will attend twelve step meetings.*
 - b. *Drug Court participants will participate in the treatment process.*
 - c. *Drug Court participants will complete assigned treatment related projects.*

4. Peoria County Drug Court will move rehabilitated offenders back into the community as productive citizens.
 - a. *Drug Court participants will obtain stable employment.*
 - b. *Drug Court participants will obtain a stable residence.*
 - c. *Drug Court participants will participate in productive community activities.*

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ADMINISTRATIVE NOTE

- I. Any areas regarding policy/procedure/personnel not specifically addressed in this manual are to be governed by the Peoria County Adult Probation Department's general policy and procedure manual. Each employee within the Peoria County Drug Court Program shall receive a copy of and thoroughly read the Drug Court Program Manual. In addition, any areas regarding policy/procedure/personnel not specifically addressed in either this manual or the Peoria County Adult Probation Department's general policy and procedure manual are to be governed by the Administrative Office of Illinois Courts Division of Probation Services Policy.

Coupled with the department policies and procedures manual, each employee is subject to the policies and procedures contained within said manual(s).

- II. The Peoria County Drug Court Policy and Procedures will be an addition to the Peoria County Adult Probation Department's Standard Operating Procedures Manual as the participating criminal justice agencies other than Adult Probation are not dictated by formalized written procedures. All policy and procedures formalized in this manual are subject to review and approval by all parties involved. In addition, changes may be made by agreement of all parties or through the direction of the Chief Judge.

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AUTHORITY

“AN ACT PROVIDING FOR A SYSTEM OF PROBATION***” (Probation and Probation Officers Act) (730 ILCS 110) should state:

“The implementation authority for the Peoria County Drug Court is the Probation and Probation Officers Act 730 ILCS 110.”

“Section 15 of the Probation and Probation Officers Act provides, in pertinent part, that:

- (1) The Supreme Court of Illinois may establish a Division of Probation Services whose purpose shall be the development, establishment, promulgation, and enforcement of uniform standards for probation services in this State, and to otherwise carry out the intent of this Act. The Division may:
 - (l) Where appropriate, establish programs and corresponding standards designed to generally improve the quality of probation and court services and reduce the rate of adult or juvenile offenders committed to the Department of Corrections.
 - (m) Establish such other standards and regulations and do all acts necessary to carry out the intent and purposes of the Act.”

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ASAM Criteria	The American Society of Addictive Medicine. This organization was developed by doctors who specialize in working with drug addicted individuals. ASAM criteria is a standardized, objective set of measurements used to assess an individual's treatment needs. It includes placement, continuing stay, and discharge criteria across four levels of care, which are defined by intensity of service.
Abuse	According to the World Health Organization: "prolonged, persistent sporadic, excessive drug use which is inconsistent with or unrelated to accepted medical practice."
Accuracy	The ability of a testing method to consistently produce the true identity and/or quantity of the measured substance.
Aftercare	The treatment an offender receives following discharge from a primary care treatment facility, usually residential/inpatient or Intensive Outpatient (Level I 'ASAM criteria').
Amphetamine	Class of drugs having a pronounced stimulant effect on the central nervous system (CNS). The class includes some 130 over-the-counter drugs, such as antihistamines and decongestants. Street names include speed, uppers, bennies, pep pills and "designer drugs," e.g. "Ecstasy."
Antagonist	A drug that blocks or counteracts the effect of another drug.

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Antibody	A protein substance produced by certain white blood cells in the body in response to injection, ingestion, inhalation or antigen. The production of an antibody can be beneficial, as in the case of immunization.
Antigens	A substance, alien to the body, which triggers the formation of an antibody.
Assessment	The process of initially determining the level of supervision through the classification system Risk/Needs Instruments. Also refers to the process of determining the individual's substance abuse problem, severity, and treatment needs.
Barbiturate	Class of CNS depressant drugs effective in sedation of relieving anxiety. The names include Butisal, Nembutal and Seconal. Street names include barbs, blues, downers, red devils and yellow jackets (colors refer to the trade products).
Benzodiazepines	Class of CNS depressant drugs used as anti-anxiety tranquilizers. Trade names include Librium, Valium and Serax.
Benzoglegonine	The principle metabolite of cocaine form in urine and used for detection and evidence of cocaine use.
Binding Sites	In fluorescent polarization, the point on an antibody which molecules of drugs, and fluorophore-tagged molecules attach to the antibody.
Blind Testing	The practice of submitting urine specimens containing known drugs to determine laboratory accuracy.

