

# **PATHWAY TO RECOVERY PROGRAM**

## **Participant Handbook**



**Serving the Counties of Perry and Washington**

Revised on August, 9, 2023

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## **WELCOME**

Welcome to the Pathway to Recovery Program. You have made a major commitment by agreeing to participate in this program and we hope it helps you obtain the necessary tools for you to maintain a lifetime of recovery and stability. This handbook is designed to assist you throughout the program by answering your questions and providing you with overall information about the program. If you have questions that this handbook does not answer, you should ask your Program Officer. It is your responsibility to understand and comply with all of the rules of the Pathway to Recovery Program. If at any time while you are in the program you lose this handbook, notify your Program Officer.

You will find details on what is expected from you as a Pathway to Recovery Program participant in this handbook. It will review general program information as well as important contact information that you will need as you move through the program. It also contains forms that you will need to submit to the Court at various times.

The Pathway to Recovery Program team wants you to succeed and will work as a team to help you achieve this goal and graduate from the program. The most important person in your journey is YOU. You must be committed and willing to change your current lifestyle and habits and the team is here to encourage, assist, and support you.

## **MISSION STATEMENT**

The mission of the Pathway to Recovery Program is to rehabilitate and reduce recidivism of individuals in the criminal justice system that are substance dependent or that are substance dependent and suffer from a co-occurring mental health disorder. This program strives to provide community protection, with cost effective, integrated continuation of care through treatment and community resources. This program seeks to assist participants with long-term sobriety and mental stability to allow them to become law-abiding citizens and to successfully reintegrate into the community.

## **OVERVIEW & ELIGIBILITY REQUIREMENTS**

The purpose of the Pathway to Recovery Program is to help you live a substance-free life through intense supervision and rehabilitative treatment. The program consists of five phases and is a minimum of 18 months in duration. The program is designed for adults, who have pled guilty to one or more eligible felony offense(s), and desire to successfully address issues that they have regarding their substance use disorder. Sentencing on the offense(s) that you plead guilty to is then deferred to allow you to participate in the Pathway to Recovery Program.

Those eligible for the program must be assessed at a moderate to high risk to reoffend, and have a substance use disorder that is treatable with the program’s available resources. All participants must be at least 18 years of age, a resident of Perry or Washington Counties, a United States citizen or legal resident, and have a pending felony or a pending Petition to Revoke in a current felony case in Washington or Perry County. All participants must receive approval from the Court prior to admission. No one will be excluded from the program based on their gender, race, nationality, ethnicity, limited English proficiency, disability, socio-economic status or sexual orientation.

The Pathway to Recovery Program is a collaborative effort between the Twentieth Judicial Circuit counties of Perry and Washington, and each of their State’s Attorney’s Offices, Public Defender’s Offices, Probation Departments and Treatment Providers. By working together, we seek to provide a variety of treatment programs and intensive supervision geared toward supporting and helping you maintain a drug and alcohol-free life. The Pathway to Recovery Program involves frequent court appearances, random drug and alcohol testing, group and individual counseling, and support group meetings. The Court awards incentives for compliant behavior, imposes sanctions for noncompliant behavior, and makes therapeutic adjustments when necessary. If you do not comply with the rules, you might be placed in short-term custody or receive a variety of other sanctions. You may also be terminated from the Pathway to Recovery Program. All of the staff working on the program team will assist you to be sure you understand what is expected of you.

## **THE PATHWAY TO RECOVERY PROGRAM TEAM**

The program team will work together to make all of the decisions regarding your participation in the program, and consists of the following members:

- Program Judge
- Program Coordinator
- State’s Attorney
- Public Defender
- Program Officer
- Treatment Providers

Although the team works together, they each have clearly defined roles set forth below:

<b>Team Member</b>	<b>Role</b>
Program Judge	<ul style="list-style-type: none"> <li>• Serves as the authority figure for the program</li> <li>• Attends all team staffings and status review hearings</li> <li>• Speaks individually with each participant in Court</li> <li>• Administers incentives, therapeutic adjustments, and sanctions</li> </ul>
Program Coordinator	<ul style="list-style-type: none"> <li>• Attends all team staffings and status review hearings</li> <li>• Recommends incentives, therapeutic adjustments, and sanctions</li> </ul>

	<ul style="list-style-type: none"> <li>• Oversees the program</li> <li>• Supervises the data collection and reporting</li> <li>• Coordinates community education and public relations</li> </ul>
State's Attorney	<ul style="list-style-type: none"> <li>• Attends all team staffings and status review hearings</li> <li>• Recommends incentives, therapeutic adjustments, and sanctions</li> <li>• Helps determine participant eligibility</li> </ul>
Public Defender	<ul style="list-style-type: none"> <li>• Attends all team staffings and status review hearings</li> <li>• Recommends incentives, therapeutic adjustments, and sanctions</li> <li>• Answers legal questions of, and advises participants</li> </ul>
Program Officer	<ul style="list-style-type: none"> <li>• Attends all team staffings and status review hearings</li> <li>• Recommends incentives, therapeutic adjustments, and sanctions</li> <li>• Completes risk/needs assessments</li> <li>• Conducts frequent drug testing</li> <li>• Assists with the development and achievement of the Case Management Plan and goals</li> <li>• Linkage and referral to community resources</li> <li>• Assists with coordination of pro-social activities</li> </ul>
Treatment Providers	<ul style="list-style-type: none"> <li>• Attends all team staffings and status review hearings</li> <li>• Recommends incentives, therapeutic adjustments, and sanctions</li> <li>• Conducts assessments and makes appropriate treatment recommendations</li> <li>• Provides treatment to participants</li> <li>• Develops and implements Clinical Treatment Plan</li> </ul>

Each Wednesday (in Perry County) or Thursday (in Washington County), prior to you appearing in Court, the program team will meet and have a staffing during which they discuss your progress and make decisions regarding your treatment. The team employs a non-adversarial and collaborative approach in an effort to help you be successful in the program and to live a drug and alcohol-free, mentally stable life.

**PROGRAM ACTIVITIES**

In order to successfully complete the Pathway to Recovery Program, you are required to be involved in several activities which will benefit and sustain your recovery. As a participant in the Pathway to Recovery Program, you will be required to:

- Engage in substance abuse and/or other counseling as determined by your Treatment Plan
- Attend frequent Status Review hearings
- Regularly meet with the team members
- Submit to frequent and random drug screenings
- Allow home visits by the Program Officer
- Attend self-help support groups

- Obtain employment, attend school, or have other legal means to support yourself financially
- Obtain stable, clean, and sober housing
- Obtain a mentor/sponsor
- Complete a “giving back” project
- Work towards paying any restitution that may be ordered

## **ENTRY PROCESS**

In order to be accepted into the Pathway to Recovery Program, a Referral to Pathway to Recovery Program must be submitted to the Program Officer. The Program Officer will forward the referral form to the State’s Attorney who will determine if your case meets the program eligibility requirements, based on the offense you are charged with as well as your criminal history. The Program Officer will then set the case for staffing for the Program Judge’s determination of initial acceptance or denial based on the offense eligibility requirements.

If you are determined to be offense eligible, the program team will complete a comprehensive assessment beginning with the Program Officer who will determine your areas of risk and needs and then refer you to the Treatment Provider for an integrated substance abuse/mental health assessment. The results of the assessments will then be sent to the program team. You will also be asked to sign a Consent for Release/Disclosure of Confidential Information.

If conditionally accepted into the program, you will be informed of this conditional acceptance by the Program Officer, and an Order of Conditional Acceptance, signed by the Pathway to Recovery Program Judge, will be filed in the court file. However, in order for you to enter the program, you must first enter an open plea of guilty to the qualifying charge(s), or open admission to the Petition for Revocation, in front of the criminal court Judge. The criminal court Judge will also inform you of your waiver of rights pursuant to Illinois Supreme Court Rule 402, or 402A. No participant will be required to waive appellate rights. If you plead guilty, or admit to the Petition for Revocation, sentencing will be deferred to allow you to participate in the Pathway to Recovery Program. An admission hearing will be set with the Pathway to Recovery Program Judge.

At the admission hearing, the Program Judge will explain the Consent to Participate (See Attachments) to you, including the Pathway to Recovery Program requirements, the range of responses that may be imposed by the Judge on you as a result of your conduct while a participant in the program, and the possible outcomes of the program, whether successful or unsuccessful. You will then have the opportunity to confer with counsel, have your questions answered by the Judge and elect to voluntarily execute the Consent

to Participate. If you sign the Consent to Participate, you will be admitted into the Pathway to Recovery Program.

An initial Case Management Plan will be developed by the Program Officer with the input of all other team members. Each participant's circumstances will be different and therefore everyone's overall plan will likely vary to some degree.

The Treatment Provider will develop a Clinical Treatment Plan for you. Again, each participant's circumstances will be different, so your treatment plan will most likely be different from that of other participants.

The Case Management Plan and Clinical Treatment Plan will help you set goals, select methods for meeting those goals, and develop target dates for achieving those goals. You will be required to review progress with your goals as outlined in your Case Management Plan at each appointment with the Program Officer. You will also review progress with your treatment goals as outlined in your Clinical Treatment Plan with the Treatment Provider. Adjustments to these identified goals in both plans will be made as needed. Both the Program Officer and the Treatment Provider will report your progress, or lack thereof, to the program team at each staffing. Remember, these plans will be specific to you, your needs, and your progress. Your Case Management Plan and Clinical Treatment Plan will be shared with all program team members. You will also be provided a copy of those plans.

