

RENO
MUNICIPAL
COURT



FRESH START
THERAPEUTIC
PROGRAM

PARTICIPANT
HANDBOOK

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Overview

In response to the serious drug and alcohol problem our community faces, Judge Kenneth R. Howard created the Reno Municipal Court's Fresh Start Therapeutic Program in August of 2005. Judge Gene Drakulich assumed the program in August of 2016 continues to preside over it.

The Fresh Start Therapeutic Program (FSTP) is a court that is given the responsibility of supervising drug/alcohol using offenders placed in an intensive, closely monitored treatment program. A direct relationship between the judge and the offender is central to the program's success. This program was created due to a realization that courts should do more than simply process cases and is considered therapeutic in nature because of an emphasis on substance abuse treatment rather than traditional criminal justice intervention.

Taking into consideration the number of alcohol related offenses, the significant costs these violations cause our community and the practical jurisdiction of the Reno Municipal Court, FSTP has become primarily an alcohol based program. Individuals with an alcohol addiction are required to meet the same strict requirements of the "drug court model" that other substance abusers in the program are mandated to complete.

Mission Statement

The mission of the Fresh Start Therapeutic Program is to improve the quality of life for its participants and the community at large by providing effective treatment and monitoring services for eligible alcohol and other drug abusers.

The following goals have been established for this diversion program:

- Reduce substance abuse and related criminal activity
- Enhance community safety
- Reduce reliance on incarceration for non-violent drug and/or alcohol dependent offenders
- Integrate substance abuse treatment with criminal justice case processing
- Provide support to assist offenders in obtaining the skills necessary to maintain sobriety
- Reward positive life changes while maintaining accountability for negative conduct

Treatment and Therapy

The Fresh Start Therapeutic Program provides treatment and supported accountability for offenders assessed to have both high risk and high need, and are identified as having a readiness to change.

The FSTP was modeled after other treatment courts and is designed to serve participants struggling with substance abuse -including driving under the influence, opiate addiction, simple and domestic battery, trauma and other mental health concerns. A primary goal of an effective treatment court is to ensure that the offenders understand and comply with their treatment obligations.

As a participant in FSTP, you will be required to attend and meaningfully engage in your own therapy and counseling services throughout the entirety of your program. Treatment can include various evidence-based treatment modalities and can increase in levels of care based on each participant's individual needs. Just as each participants' needs are unique, treatment needs are also unique; therapy can vary from person to person in level of intensity, frequency, and duration based on the individual's behavior and treatment needs.

Treatment needs will be guided by the program's Clinical Director as well as your therapist/counselor throughout the duration of your program. Participant's progress towards phase advancement will be based on their behavior change including each participant's demonstration that there is plan for change, commitment to change, increased self-control, and other indications that change is occurring. Participants who get the most out of therapy will apply therapy skills in real-life situations. Participants will get the most out of therapy when they come with honesty, commitment, a willingness to engage, and they will reap the benefits of building a life worth living. FSTP participants are to engage 4 phases of the program with a minimum of 12 months of treatment to up to 36 months.

Treatment will address several areas that are essential to helping the individual throughout the course of their program, including increasing motivation, insight, and learning behavior skills related to increased functioning, substance abuse and other behavioral concerns. Effective treatment for each participant will result in positive behavior change and better outcomes for each individual. For treatment to be most effective it is expected that, without rare and extreme circumstances, all scheduled therapy sessions be of the utmost importance to each participant to attend and engage in meaningfully.

Participants who consistently miss treatment sessions, consistently reschedule treatment sessions, or do not engage meaningfully in the content of session can be sanctioned at the discretion of the court. If a participant is discharged from a treatment providers' care due to lack of attendance, participation or unprofessional conduct and behavior is in violation of the court's requirements and can be grounds for revocation from Fresh Start Therapeutic Program.

General Conditions of Release

The Fresh Start Therapeutic Program is a treatment focused specialty court whose duration is from 12 to 18 months.