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Cannabinoids	The constituents of marijuana (cannabis sativa).
Chain-of-Custody	A legal term that defines the documentation of every step in the processing of the urine specimen and every person who handles it, to prove that sample integrity and identification have not been violated.
Chemically Dependent	A diagnosis or an assessment that an offender has a predictable and progressive disease whose main characteristic is the inability to cease substance usage when confronted with the consequences of said substance abuse.
Chromatography	A general term describing a type of method that separates substances in a solution according to their rate of movement through a porous material. Types of chromatography; Thin Layer Chromatography (TLC); High Performance Liquid Chromatography (HPLC); and Gas Chromatography/Mass Spectrometry (GC/MS). Some of the techniques are used in screening procedures; others have been found effective for confirmation testing.
Class of Drugs	A group of drugs with a related chemical structure. Four major drug classes are defined on their psychoactive response: Central Nervous System (CNS) Depressants; Hallucinogens; Narcotic Analgesics; and CNS Stimulants.
CNS	Central nervous system - the brain and spinal cord.
Cocaine	An alkaloid refined from the Coca plant that acts as a powerful short-acting stimulant. Slang names include coke, flake, star dust and snow.

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Collateral	Contact source of additional supportive information or a source of verification.
Confirmation Test	Test(s) performed to verify the presumptive results of a positive screening test, based on an alternative chemical principle.
Contact	First hand interchange of information which consists of written or verbal communication.
Control Group	A group of clearly defined offenders who meet the eligibility criteria of Drug Court admission, but are not admitted to and do not participate in Drug Court. Used for comparative analysis in program evaluation.
Crack	Free-base form of cocaine (cocaine hydrochloride) that is usually smoked. "Free-base refers to the absence of inert ingredients used to "cut" cocaine.
DASA	Department of Alcohol and Substance Abuse
Detoxification	Medical stabilization of individuals who are using large amounts of illicit substances to reduce complications from severe symptoms of withdrawal (Level IV - 'ASAM criteria').
Dirty Urine	An adulterated sample, which has the presence of an illicit substance.
Elimination	The process by which drugs and metabolites are removed from the body through urination.

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Enzyme	A special protein made by the body cell which greatly speeds up a particular chemical reaction in the body. Enzymes are highly specific catalysts which remain unchanged during the reaction.
Enzyme Immunoassay	A screening method in which enzyme labels are used to determine the presence of drugs in a specimen.
Ethyl Alcohol, Ethanol	Alcohol.
False Negative	Screening result that indicates a drug metabolite was not detected when measurable concentrations are actually present in the sample.
False Positive	Screening result that indicates a drug metabolite was detected when, in fact, drug is not present in the specimen.
Fluorescence Polarization Immunoassay	Primarily a screening method, Fluorescence Polarization Immunoassay (FPIA) uses polarized fluorescent light to detect the presence of drug in the specimen.
Gas Chromatography (GC)	A confirmation test which uses an inert gas to move the vapors of specific materials to be separated from a specimen through a column of inert material.
Gas Chromatography/ Mass Spectrometry (GC/MS)	Considered to be the reference, or go standard, of confirmation tests. The separation techniques are the same as those described for (GC) alone; however, a sophisticated detector, called a mass spectrometer, is used to quantify specific substances.