## **PHASES OF THE PROGRAM**

The Pathway to Recovery Program is a minimum of 18 months, and is divided into five phases. You must successfully complete each phase of the program before transitioning to the next phase. The program is individualized, so the pace you move through the program may differ from other participants.

Before transitioning to the next phase in the program, *it is your responsibility to submit a written request including all required documentation for phase advancement at least one week prior to your scheduled phase-up date*, unless excused by the Program Officer. (See Attachments for Phase Application Forms). All writing submissions must be typed or legibly written, or may not be accepted, unless instructed otherwise by the Program Officer.

Failure to make progress within a stage may result in a sanction and/or therapeutic adjustment. Noncompliance with program requirements may result in being directed to repeat previously completed phase requirements or termination from the Pathway to Recovery Program.



## **Phase I: Stabilization** (minimum of 12 weeks)

You will be most closely monitored during Phase I of the program. This Phase is designed to address your most important needs at the time. During Phase I, you will be expected to:

- Report to Program Officer at least three (3) times per week and Program Officer will make at least one (1) home visit every two weeks.
- Attend at least three (3) treatment/clinical contact hours per week, or as otherwise recommended by the program team.
- Provide a minimum of three (3) random drug/alcohol tests weekly.
- Provide documented attendance at three (3) support group meetings per week.
- Live in stable, clean, and sober housing team approved housing.
- If employed, ensure that employment is approved by the program team.
- Appear for Status Review hearings every week, and attend all appointments as directed by the program team.

Promotion- the program team determines “readiness” for movement to Phase II based on the following:

- Followed all program rules.
- Adherence to treatment requirements.
- Demonstrated a cooperative attitude in treatment.
- Achieved a minimum of thirty (30) consecutive day’s sobriety (i.e. no positive, dilute, or missed drug tests), not including time spent in inpatient treatment or incarcerated.
- No unexcused absences from appointments/groups in past thirty (30) days.
- No sanctions in past thirty (30) days.
- Prepare and present Phase Change documents.

## **Phase II. Life-Skill Building** (minimum of 12 Weeks)

As you advance through the phases, you will be given more freedom and responsibility. Phase II is designed to engage you in necessary substance abuse treatment as well as Cognitive Behavioral Therapy, and maintain positive change by continuing life-skill building. This phase also requires you to obtain a sponsor or a mentor that will be a positive influence in your life. During Phase II, you will be expected to:

- Meet with Program Officer at least two (2) times per week and Program Officer will make a minimum of one (1) home visit per month.
- Attend at least two (2) treatment/clinical contact hours per week, or as otherwise recommended by the program team.
- Provide a minimum of two (2) random drug/alcohol tests weekly.
- Provide documented attendance at three (3) support group meetings per week.

- Live in stable, clean, and sober team approved housing.
- Work towards employment (job search, interviews, employment training, GED, etc.), or team approved volunteer service, if applicable.
- If employed, ensure that employment is approved by the program team.
- Obtain a sponsor or mentor that is team approved.
- Attend Cognitive Behavioral Therapy as recommended by the Treatment Provider.
- Appear for Status Review hearings on all but one (1) week per month, and attend all appointments as directed by the program team.

Promotion-program team considerations for “readiness” for movement to Phase III:

- Followed all program rules.
- Adherence to treatment requirements.
- Demonstrated a cooperative attitude in treatment.
- Achieved a minimum of sixty (60) consecutive day’s sobriety (i.e. no positive, dilute, or missed drug tests), not including time spent in inpatient treatment or incarcerated.
- Has obtained a team approved mentor/sponsor.
- No unexcused absences from appointments/groups in past sixty (60) days.
- No sanctions in past thirty (30) days.
- Prepare and present Phase Change documents.

### **Phase III. Reintegration** (minimum of 12 Weeks)

You will gain more independence during this phase, but will be expected to report to the program team on your activities and choices. Phase III is designed to incorporate employment, or volunteer service, into your treatment plan. During Phase III, you will be expected to:

- Meet with Program Officer at least one (1) time per week and Program Officer will make a minimum of one (1) home visit per month.
- Attend at least two (2) treatment/clinical contact hours per week, or as otherwise recommended by the program team.
- Provide a minimum of two (2) random drug/alcohol tests weekly.
- Provide documented attendance at three (3) support group meetings per week.
- Live in stable, clean, and sober team approved housing.
- Maintain daily communication with sponsor or mentor.
- Obtain and/or maintain program-approved, full-time employment, training or education, or team approved volunteer service, if applicable.
- Attend Cognitive Behavioral Therapy as recommended by the Treatment Provider.
- Appear for Status Review hearings on all but one (1) week per month, and attend all appointments as directed by the program team.

Promotion-team considerations for “readiness” for movement to Phase IV:

- Followed all program rules.
- Adherence to treatment requirements.
- Demonstrated a cooperative attitude in treatment.
- Achieved a minimum of ninety (90) consecutive day’s sobriety (i.e. no positive, dilute, or missed drug tests), not including time spent in inpatient treatment or incarcerated.
- No unexcused absences from appointments/groups in past sixty (60) days.
- No sanctions in past thirty (30) days.
- Obtained approved employment, training or education, or volunteer service, if applicable.
- Prepare and present Phase Change documents.

#### **Phase IV. Maintenance** (minimum of 22 Weeks)

In this Phase, you will have made significant progress thus far, and be required to maintain the progress made over the other phases. You will have been stable for a period of time and will need to continue to demonstrate positive life choices. During Phase IV you will be expected to:

- Meet with Program Officer at least two (2) times per month and Program Officer will make home visits at his/her discretion.
- Attend at least two (2) treatment/clinical contact hours per week, or as otherwise recommended by the program team.
- Provide a minimum of two (2) random drug/alcohol tests every week.
- Provide documented attendance at three (3) support group meetings per week.
- Live in stable, clean, and sober team approved housing.
- Maintain at least bi-weekly communication with sponsor or mentor.
- Maintain program-approved, full-time employment, training or education, or team approved volunteer service, if applicable.
- Prepare and present plan on “giving back” project. The purpose of this project is to attain restorative justice by fixing the wrongs that the criminal behavior of the participant has caused to the crime victim, the participant’s family, and the community at large.
- Attend Cognitive Behavioral Therapy as recommended by the Treatment Provider.
- Appear for Status Review hearings on all but two (2) weeks per month, and attend all appointments as directed by the program team.

Promotion-team considerations for “readiness” for movement to Phase V:

- Followed all program rules.
- Adherence to treatment requirements.
- Demonstrated a cooperative attitude in treatment.

- Achieved a minimum of one-hundred twenty (120) consecutive day's sobriety (i.e. no positive, dilute, or missed drug tests), not including time spent in inpatient treatment or incarcerated.
- No unexcused absences from appointments/groups in past ninety (90) days.
- No sanctions in past thirty (30) days.
- "Giving back" project plan has been presented and approved.
- Prepare and present Phase Change documents.

### **Phase V. Giving Back** (minimum of 20 Weeks)

The focus of Phase V is for you to continue to accomplish your treatment goals with the added component of repairing harm that was caused by your criminal behavior and making amends by giving back to the community. During Phase V, you will be expected to:

- Meet with Program Officer at least one (1) time per month, and Program Officer will make home visits at his/her discretion.
- Attend at least two (2) treatment/clinical contact hours per week, or as otherwise recommended by the program team.
- Provide a minimum of one (1) random drug/alcohol test every week.
- Provide documented attendance at three (3) support group meetings per week.
- Live in stable, clean, and sober team approved housing.
- Maintain at least bi-weekly communication with sponsor or mentor.
- Maintain program-approved, full-time employment, training or education, or team approved volunteer service, if applicable.
- Complete program team approved "giving back" project. Again, the purpose of this project is to attain restorative justice by fixing the wrongs that the criminal behavior of the participant has caused to the crime victim, the participant's family, and the community at large. The details of the project must be well documented (i.e. pictures, videos, signatures, logs, etc.).
- Appear for Status Review hearings on all but three (3) weeks per month, and attend all appointments as directed by the program team.

### **Graduation Requirements:**

- Followed all program rules.
- Adherence to treatment requirements.
- Demonstrated a cooperative attitude in treatment.
- Achieved a minimum of one hundred eighty (180) consecutive day's sobriety (i.e. no positive, dilute, or missed drug tests), not including time spent in inpatient treatment or incarcerated.
- No unexcused absences from appointments/groups in past ninety (90) days.
- No sanctions in past thirty (30) days.

- Maintained full-time employment or plan for sustainable future income, if applicable, and provide proof thereof.
- Successfully completed “giving back” project, unless waived for good cause. In addition, if completed, the participant, unless excused, must present a minimum three (3) page essay on their “giving back” project that describes their project and explains: why they chose that project; how the project gave back to the community; and if the participant has plans to continue their project after graduation.
- Prepare and present Application to Graduate documents.

## **TIPS ON HOW TO SUCCEED**

- Be HONEST. Honesty is essential to your recovery;
- Stay drug and alcohol free;
- Keep all treatment appointments and attend all Status Review hearings;
- Use a calendar to help you remember all your appointments;
- Plan your schedule in advance;
- If you absolutely cannot make an appointment or Status Review hearing, call the appropriate contact BEFORE, NOT AFTER, the scheduled event;
- Maintain contact with the program team at all times.

## **TREATMENT**

A Clinical Treatment Plan will be developed by you and the Treatment Provider. This Treatment Plan will help you set treatment goals, select methods for meeting those goals, and develop target dates for achieving those goals.