1. Obey all laws. You must notify the court of any citations or arrests immediately
2. You must notify the court and treatment provider of any changes in your address, phone number or employment immediately
3. You must not leave the Reno/Sparks area overnight without permission of the court. During Phase 1, you will not be allowed to travel unless emergency circumstances with documentation and on a case by case basis
4. Do not associate with anyone who is breaking the law, on probation/parole, or convicted of a felony unless permission is granted by the court
5. Do not drink, possess, or have access to any alcoholic beverage, including non-alcoholic beverages, or marijuana or any derivative of marijuana. Should anyone living at your residence possess alcohol and/or marijuana, it must be kept in a location that you do not have access to
6. Submit to regular alcohol/drug testing. You may also be required to install in-home or on-person alcohol testing equipment
7. Do not use or possess any illegal drugs or paraphernalia. Do not use prescription drugs without a valid prescription

8. You shall not enter a gaming establishment or any business where gaming is the main source of revenue other than established, pre-approved employment reasons. Participation in gambling or partaking in an event where gaming is conducted is not allowed
9. If you are currently employed as a bartender, dancer or in any other position where alcohol/marijuana is sold or used, you may be required to find new employment within 60 days of entry into FSTP unless otherwise approved by the FSTP team. While in FSTP, you are not permitted to seek new employment at any such location
10. You are not permitted to work the night/graveyard shift during your time in the program unless prior approval from the court. If approval to work is obtained, failing to meet the requirements of the program may result in approval being revoked
11. You must obtain and maintain gainful employment, education or a combination of both. Should you lose your job, you must immediately inform the court
12. Do not drive a motor vehicle without a valid driver's license and appropriate insurance/registration
13. You shall attend ongoing Self-Help meetings such as AA/NA or other secular equivalents, such as Smart Recovery
14. If convicted of Driving Under the Influence, you are required to attend a Victim Impact Panel
15. You are required to pay any and all provider fees (counseling, house arrest, BID, supervision fees etc.) on a timely basis. Failure to comply with timely payments are treated as a program violation. You are required to keep the court and the treatment provider apprised of financial conditions impacting your ability to pay. If you incur an outstanding balance, a payment plan with your treatment provider must be in place
16. All journals and Self-Help attendance logs must be submitted to the court on a weekly basis. Failure to submit your weekly journal on time, may result in a sanction. Journals are due to court no later than 5:00 pm every Sunday
17. You must comply with all program contracts and conditions as attached on pages 9-14

I understand and agree to abide by these General Conditions of Release and the specific conditions of the program. I understand any violation of these conditions may result in consequences up to and including termination/revocation from the program and incarceration.

Drug Court Phases

There are four phases through which you must progress to complete the Fresh Start Therapeutic Program. Each phase consists of certain requirements that you must successfully complete in order to be considered for advancement to the next phase. While each phase has an average progression rate, advancement will be determined on a case-by-case basis and may be shortened or extended based on your individual program participation and progress. Your time and progress in the program does not begin until you have enrolled in and started attending your counseling.

You are required to report to your scheduled court date on time (9:00 am) and dress accordingly. Although Specialty Courts are more personal/relaxed in nature, you are expected to present and conduct yourself in an appropriate manner. You will remain through the entire court hearing.

Phase I (Minimum 90 days)

- Attend weekly FSTP court sessions
- Comply with electronic monitoring condition for all of Phase 1. Additional random urine monitoring will also be ordered at the court's discretion
- Attend counseling/treatment as clinically indicated and directed by RMC's clinical director and your treatment provider
- Attend weekly self-help meetings such as AA, NA or their secular equivalent
- Submit weekly journal entries to the court no later than 5:00 pm every Tuesday
- Initiate payment plan with the court for fines and fees
- Not have any violations within the last 30 days
- Complete any other requirement ordered by the court

Phase II (Minimum 90 days)