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Halfway House	A boarding house for substance abusers providing individual and group treatment services over an extended period of time. Also referred to as extended care.
Hallucinogens	A major classification of natural and synthetic drugs whose primary effects distort the senses. Examples: LSD, mescaline, PCP, and THC.
High Performance Liquid Chromatography	High Performance Liquid Chromatography is another name for Liquid Chromatography.
Immunoassay	A type of drug screening test that employs antibodies to detect drugs and metabolites.
Intake	The process by which a case enters the probation system through a background interview and verification of specified information which results in the scoring a classification instruments.
Intensive Outpatient	Nine or more hours of substance abuse counseling per week and is considered a primary modality of treatment (Level II – ASAM).
Levels of Care Assessment	The six dimensions of determination for assessing the level of care needed by a substance abuser. They are as follows: a) acute intoxication and withdrawal potential; b) medical complication and condition; c) emotional behavioral complication and condition; d) treatment acceptance and resistance; e) relapse potential; and f) recovery environment.

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Liquid Chromatography	A form of separation utilizing liquid phases, primarily a confirmation method. Also called High Performance Liquid Chromatography (HPLC) and Gas Chromatography (GC).
Mass Spectrometry(MS)	A detection device usually attached to Gas Chromatography (GC/MS) that specifically identifies and quantifies the constituents of complex fluid mixtures. The device is used in the confirmation process of drug abuse detection.
Manufacturer's Protocol	Guidelines set by the makers of drug screening devices indicating how the technology should work and what procedures to follow, and providing information for problem-solving within the drug testing system.
Metabolism	The action of enzymes to alter a drug chemically and facilitate its removal from the body.
Metabolite	The product of metabolism.
Methadone	A manufactured substance designed to allow individuals with physical addictions to narcotics detox without symptoms.
Nanogram	One billionth of a gram.
Narcotic	Medically, usually refers to any drugs that dulls the senses and produces a sense of well-being in small doses and causes insensibility, stupefaction, and even death, in large doses.

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Negative	Test result indicating a drug is not detected, or the level is below the threshold of a test.
On-Site Testing	Screening performed within the contracting workplace, as opposed to sending specimens to an off-site, or reference, laboratory for screening.
Outpatient Treatment	Less than 9 hours of substance abuse treatment per week (Level I – ASAM).
Opiates	A major subclass of drugs that depress the central nervous system, principally used to relieve pain (e.g. morphine, heroine and codeine).
OTC	Over-the-counter. Drugs available without a prescription.
Partial Day Treatment	Alternative to residential treatment for substance abusers whose environment is not a major factor threatening their recovery environment. Usually consist of at least eight (8) hours of treatment per day.
Phencyclidine	PCP - a powerful depressant used illicitly for its hallucinogenic properties. Often called "Angel Dust."
Positive	Drug presence detected at or above the detection threshold of a test.
Precision	The ability of a testing method to perform consistently to be free from external variation. The repeatability of the test.
Presumptive Positive	A sample identified at or above the screening test threshold but not yet subjected to confirmation testing.

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Probable Cause	A specific event, such as an accident or abnormal behavior, allowing an employer to require drug testing; also referred to a "reasonable suspicion."
Quality Control	The assaying of known material, containing known amount of drugs, to assess the analytical function of the drug testing instrument.
Qualitative/Quantitative	A urinalysis consists of two components: A qualitative analysis to determine what the substances are, and a quantitative analysis to determine how much of each is present.
Radioimmunoassay (RIA)	A screening method using an antibody to a specific drug, or its metabolite, which reacts with a reagent antigen. Because radioimmunoassay use a radioactive iodine-labeled complex, persons using this screening procedure require a license from the Nuclear Regulatory Commission.
Random Testing	Urinalysis completed without prior knowledge by the probationer/offender that a test will be conducted at that particular time.
Reference Testing	Off-site testing. Testing done in a commercial laboratory.
Relapse	A reoccurrence of drug use after a period of abstinence.
Reliability	Expected performance as a reflection of consistent <i>accuracy</i> . If the test method is accurate under any or most conditions, it is reliable. If the conditions that decrease accuracy are numerous, the reliability are decreased.