Outpatient treatment will be provided by the Program Treatment Providers. Inpatient treatment may be recommended by the Treatment Providers based on your initial and on-going assessment information.

If you have any unexcused absences with a Treatment Provider, you may be sanctioned, and you may be responsible for a missed appointment fee per that Treatment Provider’s policy.

## **PROGRESS REPORTS**

Before each Status Review hearing, all program team members will be provided a status report on your performance in the program. The progress report will include your attendance record at required meetings and appointments, compliance with your Case Management Plan and Treatment Plan goals, and drug testing results. The team will

discuss recommended incentives, therapeutic adjustments, and/or sanctions based on your performance.

## **STATUS REVIEW HEARINGS**

You are required to appear in Court on a regular basis. You must also be on time for every hearing. The number of times that you must appear in Court depends on the phase of the program that you are in and your behavior. If you are noncompliant with any program requirement (YOU KNOW WHEN YOU ARE NONCOMPLIANT AND THE PROGRAM TEAM DOES TOO!), you must appear at the next scheduled Status Review hearing, even if your phase position normally would allow you to miss that Court date. Failure to appear in Court may result in a warrant being issued for your arrest and detention in jail until you can appear before the Court.

If you have questions about your Status Review hearing, you should contact the Program Officer. Your progress will be discussed during each Status Review hearing and incentives, therapeutic adjustments, or sanctions may be imposed as a result of progress made, or not made, toward your goals.

## **DRESS CODE**

It is important to dress appropriately and behave respectfully when attending Status Review hearings for the Pathway to Recovery Program.

- No tank tops, cut-off shirts, halter tops, crop-tops, mesh shirts, or low-cut shirts
- No shirts with inappropriate or offensive logos, pictures or writing
- No short skirts, short shorts, or pajama pants
- No sagging (for example, pants or shorts that hang below the waist)
- No hats, caps, or bandanas
- No sunglasses
- No gang attire including flags, symbols or colors
- No electronics (including cell phones, computers, laptops, readers, cameras, audio or video recorders, bluetooth devices, communication watches, games, or any other electronic devices) without receiving prior permission from the Program Judge
- No firearms or knives allowed.

## **YOUR RESPONSIBILITIES AND EXPECTATIONS**

While you are in the Pathway to Recovery Program, the following will be expected of you:

- When addressing the Judge, you should approach the bench with the utmost respect.
- You will attend all scheduled Status Review hearings, be on time and be immediately seated in the courtroom.
- You will not talk in the courtroom during Court proceedings.
- You will not bring food or drink into the courthouse, the courtroom, probation office or to treatment provider meetings.
- You will not lean against the Judge's bench but stand appropriately and speak clearly enough that the Judge and other team members and participants can hear the responses to the Court.
- You will remain in the Courtroom until you are dismissed by the Judge.
- In the event of an emergency, the Judge or the Program Officer may excuse you from Court or allow you to leave prior to Court being dismissed.
- If you do not appear on your Court date and you are not excused from Court, the Judge may request a no bond warrant be issued for your arrest.
- You cannot violate any criminal statute, law or ordinance of any jurisdiction.
- If you should come in contact with any form of law enforcement, it is your responsibility to inform law enforcement that you are a participant in the Pathway to Recovery Program. In addition, you are required to report this contact to your Program Officer within 24 hours of the contact.
- You shall consent to compliance checks by the Program Officer, or by law enforcement directed by the Program Officer.
- You cannot leave the State of Illinois without the approval of the Program Judge. This request is done utilizing the Request for Program Team Form (See Attachments). You may be required to complete a drug/alcohol test immediately prior to leaving and immediately upon return.
- If you are moving within the program service area (Perry or Washington County), you are required to advise the Program Officer and get approval of the Court before the move.
- You must remain living in the service area (Perry or Washington County) until completion of the program.
- You must agree not to consume, purchase or possess alcoholic beverages, illegal drugs, or any mood-altering substances including cannabis and kratom, nor visit places where alcohol, cannabis, or illegal drugs are sold, dispensed, or used. This includes patronizing places such as bars, liquor stores, taverns, clubs, video gaming parlors, casinos, and places where alcohol is the main item for sale or consumption.

- You cannot associate or have contact with anyone known to abuse, use, or deal illegal drugs or illegal substances.
- You will not possess any dangerous weapon of any kind, including but not limited to firearms and knives.
- You will comply with your Case Management Plan and Clinical Treatment Plan developed with the program team.
- You are expected to attend your treatment appointments as scheduled and be on time for each appointment.
- You will report for drug testing as required during each phase of the program and follow the drug testing procedures. Failure to submit to a drug test is equivalent to a failure.
- Transportation to and from all of your appointments and Status Review hearings is your responsibility, however transportation assistance may be available to you through a public transportation service at no cost. Ask the Program Officer for details.
- While children are a beautiful part of life, they should not be brought to Court, the Treatment Provider's office, support group meetings, or the Probation Office, so kindly make arrangements for child care during these times.
- You must comply with procedures for prescription medications (including medicine assisted therapy) and non-approved Over-the-Counter medications as outlined below.
- You must inform the Program Officer if you are diagnosed with any contagious or infectious disease or illnesses so that the Program Officer can take adequate precautions to prevent transmission when interacting with you.

## **DRUG AND ALCOHOL TESTING PROCEDURES AND REQUIREMENTS**

As a Pathway to Recovery Program participant, you must agree to submit to random drug tests when required to do so by the Program Officer and/or team. You will be asked to sign the Consent for Drug Screen Form (see Attachments). Drug tests may be requested at *any location*, with or without notice, *at any time of any day or night*. The Program Officer may schedule some required tests with you in advance. With random tests, the Program Officer will notify you if you are to submit to a random screen, and the Program Officer will tell you when the test must be completed by.

The Program Officer may conduct various types of drug tests on you in his/her discretion, including but not limited to urine, saliva, breath, blood, sweat patch, or hair follicle. If you refuse to provide a specimen, do not report as directed, or cannot provide a specimen in a reasonably timely manner, you will be considered to have a failed, or positive, drug test. There are no excuses for missed drug screens. Also, a diluted urine screen will be considered a positive drug test. Positive drug tests will be discussed at the next staffing



to determine therapeutic responses/possible sanctions. Any questions regarding drug testing should be directed to the Program Officer.

## **PROCEDURES FOR PRESCRIPTION MEDICATIONS**

Upon being admitted into the Pathway to Recovery Program, you will be asked to sign a Medication Contract (See Attachments). By signing this contract, you will be designate *one* pharmacy to have your prescription medications filled at while you are in the program. You can pick the pharmacy that you want to utilize, but you cannot get medication filled at any other pharmacy while in the program or you will be in violation of the contract. Further, you must obtain a printout from your designated pharmacy every month, or as otherwise directed by the Program Officer, of all medications filled within the last 60 days and provide the same to the Program Officer. Failure to enter into this Medication Contract, or violations of its terms, could result in sanctions being imposed, or termination from the program.

You shall notify the Program Officer before you have any medical or dental appointment where you may be prescribed or administered a prescription medication. The Program Officer will discuss with you the procedures and will monitor your progress with this medical or dental issue. You will be asked to sign a release of information so that the Program Officer can acquire medical/dental records and release and exchange information with the Treatment Provider(s) and program team. Failure to sign the necessary releases of information may result in removal from the program.

At said medical or dental appointment, you shall physically present the Letter to Prescribing Physician to the medical or dental professional (See Attachments). You shall verbally notify the professional that you have a history of substance dependency, that you are in the Pathway to Recovery Program, and you should ask the professional not to prescribe any non-FDA approved narcotic or addictive medications to you. If any FDA approved medication is prescribed to you, you shall have the professional fill out the Medication Receipt (See Attachments), and provide that receipt to the Program Officer within 24 hours.

If the prescription is for a narcotic or other addictive drug, the Program Officer shall contact the medical professional and shall inquire whether there is a non-addictive or less likely to be abused medication that may be prescribed. No participant is allowed to consume prescription medications that are not FDA approved (**THIS INCLUDES MEDICAL MARIJUANA**). If the medical professional indicates that the FDA approved narcotic or other addictive medication is medically necessary, you must be compliant with medication monitoring by the Program Officer, or Treatment Provider assigned this task. The program team member will report medication monitoring findings in staffings each week.

In a medical emergency, you shall, to the extent possible, present the Letter to Prescribing Physician and Medication Receipt to the medical professional (See Attachments). When physically able, you shall contact the Program Officer by phone as soon as possible. If you were given a narcotic or addictive medication, the Program Officer shall verify that you informed the medical professional of your history of substance use and ask if the narcotic or addictive medication was medically necessary, and if it could be substituted with a non-narcotic, non-addictive course of treatment. If any addictive medication is given, in medical emergencies, those prescriptions will be closely monitored. You must sign all releases of information asked, in these situations, to ensure proper protocol and procedures are followed.

All medications must be taken at the appropriate dosage listed on the drug's label or a positive drug test could result. **DO NOT TAKE MORE THAN THE DOSAGE INDICATES ON THE LABEL.**

There are certain medications that are approved to take without prior permission from the Program Officer. The Approved Over-the-Counter Medication List is located in Attachments.

## **MEDICATION ASSISTED TREATMENT (MAT)**

Some people with an opioid use disorder will do better in recovery if they use medications to assist in their treatment. These medications are allowed in the Pathway to Recovery Program when they are: prescribed by doctors educated in addiction and recovery; FDA approved; and used as prescribed as part of your treatment plan.

Because the Pathway to Recovery Program has an obligation to make sure that these medications are not misused or used illegally, there are specific program rules for participants using MAT. No MAT that is not FDA approved will be permitted.