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Residential Treatment	Inpatient substance abuse treatment (Level III – ASAM).
Retention	An unspecified amount of time in which a specimen is stored by the testing facility. Retention time may depend on the possibility of litigation. In general, confirmed positive specimens should be retained for a minimum of six months.
Screening	A process of determination of eligibility into the Drug Court Program based on specific criteria.
Screening Test	The initial test designed to rapidly and reliably distinguish negative specimens from those that may be positive for the presence of abused drugs. There are two primary screening methods: immunoassay (FPIA, EIA, RIA); and thin layer chromatography (for THC).
Self-help Groups	Any fellowship whose philosophy or mission is to create lifestyle changes through a social support system (i.e. Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, etc.). These are not associated with professionally delivered services.
Sensitivity	Ability of a drug testing method to detect the lowest level of a drug present in the specimen. The more sensitive the technique, the smaller the concentration that can be detected.
Specificity	The ability of a testing method to react only with the drugs or metabolites being tested and to exclude all other substances.

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Substance Abuse	Continued use of illicit substances despite negative consequences of that use to him/herself.
Storage	The retention of specimens in ideal conditions so that they are suitable for future testing.
Test Panel (or) Screening Panel	A grouping of individual drug tests, usually containing tests for most commonly abused drugs found in the geographic region and demonstrated in the demographics of the workforce: amphetamines, barbiturates, benzodiazepines, cannabinoids, cocaine, PCP, and opiates.
THC	The primary compound present in marijuana.
Thin Layer Chromatography	A qualitative screening method (sometimes used for confirmation) that involves the extraction of drugs from urine using a thin layer of inert material, such as cellulose.
Threshold (or cutoff)	Set level of defined urine drug or metabolite concentration; a number at or above indicates a positive result, and a number below indicates a negative result.
Toxicology	The study of the nature, effect, and detections of toxins (illicit substances).
Treatment	A continuum of activities or services provided to a person addicted to or abusing drugs which includes group or individual outpatient, in-patient, or residential, and follow-up services to other treatment as listed.
Urinalysis	The process of obtaining a urine sample and testing to determine the presence or absence of a drug.

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Procedure

REFERRAL

- I. Screening may be conducted upon direction of the Assistant State's Attorney assigned to Drug Court, prior to sentencing as part of a probation violation, following a court order as a condition of bond, or at any time prior to sentencing as deemed appropriate by the Peoria County State's Attorney's Office. The primary referral source for the Drug Court Program is the Assistant State's Attorney assigned to Drug Court.

- II. Any person making a referral to this program should be familiar with the eligibility and screening criteria. This information should then be utilized in determining the appropriateness of the referral.

- III. Referrals made by any department to the Drug Court Program shall be staffed with the Assistant State's Attorney and/or the Drug Court Officer.

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Procedure

SCREENING CRITERIA

- I. The Assistant State's Attorney and/or the Drug Court Officer determine initial eligibility. Qualifying cases are as follows:
- A) Unlawful Possession of a Controlled Substance – Class 4;
 - B) Unlawful Possession With Intent to Deliver a Controlled Substance – Class 2 or under;
 - C) Unlawful Possession of Cannabis – Class 3 or under;
 - D) Unlawful Possession With Intent to Deliver Cannabis – Class 3 or under;
 - E) Theft;
 - F) Retail Theft;
 - G) Deceptive Practice;
 - H) Gambling;
 - I) Prostitution;
 - J) Forgery; and
 - K) Burglary

In addition, the candidate must also meet the following background standards:

- A) No Class 1 or greater prior conviction;
 - B) No violent prior conviction;
 - C) No violence pertaining to instant offense;
 - D) Peoria County resident;
 - ~~E) No more than two (2) prior T.A.S.C. treatment episodes; and~~
 - F) All pending cases disposed of
- II. Pretrial Services will conduct an interview with candidates incarcerated in the Peoria County Jail to determine willingness to participate in a treatment program. If willingness is not conveyed to the Pretrial Services Officer, eligibility is terminated.

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Procedure

SCREENING CRITERIA (continued)

- III. The designated treatment facility will determine whether the candidate for Drug Court meets the following eligibility criteria:
- A) There is a relationship between drugs and criminality;
 - B) There is an impact of drug use on major areas of family, interpersonal relationships, education, employment, leisure and health; and
 - C) The offender is an addict, substance abuser, or chemically dependent
- IV. The Defense Counsel assigned to Drug Court by the Public Defender's Office will determine whether the candidate for Drug Court meets the following eligibility criteria:
- A) A willingness to enter a plea of guilty to the offense;
 - B) Waiver of right to a bench/jury trial; and
 - C) Willingness to participate in the Peoria County Drug Court Program

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Procedure**SCREENING PROCESS**

- V. Once all of the above criteria has been meet, the defendant pleas guilty and is placed into the Drug Court Program by the presiding judge.

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Procedure

- I. All information pertaining to Drug Court participants that we serve is strictly confidential. Any information viewed by Drug Court personnel is not to be shared with any outside party. Records shall be open to inspections by any judge or by any probation officer pursuant to order of the Court, but shall not be a public record.

- II. Drug Court clients shall be required to sign release forms so that relevant information may be shared with appropriate agencies.

- III. All probation files, pre-sentence investigations, case notes, and other material are considered to be confidential information and are not to be released except by court order or client release of information. Case information may be released to other probation departments.

- IV. Access to probation records does not fall under the Freedom of Information according to Supreme Court case Smith v. Cook County.

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INTERVIEW

- I. Once the individual is placed into the Drug Court Program, a face-to-face interview shall be conducted within seven (7) working days of case entry. If the individual is participating in an inpatient treatment facility, the seven (7) day interview requirement is waived.
- II. All conditions of Drug Court will be explained at the initial interview. The explanation of conditions must also contain a consequential statement regarding the non-compliance with the Drug Court order.
- III. Each interview will include an over-all review of the conditions of Drug Court and the individual's case. The Drug Court Officer is responsible to ensure that the client understands his obligations to the Court.

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CASE INTAKE

- I. Information obtained in the intake interview shall be verified as part of the pre-sentence or post-sentence screening and shall be completed in accordance with the policies and procedures established for intake under the classification system.
- II. The Drug Court Officer within seven (7) working days must enter all case intake data into the Tracker System.
- III. A physical file on every client must also be kept. The file must be in compliance with the Adult Probation Policy and Procedure Manual.

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Procedure

- I. The Drug Court officer, as an officer of the Court, is on call twenty-four (24) hours a day. The Drug Court officer is not at liberty to refuse contacts from agencies concerning information pertinent to Drug Court at any time.
- II. It is essential the Drug Court officer keep the client's files organized and up to date. All contacts must with the client must recorded in a timely fashion. The report form is to be placed in the client's file and information is to be recorded in the Tracker System.
- III. The case file shall be maintained in a secured room accessible by the Drug Court officer, Supervisor, the Administrative Office of the Illinois Courts, and the Criminal Justice Information Authority.
- IV. ~~The case file shall contain all information as described in the Adult Probation Procedure Manual. The case file shall also include any other pertinent information that the Drug Court officer deems appropriate.~~
- V. The Drug Court officer shall be responsible for determining the appropriate level of supervision for every client.
- VI. Drug court clients are subject to the standard rules and regulations of probation. Clients are also subject any and all sanctions imposed upon by the Court and or Drug Court officer.

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Procedure

URINALYSIS TESTING

- I. Urinalysis is to be considered an integral part of this program. Tests are adjunctive in nature, not punitive. Test are used;
 - A. As an assessment and diagnostic tool;
 - B. To reinforce and validate successful recovery and abstinence;
 - C. As an intervention and confrontation tool;
 - D. As a deterrent to drug use;
 - E. To provide non-manipulative environment to monitor progress; and,
 - F. To assist in determining risk and revocation decisions.

- II. Urinalysis testing can take place upon the premises or be coordinated by the treatment provider (i.e. White Oaks).

- III. For urinalysis policy and procedure refer to the Peoria County Drug Testing Manual. The following areas are addressed in said manual:
 - A. Responsibility for payment of testing;
 - B. Criteria under which a test may be required;
 - C. Procedures when a positive test result is identified; and,
 - D. Procedures for collecting specimen.

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NON-COMPLIANCE

- I. Any non-compliance of rules and regulations of Drug Court should be immediately reported to the Drug Court Officer. It is the Drug Court Officer's duty to report any violations to the States Attorney's Office.