If you are prescribed an FDA approved MAT, you must provide a letter from the Pathway to Recovery Program to your healthcare provider which outlines information we need from your doctor (See Attachments), as well as a signed release of information. The doctor prescribing MAT must provide the Pathway to Recovery Program with a letter with the information requested. The Pathway to Recovery Program will require quarterly reports from the doctor regarding your compliance with MAT.

The Pathway to Recovery Program may require additional monitoring for you while on MAT to make sure the medications are taken as directed. This additional monitoring may include direct observation when you take the medicine, additional drug testing, and the counting of medication.

In order to help participants who are finishing their MAT, you may be required to come to court weekly, or have increased contact with program team members, after the medication is stopped. This should not be seen as a sanction or punishment, but as a safety measure for your continued success.

Your failure to comply with the rules for your MAT or your misuse of your MAT may result in a sanction and may result in your termination from the Pathway to Recovery Program.

## **CONFIDENTIALITY**

State and federal laws require that your identity and privacy be protected. In response to these regulations, the program team and counselors have developed policies and procedures that guard your privacy. You will be required to sign a Consent for Release/Disclosure of Confidential Information form (See Attachments) which complies with 42 U.S.C. 290dd-2 and 42 CFR Part 2, so that relevant information may be shared with appropriate agencies. If you refuse to sign the necessary release(s), you may be ruled ineligible for the Pathway to Recovery Program. This disclosure of information is for the purpose of team staffings and Status Review hearings and reports concerning your specific case.

The program team will comply with confidentiality requirements to prevent the unauthorized disclosure or redisclosure of information regarding your confidential information. Documents such as: case management plans, clinical treatment plans, treatment reports, drug test results, assessment results, treatment and supervision needs, attainment of treatment plan goals, adherence to legally prescribed and authorized medically assisted treatments, and other confidential information disseminated to the program team will not be placed in any part of a court file that is open to examination by members of the public. Each program team member will maintain a confidential file for these materials.

Your confidential information cannot be obtained from the Pathway to Recovery Program to be utilized in other proceedings, civil or criminal, involving you or with regard to another person, unless you give voluntary and express written consent for the redisclosure your confidential information.

## **INCENTIVES, THERAPUTIC ADJUSTMENTS, and SANCTIONS**

Incentives, therapeutic adjustments and sanctions are administered to motivate participants to comply with the Pathway to Recovery Program requirements so that they are able to successfully complete the program. The entire program team provides input

into what constitutes an appropriate response to your behavior in program team staffings. If any incentive, therapeutic adjustment, or sanction is recommended for you in a team staffing, the Program Judge will advise you at a Status Review Hearing of the recommended incentive, therapeutic adjustment, or sanction and the reason for its recommendation. You, or your attorney, will be permitted to address the Judge about the incentive, therapeutic adjustment, or sanction. After considering your response, the final decision on whether to administer any incentive, therapeutic adjustment, or sanction will be made by the Program Judge.

All responses to a participant's behavior will be predictable, fair, consistent and without regard to the participant's gender, race, nationality, ethnicity, limited English proficiency, disability, socio-economic status or sexual orientation.

As you progress through the Pathway to Recovery Program, incentives, or rewards, are often given when you display positive behavior that is reflective of your commitment to your journey through the program. Incentives are also given when you advance to another phase. Examples of incentives are:

- Less frequent Status Review hearings
- Less frequent drug tests
- Verbal praise and acknowledgements by the Judge
- Applause
- Fish Bowl
- A spin on the Wheel of Recovery
- Certificates for completion of treatment
- Birthday or special-occasion cards
- Gift certificates for food, entertainment, or gas
- A reduction in community service hours
- Participant group activity

If you do NOT do what is required of you according to the program rules, you will be held accountable by way of a therapeutic adjustment and/or a sanction. Behaviors that can result in therapeutic adjustments and/or sanctions may include, but are not limited to:

- Dishonesty to court personnel and program team members
- Positive, diluted or adulterated drug tests
- Attempts to interfere with GPS, or other monitoring devices
- Unexcused absence and/or absences from counseling sessions, support groups, or any other assigned activities
- Willful failure to attend scheduled Status Review hearings without just cause
- Charged with a new offense(s)

- Failure to comply with Court, program team, and/or treatment provider's recommendations
- Moving outside the service area
- Possession or delivery of drugs, or other non-approved substances
- Violent or abusive behavior at treatment site, program site, or other place of contact or participation

If the program team determines that your treatment plan should be modified based on your behavior in the program, a therapeutic adjustment may result. Examples of therapeutic adjustments include, but are not limited to:

- Increase/decrease in number of weekly self-help meetings and verify attendance
- Increase/decrease in number of weekly sessions with the Treatment Provider
- A change in treatment requirements (including being referred to other types of treatment such as anger management, relapse prevention, domestic violence counseling, etc.)
- Being directed to repeat previously completed phase requirements
- Participate in a higher level of care (i.e. attend inpatient treatment)

Sanctions, including incarceration, may be administered when it is determined that a participant has failed to abide by or comply with the terms of the program. Some examples of frequently used sanctions are listed below:

- Complete a writing assignment and present to the program team
- Write a letter of apology
- Give Presentation(s) to youth groups/schools about this program
- More frequent drug tests
- More frequent Status Review hearings
- Report more frequently to the Program Officer
- Be given a curfew
- Be placed on house arrest
- Be fitted with GPS or alcohol monitoring devices
- Perform team approved community/public service work
- Be taken into custody for period of time
- A missed court appearance can result in a warrant being issued
- Termination from the program

In the event that the State's Attorney believes that you: 1) are not performing satisfactorily in the program; 2) are not benefitting from education, treatment, or rehabilitation; 3) have engaged in criminal conduct rendering you unsuitable for the program; 4) have otherwise violated the terms and conditions of the program; or, 5) are for any other reason unable to participate in the program, the State's Attorney may file a Petition to Terminate you

from the Pathway to Recovery Program. Prior to filing such Petition, the State's Attorney shall state his/her intention to file a Petition to Terminate during team staffing. A discussion by the program team can then be had on the appropriateness of a Petition to Terminate. The State's Attorney shall then consider the discussion by the program team in determining whether a Petition to Terminate should be filed, however, final discretion shall be with the State. In the event that a Petition to Terminate you from the Pathway to Recovery Program is filed by the State, the provisions of the Unsuccessful Discharge portion of the PROGRAM OUTCOMES section set forth the procedure that will be followed.

## **EDUCATION, VOCATION AND EMPLOYMENT**

A vital component of recovery involves becoming a productive and responsible member of the community. To accomplish this, you will need a stable and sufficient source of income to provide for you and your family. Prior to graduation, you will be expected to obtain full-time employment, be enrolled full-time as a student in an educational or vocational training program, or have some stable, adequate, and legal income source (retirement, pension, S.S.I., etc.). The program team will refer you to resources that will assist you in achieving these goals.

## **PROGRAM OUTCOMES**

There are four ways you may be discharged or terminated from the Pathway to Recovery Program:

1. **Successful Completion:** You complete all of the program requirements.

The decision to successfully discharge you from the Pathway to Recovery Program shall be made by the program team, collaboratively. When you meet the requirements of all of the five phases of the program, you will graduate from the program. At graduation, the charges that you pleaded guilty to, or the PTR that you admitted to, will be dismissed. The program team will develop a Discharge Plan with recommendations for continued success which will be discussed with you by the Program Officer (See Attachments).

*When you successfully complete the program, your success is celebrated at a graduation ceremony. Your family members and friends, past graduates and community leaders are invited to attend the ceremony. Current participants in the program are also expected to attend the ceremony to show their support. The graduation ceremonies are held in the courtroom with the Program Judge presiding over the graduation.*

2. **Neutral Discharge:** You do not violate program requirements necessitating an unsuccessful discharge, but you are unable to successfully complete program requirements to qualify for a successful discharge. For example, you develop a serious medical or mental health condition, disability, or other issue that prevents you from meeting the requirements of the program.

*You may be neutrally discharged from the program if you have been substantially compliant with the program rules thus far but the program team has determined that your progress towards successful completion is improbable after you and the team have exhausted reasonable efforts to help you successfully complete the program.*

3. **Unsuccessful Discharge:** You are terminated from the Pathway to Recovery Program due to violation(s) of the program requirements.

Prior to unsuccessful discharge from the program, you shall be served with a petition to terminate you from the Pathway to Recovery Program. The petition shall set forth the claimed violations of the program requirements, together with the relief sought. The Program Judge shall ensure that you are advised of and accorded the rights set forth in Supreme Court Rule 402A, including, but not limited to, the right to counsel and a hearing.

Termination decisions are made solely by the Program Judge and may be based on many factors including those set forth in 730 ILCS 166/35(a), as well as, but not limited to: current situation/violation; length of time in the program; number and level of treatment episodes; living situations; attitude; etc.

*In accordance with Supreme Court Rule 402A(a), the Program Judge shall not accept an admission to a violation, or a stipulation that the evidence is sufficient to establish a program violation, without first addressing you personally in open court, and informing you of and determining that you understand the following:*

- a. *The specific allegations in the petition;*
- b. *That you have the right to a hearing with defense counsel present, and the right to appointed counsel if you are indigent;*
- c. *That at the hearing, you have the right to confront and cross-examine adverse witnesses and to present witnesses and evidence on your own behalf;*
- d. *That at the hearing, the State must prove the alleged violation by preponderance of the evidence;*
- e. *That by admitting to a violation, or by stipulating that the evidence is sufficient to establish a program violation, there will not be a hearing on the petition, so that by admitting to a violation, or by stipulating that the evidence is sufficient, you waive the right to a hearing and the right to confront and*

*cross-examine adverse witnesses, and the right to present witnesses and evidence on your own behalf; and*

- f. The sentencing range for the underlying offense that you are subject to.*

*In accordance with Supreme Court Rules 402A(b) and (c), the Program Judge shall not accept any admission to a violation, or any stipulation that the evidence is sufficient to establish a program violation, without first determining that your admission or stipulation is voluntary, and that there is a factual basis for the admission or stipulation.*

*In accordance with Supreme Court Rule 402A(d), the Program Judge shall not participate in plea discussions without first complying with Supreme Court Rules 402(d), (e), and (f).*

- a. Once a petition to terminate you from the Pathway to Recovery Program has been filed, the Program Judge may allow you, with the consent of both you (with advice of his or her counsel) and the State, to remain in the program with the hearing on the petition deferred. The State may thereafter dismiss the petition if you make satisfactory improvement in compliance with the program requirements. If you fail to make satisfactory improvement, the State may elect to set the petition for hearing.*
- b. At a hearing on a petition to terminate you from the program, the Program Judge cannot consider any information learned through team staffings, status review hearings, or otherwise, unless newly received in evidence at the petition hearing.*
- c. The Program Judge should disqualify himself or herself in a proceeding on a petition to terminate you from the program if the circumstances listed in Supreme Court Rule 63C exist.*
- d. You have the right to move for substitution of the Judge pursuant to section 114-5(d) of the Code of Criminal Procedure of 1963 (725 ILCS 5/114-5(d)) for purposes of a hearing on a petition to terminate you from the program.*

*If your program status is terminated unsuccessfully, your case will be set for a sentencing hearing before the criminal court judge.*

- 4. Voluntary Withdrawal:** You are permitted to voluntarily withdraw from the Pathway to Recovery Program.

*You have the right to withdraw from Pathway to Recovery Program at any time. Prior to allowing you to withdraw, the Program Judge shall:*

- a. Ensure that you have had the opportunity to consult with counsel;*



- b. Determine in open court that your withdrawal is made voluntarily and knowingly; and
- c. Admonish you in open court as to the consequences, actual or potential, which will result from your withdrawal from the program.

*The Pathway to Recovery Program is a post-plea, presentencing program in which you are required to plead guilty prior to entry in the program, with the sentencing and conviction deferred to allow you to participate in the program. If you voluntarily withdraw from the program, you will return to the status of having pled guilty, and a sentencing hearing will be scheduled on the charges that you pled guilty to before the criminal court judge.*

## **IMPORTANT PROGRAM CONTACT NUMBERS**

### **Perry County Contact Information**

Perry County Treatment Provider.....	618-542-4357
24-hour Crisis Hotline.....	618-542-4357
Perry County Public Defender.....	618-357-3400
Perry County State’s Attorney.....	618-357-6221
Perry County Program Officer.....	618-327-6012

### **Washington County Contact Information**

Washington County Treatment Provider .....	618-243-2091
24-hour Crisis Hotline.....	888-855-0034
Washington County Public Defender.....	618-314-4312
Washington County State’s Attorney.....	618-327-4800 x 320
Washington County Program Officer.....	618-327-6012

## **HOW DO I.....**

### **Contact my Treatment Provider?**

The Treatment Provider is here to assist you in your recovery and is available if you are “thinking of using” or “have used”. The Program Judge may also order you to have daily contact with your Treatment Provider. Daily contact is to be done during business hours Monday through Friday (unless otherwise instructed by the Treatment Provider) and will be at a time scheduled by your Treatment Provider. The Treatment Provider has an emergency hotline telephone number for you to call during nonbusiness hours. You can also call your sponsor, if you have one, or other positive persons in your life for support during nonbusiness hours.

### **Contact my Program Officer?**

From 8 a.m. to 4 p.m. on weekdays, the Program Officer is to be reached at his/her phone number listed above. After hours, you may reach out to your Program Officer by text message to the above number *for emergencies only*. (“When is my next appointment?” is not an emergency.)

### **Drug Test?**

Your Program Officer will let you know the time and location of all drug tests, whether scheduled or random. Again, drug tests may be requested at any location, at any time, or on any day of the week. If you are called to test and an emergency arises that prohibits you from being able to comply, you must immediately contact your Program Officer. You will be required to provide proof that such an emergency existed.

### **Make requests to the Drug Court Team?**

If you would like to ask the program team to consider requests for travel, relocation, or reduction in requirements, you will be required to complete the Request for Program Team form (See Attachments) and submit the form to your Program Officer no later than 48 hours prior to your net scheduled Status Review hearing.

### **RELAPSE TRIGGERS AND RELAPSE PREVENTION INFORMATION (See Attachments)**

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT  
□ PERRY □ WASHINGTON COUNTY, ILLINOIS

The People of the State of Illinois, )  
Plaintiff, )  
vs. ) Case No: \_\_\_\_\_  
\_\_\_\_\_, )  
Defendant. )  
D.O.B. \_\_\_\_\_ )

**PATHWAY TO RECOVERY PROGRAM CONSENT TO PARTICIPATE**

1. I understand that I have no legal right to participate in the Pathway to Recovery Program. I have reviewed this Consent to Participate with my Attorney and I hereby knowingly and voluntarily execute this Consent to Participate which allows me to participate in the Pathway to Recovery Program.
2. I agree to participate in and cooperate with any and all treatment recommendations, including, but not exclusively, any mental health or substance abuse assessments and/or treatment recommended by the Pathway to Recovery Program team, which consists of the Judge, Program Coordinator, Prosecutor, Public Defender or Defense Counsel, Program Officer, Treatment Provider(s), and any other personnel designated by the program team or identified by my treatment providers in my treatment plan.
3. I understand that it is essential that all members of the Pathway to Recovery Program team, including the Judge, communicate as a team and share information regarding my participation in the program, including compliance with treatment, and I agree to them doing so. Upon my entry into the program, I consent to the Public Defender representing me at court staffings and at Status Review hearings, unless I have privately retained counsel. I understand that my privately retained counsel will be required to represent me at all staffings and Status Review hearings. In the event that my privately retained counsel is unable to attend staffings and/or court, I understand that my attorney will arrange for other counsel to appear on my behalf.
4. I agree to adhere to all components of my Treatment Plan, including attending all counseling sessions, treatment programs, taking medication as prescribed, engaging in activities as recommended by the Pathway to Recovery Program team, including sobriety-based self-help meetings and cooperation with home visits by team members.
5. I agree to remain drug and alcohol free (except for approved prescribed medications) and to submit to random drug testing at the discretion of the Pathway to Recovery Program team or any treatment provider and agree to the disclosure of the results to

the program team. I understand that I may be sanctioned for providing diluted, adulterated or substituted test specimens.

6. I agree to appear in court as required. I understand that these court hearings will be open to the public and an observer could connect my identity with the fact that I am in treatment. I consent to this type of disclosure to a third person.
7. I agree to reside in the program service area and to keep the Pathway to Recovery Program team advised of my current address and telephone number, employment status, and any new arrests at all times while in the program.
8. I agree to sign any and all releases of information consenting to the disclosure of information to the Pathway to Recovery Program team. I understand that if I refuse to comply with signing a release when requested, it may be grounds for termination from the Pathway to Recovery Program.
9. I agree to be truthful, cooperative, and respectful with the Pathway to Recovery Program team.
10. I understand that based upon any report (written or oral) of my violation of any rules of the Pathway to Recovery Program, or of this Consent to Participate, the Program Judge may: authorize a warrant for my arrest; impose any sanction, including jail time if ordered by the Judge; adjust my treatment plan; or modify or revoke any conditions of the program or my bond. My violation(s) may result in proceedings being initiated seeking my termination from the Pathway to Recovery Program and these proceedings could either be resolved in the Program Court or be referred back to traditional court.
11. I understand that my alcohol, drug and/or mental health treatment records are protected by Part 2 of Title 42 of the Code of Federal Regulations (C.F.R.), and HIPAA; Illinois Mental Health and Developmental Disabilities Confidential Act, 740 ILCS 110 *et seq.*; 45 C.F.R. Parts 160 & 164. I understand that I may revoke this Consent to Participate at any time except to the extent that action has been taken in reliance on it. In any event, this Consent to Participate expires upon the termination of my participation in the Pathway to Recovery Program or the termination of all proceedings with regard to this cause of action as named above.
12. I understand that I may voluntarily withdraw from the Pathway to Recovery Program in accordance with program procedures. I understand that there may be consequences, actual or potential, which will result from my withdrawal.

13. I understand that at the discretion of the Program Judge, for purposes of research and/or education, other persons may be permitted to attend team staffings where communication as to my case will occur.

14. I understand that language help is available and if I need assistance, it is my responsibility to inform the Program Judge that I need help.