- II. Non-compliance with program rules and regulations can include, but are not limited to the following:
 - A. Unsuccessful termination from outpatient treatment;
 - B. A positive urinalysis;
 - C. Failure to maintain scheduled appointments with either the treatment provider or Drug Court Officer;
 - D. Providing a diluted or fraudulent UA;
 - E. Violation of a condition of Drug Court;
 - F. A new arrest;
 - G. Failure to reside at an approved residence;
 - H. Curfew violation; and,
 - I. Refusal to participate in treatment program.

NOTE: Also see Sanctions Matrix

- III. The Drug Court client must be advised of these policies and procedures as part of the intake process for the program.

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Procedure

COURTROOM PROCEDURES

- I. The Drug Court Officer is responsible to be in Court at all times when Drug Court is in session. The Officer should be prepared to report to the courtroom 15 minutes before the court is in session.

- II. Duties in the courtroom include, but is not limited to the following:
 - A. Participate in the pre-court team meeting between the Drug Court Judge, States Attorney, Defense Attorney, and White Oaks;
 - B. The officer should be prepared to contribute significant information regarding a client's progress or lack of at the pre-court team meeting;
 - C. Conduct any urinalysis as directed by the Court; and,
 - D. Meet and discuss issues with clients that are currently participating in an inpatient treatment program.

SANCTIONS MATRIX

Treatment Violations & Sanctions

Violation	Sanction (1)	Sanction (2+)
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Missed/late appointment	Admonishment from TX	Increased sessions
Disruptive behavior	Make up appointment	Suspended sanctions
Failure to attend support group	Reading/writing assignment	Video/didactic education
No reasonable progress		Victim Impact Panel
		Admonishment from Court
		Increased level of care

<i>Violation</i>	<i>Sanction (1)</i>	<i>Sanction (2+)</i>
Positive urinalysis (ua)	Admonishment from Court	Curfew
Failure to report for a ua	Increased ua	Electronic monitoring
	Increased level of care	Periodic imprisonment
	PSE hours	Shock incarceration
	Suspended sanctions	PSE hours

Probation/Legal Violations & Sanctions

<i>Violation</i>	<i>Sanction (1)</i>	<i>Sanction (2+)</i>
Failure to report change of address	Reading/writing assignment	Admonishment from Court
Failure to seek employment	Admonishment from Probation	Increased reporting to Probation Department
Failure to attend school		PSE hours

<i>Violation</i>	<i>Sanction (1)</i>	<i>Sanction (2+)</i>
Failure to report	Increased reporting	Electronic monitoring
Failure to report police contact	Initiate/extend curfew	Periodic imprisonment
Failure to pay moneys	PSE hours	Shock incarceration
Violation of travel regulations	Travel restrictions	
Curfew Violation	Increase ua	
Positive urinalysis (ua)	Admonishment from Court	
Absent for scheduled home visit		

Probation/Legal Violations & Sanctions (continued)

<i>Violation</i>	<i>Sanction (1)</i>	<i>Sanction (2+)</i>
Failure to appear for Court	Increased reporting	Electronic monitoring
Tampering with urinalysis	Increased level of care	Periodic imprisonment
Subsequent arrest	Increased ua	Shock incarceration
Failure to abide by imposed Court sanction(s)	Initiate/extend curfew	Termination hearing

Automatic Termination Hearings

Possession of drugs or alcohol at treatment site
Violence or threat of violence at treatment site
Rearrest for drug trafficking charge
Absconding
Failure to attend Court after sanctions have been applied

REVERAL GROUPS

1. Peoria County Health Department
2. Human Service Center
3. Methodist Medical Center
4. White Oaks Center

5. Chestnut Health Systems
6. Proctor Chemical Dependency Center
7. Roche Diagnostic Systems
8. Treatment Alternatives for Safer Communities (T.A.S.C.)
9. Gateway - Springfield
10. Central Illinois Center for the Treatment of Addictions (C.I.C.T.A.)
11. Faith, Hope & Love
12. Peoria Rescue Mission
13. Phoenix House
14. Salvation Army
15. YWCA
16. The Center for Prevention of Abuse
17. Home Sweet Home Mission
18. St. Francis Medical Center
19. Department of Children and Family Services

Drug Court Officer

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