**I UNDERSTAND THAT THE PATHWAY TO RECOVERY PROGRAM MAY BE AN OPPORTUNITY FOR ME TO AVOID CONVICTION, JAIL, AND/OR PRISON, AND TO HELP ME OBTAIN TREATMENT AND MOVE FORWARD WITH MY LIFE. I ALSO UNDERSTAND THAT ALL MEMBERS OF THE PROGRAM TEAM WANT TO SEE ME SUCCEED AND ARE HERE TO HELP ME.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Interpreter  
(where applicable)

\_\_\_\_\_  
Signature of Parent or Guardian  
(where applicable)

**I HAVE REVIEWED THIS CONSENT TO PARTICIPATE WITH THE DEFENDANT. THE DEFENDANT UNDERSTANDS IT AND VOLUNTARILY AGREES TO PARTICIPATE. I FURTHER UNDERSTAND THAT THE PATHWAY TO RECOVERY PROGRAM TEAM WILL BE DISCUSSING THE DEFENDANT'S COMPLIANCE AND COOPERATION WITH HIS/HER TREATMENT PLAN AND TERMS OF SUPERVISION AT TEAM STAFFINGS AND AT STATUS REVIEW HEARINGS. I ACKNOWLEDGE THAT IF I REMAIN COUNSEL OF RECORD FOR THE DEFENDANT, I WILL APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR AT TEAM STAFFINGS WHEN THE DEFENDANT IS SCHEDULED TO BE STAFFED BY THE PROGRAM TEAM AND ALSO TO APPEAR OR ARRANGE FOR OTHER COUNSEL TO APPEAR WITH THE DEFENDANT AT ALL COURT HEARINGS.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Public Defender/Defense Counsel

This Consent to Participate is accepted by:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

**PATHWAY TO RECOVERY PROGRAM**  
**Phase Change Packet**  
**(Phase I to Phase II)**

Name: \_\_\_\_\_

Date Packet Issued: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Treatment Provider: \_\_\_\_\_ Program Officer: \_\_\_\_\_

	Program Officer	Treatment Provider
Progressing on treatment goals and objectives	_____	_____
No positive/dilute/missed drug tests in the past 30 days (excluding inpatient/jail time)	_____	_____
No unexcused absences from appointments/groups in the past 30 days	_____	_____
Attended all support group meetings in past 30 days	_____	_____
No sanctions in the past 30 days	_____	_____
Has demonstrated a willingness to be sober	_____	_____

On a separate sheet of paper, answer the following questions. Use white, standard size paper, single-sided only. Include the questions, then the answer.

It is to your advantage to provide as much detail and information as possible when answering these questions. Make sure your name is on every page, and remember this is a reflection of your time spent in the Pathway to Recovery Program.

1. Describe the importance of outside support and explain how you have strengthened your support systems.
2. List 10 people and their telephone numbers who you know in your support group(s). (Write on separate piece of paper and provide to Program Officer)
3. Describe the most important things you have learned during Phase I. Be sure to include what you have learned from attendance at "Self-Help" groups.
4. Describe how you see your progress in the program.

After you have completed the packet, turn it into your Treatment Provider.

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**Treatment Provider Comments:**

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**Treatment Provider Recommendation:**    **Approved:** \_\_\_\_\_    **Denied:** \_\_\_\_\_

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

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**Program Officer Comments:**

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**Program Officer Recommendation:**    **Approved:** \_\_\_\_\_    **Denied:** \_\_\_\_\_

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

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**Judge's Decision:**                      **Approved:** \_\_\_\_\_    **Denied:** \_\_\_\_\_

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**PATHWAY TO RECOVERY PROGRAM**  
**Phase Change Packet**  
**(Phase II to Phase III)**

Name: \_\_\_\_\_

Date Packet Issued: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Treatment Provider: \_\_\_\_\_ Program Officer: \_\_\_\_\_

	Program Officer	Treatment Provider
Progressing on treatment goals and objectives	_____	_____
No positive/dilute/missed drug tests in the past 60 days (excluding inpatient/jail time)	_____	_____
No unexcused absences from appointments/groups in the past 60 days	_____	_____
Attended all support group meeting in past 60 days	_____	_____
No sanctions within the past 30 days	_____	_____
Payment plan established for restitution ordered (if applicable) (The inability to pay fines, fees, and costs will not prohibit phase advancement)	_____	_____
Working towards employment, education, or volunteer service (if applicable)	_____	_____
Maintains a positive attitude towards staff and peers	_____	_____
Obtained sponsor or mentor	_____	_____

On a separate sheet of paper, answer the following questions. Use white, standard size paper, single-sided only. Include the questions, then the answer.

It is to your advantage to provide as much detail and information as possible when answering these questions. Make sure your name is on every page, and remember this is a reflection of your time spent in the Pathway to Recovery Program.

1. Describe the importance of honesty in recovery and explain how you have demonstrated honesty in your lifestyle of recovery.
  
2. Write one page on the issue that has been the most challenging in your "Self-Help" group participation.





**PATHWAY TO RECOVERY PROGRAM**  
**Phase Change Packet**  
**(Phase III to Phase IV)**

Name: \_\_\_\_\_

Date Packet Issued: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Treatment Provider: \_\_\_\_\_ Program Officer: \_\_\_\_\_

	Program Officer	Treatment Provider
Progressing on treatment goals and objectives	_____	_____
No positive/dilute/missed drug tests in the past 90 days (ex. inpatient/jail time)	_____	_____
No unexcused absences from appointments/groups in the past 60 days	_____	_____
Attended all support group meetings in past 60 days	_____	_____
No sanctions within the past 30 days	_____	_____
Current with payment plan for restitution (if applicable) (The inability to pay fines, fees, and costs will not prohibit phase advancement)	_____	_____
Employed, in education/vocational training, or volunteering (if applicable)	_____	_____
Maintains a positive attitude towards staff and peers	_____	_____
Maintains relationship with sponsor / mentor	_____	_____

On a separate sheet of paper, answer the following questions. Use white, standard size paper, single-sided only. Include the questions, then the answer.

It is to your advantage to provide as much detail and information as possible when answering these questions. Make sure your name is on every page, and remember this is a reflection of your time spent in the Pathway to Recovery Program.

1. Describe the progress that you have made while participating in "Self-Help" groups. Explain the importance of continuing to use the information you have gained as you continue to move forward in your recovery.

2. As you advance to Phase IV, your program requirements are lessened. What are your plans on continuing to work your recovery program with less structure placed on you?
  
3. Going into Phase III, you listed the goals that you wanted to achieve while in Phase III. Explain what those goals were and if you have achieved them or not. If any of the goals were not reached, explain where you are in respect to completing them.
  
4. Describe the importance of acceptance in all phases of your recovery.

**After you have completed the packet, turn it into your Treatment Provider.**

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**Treatment Provider Comments:**

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**Treatment Provider Recommendation:    Approved: \_\_\_\_\_    Denied: \_\_\_\_\_**

**Signature: \_\_\_\_\_    Date: \_\_\_\_\_**

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**Program Officer Comments:**

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**Program Officer Recommendation:    Approved: \_\_\_\_\_    Denied: \_\_\_\_\_**

**Signature: \_\_\_\_\_    Date: \_\_\_\_\_**

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**Judge's Decision:                                    Approved: \_\_\_\_\_    Denied: \_\_\_\_\_**

**Signature: \_\_\_\_\_    Date: \_\_\_\_\_**

**PATHWAY TO RECOVERY PROGRAM**  
**Phase Change Packet**  
**(Phase IV to Phase V)**

Name: \_\_\_\_\_

Date Packet Issued: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Treatment Provider: \_\_\_\_\_ Program Officer: \_\_\_\_\_

	Program Officer	Treatment Provider
Progressing on treatment goals and objectives	_____	_____
No positive/dilute/missed drug tests in the past 120 days (ex. inpatient/jail time)	_____	_____
No unexcused absences from appointments/groups in the past 90 days	_____	_____
Attended all support group meetings in past 90 days	_____	_____
No sanctions within the past 30 days	_____	_____
Current with payment plan for restitution (if applicable) (The inability to pay fines, fees, and costs will not prohibit phase advancement)	_____	_____
Maintained employment, education/vocational training, or volunteering (if applicable)	_____	_____
Prepared plan for "giving back" project	_____	_____
Maintains a positive attitude towards staff and peers	_____	_____
Maintains relationship with sponsor / mentor	_____	_____

On a separate sheet of paper, answer the following questions. Use white, standard size paper, single-sided only. Include the questions, then the answer.

It is to your advantage to provide as much detail and information as possible when answering these questions. Make sure your name is on every page, and remember this is a reflection of your time spent in the Pathway to Recovery Program.

1. Recovery is a life-long process. Explain why you think you are ready to advance to Phase V. Be prepared to answer questions from the team.



**PATHWAY TO RECOVERY PROGRAM**  
**Phase Change Packet**  
**(Application to Graduate)**

Name: \_\_\_\_\_

Date Packet Issued: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Treatment Provider: \_\_\_\_\_ Program Officer: \_\_\_\_\_

	Program Officer	Treatment Provider
Completed treatment goals and objectives	_____	_____
No positive/dilute/missed drug tests in the past 180 days (ex. inpatient/jail time)	_____	_____
No unexcused absences from appointments/groups in the past 90 days	_____	_____
Attended all support group meetings in past 90 days	_____	_____
No sanctions within the past 30 days	_____	_____
Current with payment plan for restitution (if applicable) (The inability to pay fines, fees, and costs will not prohibit graduation)	_____	_____
Maintained employment, education/vocational training, or volunteering (if applicable)	_____	_____
Completed "giving back" project, unless waived	_____	_____
Maintains a positive attitude towards staff and peers	_____	_____
Maintains relationship with sponsor / mentor	_____	_____

On a separate sheet of paper, answer the following questions. Use white, standard size paper, single-sided only. Include the questions, then the answer.

It is to your advantage to provide as much detail and information as possible when answering these questions. Make sure your name is on every page, and remember this is a reflection of your time spent in the Pathway to Recovery Program.

1. What skills do you believe you have gained in the Pathway to Recovery Program?
  
2. How do you plan to stay clean and sober after you graduate from the program?

3. Why do you believe you are eligible for graduation?

4. What would you like the program team to know before you graduate?

**After you have completed the packet, turn it into your Treatment Provider.**

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**Treatment Provider Comments:**

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**Treatment Provider Recommendation:**    **Approved:** \_\_\_\_\_    **Denied:** \_\_\_\_\_

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

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**Program Officer Comments:**

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**Program Officer Recommendation:**    **Approved:** \_\_\_\_\_    **Denied:** \_\_\_\_\_

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

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**Judge's Decision:**                      **Approved:** \_\_\_\_\_    **Denied:** \_\_\_\_\_

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**CONSENT FOR DRUG SCREENS**

I agree to submit to drug testing, either random or scheduled, when requested to do so by the Program Officer, or other member of the program team. I understand that these tests may be conducted by collecting various specimens of mine, including but not limited to urine, saliva, breath, blood, sweat patch, or hair follicle. Furthermore, I agree to pay all costs associated with a dilute specimen, a positive specimen, and additional confirmation testing if ordered to do so by the Program Judge, however, failure on my part to pay these costs shall not prohibit me from phasing up or graduating from the program.

I understand that positive drug/alcohol screen results, failing to provide a drug/alcohol screen as directed, failing to provide a drug/alcohol screen in a reasonably timely manner (maximum of one hour), providing a dilute sample, altering or attempting to adulterate a ~~urine~~ specimen, or any type of tampering (e.g. bringing in someone else's urine) are violations of the Pathway to Recovery Program and can result in the imposition of a sanction.

There are NO EXCUSES for missed drug screens. I understand I must make arrangements to provide a specimen when I am requested to do so. I also understand that all drug screens will be observed by the Program Officer or by any law enforcement officer, probation officer, court security officer, or program team member that the Program Officer directs. The program team will strive to have someone of the same sex observing drug screens, but I understand that this is not possible at all times. I understand that the Program Officer, or his/her designee, may be of the opposite sex as me, and I hereby consent to any drug screen conducted by a person of the opposite sex.

I understand that the Pathway to Recovery Program has a zero alcohol and drug tolerance rule. I agree to remain drug and alcohol free (except for prescribed medications which I have notified the Program Officer about). Prohibited substances include all illegal drugs, intoxicating compounds and mood-altering substances (including but not limited to cannabis, kratom, bath salts, synthetic cannabis and spice, whether legal or illegal), and prescription medications for which I do not have a prescription. Any prescription for Medicine Assisted Therapy requires the Treatment Provider to consult with the prescribing medical professional prior to use to determine if the Medicine Assisted Therapy is appropriate. I agree to not consume any substance containing creatine or creatinine. I agree to not consume any over-the-counter (OTC) medications not listed on the approved OTC list without prior approval of my Program Officer.

I understand that the results of my drug screens will be shared with the program team.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Officer

\_\_\_\_\_  
Date



# MEDICATION CONTRACT

I, \_\_\_\_\_, am a Pathway to Recovery Program Participant and I have a history of substance dependency. I understand the importance of maintaining compliance with the rules and regulations of the program. In order to adhere to these rules, I agree to the following:

\_\_\_\_\_ I will designate ONE pharmacy where I will get ALL my prescriptions  
Initial

\_\_\_\_\_ I will obtain and submit a printout every month to the Program Officer  
Initial from this pharmacy of all medications prescribed to me within the last  
60 days

\_\_\_\_\_  
Designated Pharmacy

\_\_\_\_\_  
Pharmacy Address

\_\_\_\_\_  
Pharmacy Phone Number

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Dear Healthcare Provider,

The Pathway to Recovery Program exists within the community to provide assistance to individuals who are substance dependent and facing criminal charges. The Pathway to Recovery Program Team consists of a Judge, States Attorney, Public Defender, Program Officer, Program Coordinator, and Treatment Providers. A treatment plan is developed for each participant. As a participant in the Pathway to Recovery Program, your patient has certain responsibilities to comply with his/her court orders with the ultimate goal of achieving success in the program.

Since all Pathway to Recovery Program participants have an addiction to drugs and/or alcohol, the program team is very concerned about any medication that participants might be taking that is habit forming or narcotic based. It is the goal of the program to provide support to all participants to remain clean and sober. We ask every participant to discuss pain management or other medical treatment with their healthcare provider to determine whether there are non-narcotic, non-addictive alternatives to any medication that might be prescribed so as to not undermine their recovery. Also, no participant is allowed to take medications that are not FDA approved. We ask for your assistance in this regard.

Each participant is required to disclose ALL prescribed medications. Therefore, we respectfully request that the attached "Medication Receipt" be filled out by the physician and/or facility. A signed consent to release this information from the participant is attached to this letter. The Pathway to Recovery Program regularly monitors each participant's compliance with any prescribed medications. Should you have any questions about the Pathway to Recovery Program, please feel free to contact the Pathway to Recovery Program Officer at (618) 327-6012.

Thank you for your time and attention,

Pathway to Recovery Program Team

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Prescribing Doctor

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Date

## MEDICATION RECEIPT

I, \_\_\_\_\_, am a Pathway to Recovery Program Participant and have a history of substance dependency. Please provide the following information on my behalf to remain compliant with the Pathway to Recovery Program requirements.

\_\_\_\_\_  
Printed Name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
DEA #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Facility

\_\_\_\_\_  
Medical Facility Phone Number

\_\_\_\_\_  
Medical Facility Address

Medication(s)	Prescribed Diagnosis	Dosage	Days Supply	Refill?
_____ <input type="checkbox"/> Non-narcotic	_____ <input type="checkbox"/> FDA approved	_____	_____	_____
_____ <input type="checkbox"/> Non-narcotic	_____ <input type="checkbox"/> FDA approved	_____	_____	_____
_____ <input type="checkbox"/> Non-narcotic	_____ <input type="checkbox"/> FDA approved	_____	_____	_____
_____ <input type="checkbox"/> Non-narcotic	_____ <input type="checkbox"/> FDA approved	_____	_____	_____

Pharmacy Prescription Sent To \_\_\_\_\_

Next Physician Appointment \_\_\_\_\_

Dear Medication Assisted Treatment (MAT) Provider:

The Pathway to Recovery Program is an intensive program that works with individuals with substance dependence issues who are facing criminal charges in Perry and Washington County. The Pathway to Recovery Program Team consists of a Judge, State's Attorney, Public Defender, Program Officer, Program Coordinator, as well as Treatment Providers. The program team is requesting additional information regarding the medication assisted treatment of a Pathway to Recovery Program participant under your care. It is imperative that we have a detailed account of this treatment on a quarterly basis in order to properly monitor the continued sobriety of this individual.

The information we are requesting is as follows:

- Date individual became a patient
- Referral Source
- Medication to be taken (i.e. Suboxone, Methadone, etc.) along with dose information
- Is the medication FDA approved
- What other alternatives have been explored and why this particular medication is the best choice for this particular individual
- Safety plan to monitor potential abuse/misuse of this medication
- Treatment plan (include ancillary services to be utilized including counseling, self-help meetings, etc.)
- Expected length of MAT treatment
- Prognosis
- Curriculum Vitae or other indication of DEA licensure for providing the medication prescribed as well as knowledge of addiction and treatment identified.

**NOTICE TO RECEIVING AGENCY, FACILITY OR PERSON:** The client's record is privileged information, which is protected by various State and Federal laws. Such information may not be disclosed to other persons or entities, including those within the organization wherein the client is employed, without a separate written authorization from the client. Any information obtained will be impounded in the court file and not subject to public record.

If you have any questions about the information that is necessary or about Pathway to Recovery Program itself, please do not hesitate to contact the Pathway to Recovery Program Officer at 618-327-6012.

Thank you for your time and attention,

The Pathway to Recovery Program Team

## **APPROVED OVER-THE-COUNTER (OTC) MEDICATION LIST**

The following medications are approved for program participants to take without prior permission from the Program Officer. ONLY the Program Officer can approve medications other than those contained on this list. You must contact your Program Officer for all medication approvals. These medications must be taken at the appropriate dosage listed on the drug's label or a positive drug test could result. DO NOT TAKE MORE THAN THE DOSAGE INDICATED ON THE LABEL.

**If you have any questions, please contact the Program Officer for clarification. EACH DRUG LISTED BELOW MUST BE TAKEN AS LISTED AND WITHOUT ANY OTHER ADDITIVES (i.e. NO Tylenol Cold or Tylenol Night time, etc.)**

### **PAIN: (none of the following can be the PM formula)**

- Acetaminophen 500 mg, 1 or 2 tablets every 4-6 hours
- Ibuprofen 200-800mg, every 4-6 hours as needed
- Aspirin
- Excedrin Migraine

### **Stomach Medications**

- Mylanta
- Milk of Magnesia
- Pepto Bismol

### **Cold / Flu / Cough / Symptoms**

- **Do not take any medications with the ingredients Dextromethorphan, Pseudoephedrine, or alcohol**
- What you can take is: Alka-Seltzer or Thera Flu
- For a cough: Delsym (nonalcoholic/pediatric) or Mucinex (cannot be D or DM)

### **Antacids**

- Pepcid
- Prilosec
- Tums / Rolaids

### **Joint Pain**

- Tylenol arthritis
- Ben Gay Muscle Cream
- Thermal patches
- Icy Hot muscle cream

### **Allergies**

- Claritin, Allegra, Benadryl (cannot be the D or DM formula)

**DO NOT USE ANY PRODUCT CONTAINING CANNABIDIOL (CBD) OIL, unless preapproved by the Program Officer**

**IN THE CIRCUIT COURT OF    □ PERRY    □ WASHINGTON    COUNTY, ILLINOIS**  
**PATHWAY TO RECOVERY PROGRAM PARTICIPANT**  
**CONSENT FOR RELEASE/DISCLOSURE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, Case No. \_\_\_\_\_, authorize:  
(Name of Defendant)

- The Presiding Judge \_\_\_\_\_ and team members of the Pathway to Recovery Program.
- \_\_\_\_\_ and representatives of the \_\_\_\_\_ County Adult Probation Department.
- \_\_\_\_\_ and representatives of the \_\_\_\_\_ County State's Attorney's Office.
- \_\_\_\_\_ and representatives of the \_\_\_\_\_ County Public Defender's Office.
- \_\_\_\_\_ and Behavioral Health Agency representatives.
- \_\_\_\_\_ and representatives of Substance Use Disorder Treatment Provider.
- \_\_\_\_\_ and representatives of any Veterans Health Administration (VHA) hospital or treatment facility or other service provider I am referred to during my participation in the above-named program.
- \_\_\_\_\_ and representatives of the \_\_\_\_\_ County Sheriff or any other law enforcement team member.
- \_\_\_\_\_ and representatives of the Chief Judge's Office and any other person permitted by the presiding judge to attend team staffing(s) for training and educational purposes.
- \_\_\_\_\_ as Pathway to Recovery Program Coordinator.
- \_\_\_\_\_ as \_\_\_\_\_.

to communicate with and disclose to one another information concerning the following:

Any evaluation, diagnosis, prognosis, hospitalization, treatment, urinalysis result (including disclosure or test results in open court) or other information concerning my attendance, progress and compliance with treatment, substance abuse disorders, or otherwise related to my health or treatment. The purpose of the disclosure is to inform the court and other named person(s) listed above of my eligibility for treatment and my compliance and progress in treatment pursuant to the conditions of my court ordered participation in treatment.

I understand that my health and Substance Use Disorder (SUD) records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR part 2, and the

Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR Parts 160 & 164, and that my mental health records are protected under the Illinois Mental Health and Developmental Disabilities Confidentiality Act (MHDDCA), 740 ILCS 110/1. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically when there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment, or \_\_\_\_\_.

I understand that I may request a specific list of exactly which records have been disclosed.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I recognize that my review hearings are held in an open and public courtroom and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in the Pathway to Recovery Program. I specifically consent to this potential disclosure to third persons.

**I understand that if I refuse to consent to disclosure or attempt to revoke my consent prior to the expiration of this consent, that such action is grounds for immediate termination from the Pathway to Recovery Program in which I am enrolled.**

**I acknowledge that I have 1) been provided a copy of this consent form, and 2) been advised of my rights, have received a copy of the advisement, and have had the benefit of legal counsel or have voluntarily waived the right to an attorney. I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this Consent voluntarily.**

Dated: \_\_\_\_\_  
(Signature of Pathway to Recovery Program Participant)

Witness: \_\_\_\_\_  
(Position)

**PROHIBITION ON REDISCLOSURE OF CONFIDENTIAL INFORMATION**

This notice accompanies a disclosure of information concerning a client in alcohol/drug or mental health treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal (42 CFR Part 2) and Illinois (740 ILCS 110/1) confidentiality rules/law. Those federal and state rules/law prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2 or 740 ILCS 110/1. A general authorization for the release of medical and other information is NOT sufficient for this purpose. The federal and state rules also restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse or mental health patient.

You may report any violations of your privacy rights to the Department of Health and Human Services. Information and procedures on reporting a violation may be found at [www.hhs.gov](http://www.hhs.gov). Written complaints may be submitted to:

Centralized Case Management Operations  
U. S. Department of Health and Human Services  
200 Independence Ave., S. W.  
Room 509F HHH Building  
Washington D. C., 20201

A complaint may be emailed to: [ocrcomplaint@hhs.gov](mailto:ocrcomplaint@hhs.gov).  
You may also contact the Illinois Department of Human Services at 1-800-843-6154.

# Giving Back Project

*Be Creative. This is your chance to give back to the community and make a difference.*

## **The giving back project needs to be:**

- Approved by the team
- Nonprofit work
- More than just a little community service work, put some effort into it!
- Document what you do (Ex: Pictures, videos, signatures, logs, or whatever is appropriate)
- Write a minimum of three pages on what you did, why you chose what you chose, how it affected the community and whether or not you would do it again.
- Present it in court

## **Start thinking of ideas:**

- What is something your community could benefit from?
- What is something you care about?
- Could you start an organization or fundraiser?
- Is there a certain skill you have that would benefit others?
- Is there anything you wish was available when you were growing up? Could you make that available to others now?
- Could you donate to those in need? Doesn't have to be money. It could be a bed you don't use, clothes you don't wear or a car you don't drive. Get others involved too!
- Volunteer: your valued time is a priceless cost!
- Is there something or someone that needs taken care of?

"Volunteers don't get paid, not because they're worthless, but because they're priceless."

— **Sherry Anderson**



# Giving Back Project Planning Process

	<b>Identify Concern</b>
<i>What problem do you want to address?</i>	Target audience - who/what in community needs help? Specify the needs of that audience.
	<b>Set a Goal</b>
<i>Specify the direction of your project.</i>	Be "SMART" 1. Specific 2. Measurable 3. Attainable/Realistic 4. Relevant 5. Timely
	<b>Form a Plan</b>
<i>Who? What? When? Where? Why? How? Cost?</i>	Hash out the details - be thorough and think outside the box.  Can you get members/organizations from the community involved in the project, such as acquiring monetary/item donations or volunteer work?  Will it be just you involved in acting out the project or others as well? What are the specific tasks/jobs of each person involved?  What supplies will you need?  Estimate the monetary and time costs for the project, then make a budget if necessary.
	<b>Act</b>
<i>Carry out project - remember to document!</i>	Put all your preparations and hard work into action! Take pictures and videos.
	<b>Follow-Up</b>
<i>What could have gone better? What did you learn?</i>	Reflect on the project from the beginning to end. Did you receive any feedback from those impacted? What impact did the project have on you?

# Giving Back Project Planning Process Outline

Fill in each box to help you brainstorm, plan, and implement your project.

	<b>Identify Concern</b>
<i>What problem do you want to address?</i>	
	<b>Set a Goal</b>
<i>Specify the direction of your project.</i>	
	<b>Form a Plan</b>
<i>Who? What? When? Where? Why? How? Cost?</i>	
	<b>Act</b>
<i>Carry out project - remember to document!</i>	
	<b>Follow-Up</b>
<i>What could have gone better? What did you learn?</i>	

**REQUEST FOR PROGRAM TEAM**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

All requests must be submitted in writing to the program team no later than 48 hours before your next scheduled Status Review hearing. **No requests are to be made directly to the Judge during Court.**

Please describe your request below. You must be as specific as possible otherwise your request may be denied or delayed. If it is an out of county / state request, you must give the names and phone numbers of the people that you are traveling with as well as the name, phone number, and address of the place that you will be traveling to.

\_\_\_\_\_  
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\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**PATHWAY TO RECOVERY PROGRAM**  
**DISCHARGE PLAN**

Participant Recommendations made by the program team:

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Available Resources:

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\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Officer

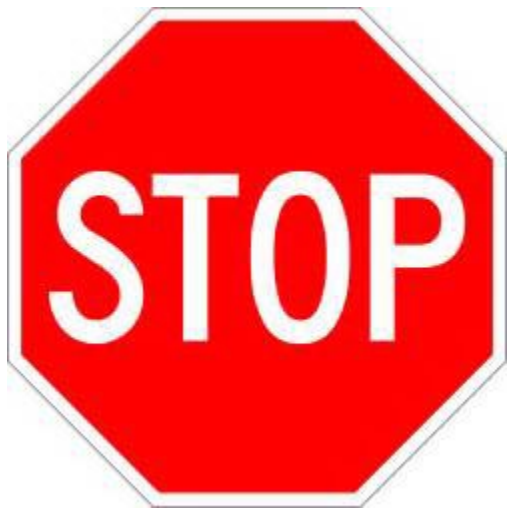
\_\_\_\_\_  
Date

## RELAPSE TRIGGERS AND RELAPSE PREVENTION

Relapse and situations that trigger your drug use can happen at any time in many different ways. Your Program Officer, Counselor, and others will help you identify them and discuss ways to either prevent bad situations or to work through them when they cannot be avoided.

### **Relapse triggers can include:**

- going to places and hanging around with people who are drinking and drugging
- having money in your pocket
- spending time thinking about “the parties” and forgetting about the problems your use of drugs and alcohol have created in your life.
- arguments with loved ones
- bad luck, disappointments
- good luck, celebration events, holidays
- medications, even prescription drugs, that can get you high



Remember! For people in recovery, triggers and cravings are not an excuse to use - they are a reason to go to a meeting and to call a recovering friend to get more support.

**PATHWAY TO RECOVERY PROGRAM HANDBOOK SIGNATURE PAGE**

I acknowledge I have received a copy of the Pathway to Recovery Program Participant Handbook.

I have read and understand the contents of the Pathway to Recovery Program Participant Handbook.

I understand that in order to be successful in the Pathway to Recovery Program, I must follow all of the rules of the program, as well as comply with all of the treatment recommendations given to me.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Officer: \_\_\_\_\_ Date: \_\_\_\_\_