- Attend FSTP court sessions once every two weeks (2nd and 4th week of the month)
- Submit to random Urine Analyses (UAs) and Preliminary Breath Tests (PBTs) as directed by the court
- Attend counseling/treatment as clinically indicated and directed by RMC's clinical director and your treatment provider
- Attend weekly self-help meetings such as AA, NA or their secular equivalent
- Submit weekly journal entries to the court no later than 5:00 pm every Tuesday
- Continue payment plan with the court for fines and fees
- Complete Victim Impact Panel
- Not have any violations within the last 30 days
- Complete any other requirement ordered by the court

Phase III (Minimum 90 days)

- Attend FSTP court sessions once every three weeks (3rd week of the month)
- Submit to random Urine Analyses (UAs) and Preliminary Breath Tests (PBTs) as directed by the court
- Attend counseling/treatment as clinically indicated and directed by RMC's clinical director and your treatment provider
- Attend weekly self-help meetings such as AA, NA or their secular equivalent
- Submit weekly journal entries to the court no later than 5:00 pm every Tuesday
- Continue payment plan with the court for fines and fees
- Submit reflection letter and relapse prevention plan prior to moving to the next phase
- Not have any violations within the last 30 days
- Complete any other requirement ordered by the court

Phase IV (Minimum 90 days)

- Attendance at FSTP court sessions once a month (1st week of the month)
- Submit to random Urine Analyses (UAs) and Preliminary Breath Tests (PBTs) as directed by the court
- Attend counseling/treatment as clinically indicated and directed by RMC's clinical director and your treatment provider
- Attend weekly self-help meetings such as AA, NA or their secular equivalent
- Submission of weekly journal entries is no longer required

- Not have any violations within the last 30 days
- Complete any other requirement ordered by the court

In order to promote to the next phase you must meet all of the requirements outlined in each phase above and complete FSTP's phase progression application form.

Drug and Alcohol Testing

- You are required to submit to random Urinalysis (UA) testing through the entirety of the program
- For all of Phase 1, you are required to be on electronic monitoring in addition to regular and random UA testing
- If you violate terms of your probation, you may be ordered to be placed on electronic monitoring at your own cost
- A missed test is considered a positive test
- An abnormal creatinine test (a.k.a. dilute test) is considered a positive test
 - Dilute refers to when you have consumed too much liquid prior to your test and you have tried to "flush" your system
 - Easy ways to avoid dilute tests are to limit the amount of liquid consumed 1-2 hours prior to submitting to your test and submit to your test first thing in the morning; do not delay testing
- If you request travel and are approved, all travel requires you to be placed on electronic monitoring at your own cost
- If you have a positive test and deny any substance use, the sample in question will be sent out for confirmation. If it returns positive then you will be responsible for the cost of the confirmation test. If the test returns negative the court will pay the cost of the confirmation test

Incentives

The Fresh Start Therapeutic Program will use incentives and sanctions in an effort to assist participants in behavior modification and choices. Incentives are given to recognize participants who have achieved measurable accomplishments and goals. At the court's discretion, any of the following incentives may be granted:

- Praise and encouragement
- Decreased court appearances
- Phase advancement
- Reduction of supervision requirements
- Travel approvals
- Gift cards
- Graduation ceremonies and award

**Note: This list is not exhaustive and additional incentives may be added at any time.*

Sanctions/Corrective Actions

Failure to comply with FSTP requirements may lead to immediate sanctions/corrective actions. Failure to progress in the program, attend counseling sessions, complete community service or any other failed behavior may result in sanctions, as ordered by the court. At the court's discretion, any of the following sanctions may be imposed:

- Judicial warning or admonishment
- Curfew
- Letter of apology
- Response to Relapse worksheet
- Missed Therapy worksheet
- Behavior Chain Analysis worksheet
- Reading assignment
- Relegation to previous phase
- Electronic monitoring
- Fines
- Increased drug testing
- Community service hours – Community service is given in 8 hour increments and is completed based on a minimum of 8 hours per week
- Increased supervision
- Increased court appearances
- Extended suspended sentence
- Incarceration in County Jail
- Expulsion/termination from the program

**Note: This list is not exhaustive and additional sanctions may be added at any time.*

The following are examples of non-compliance:

- Failure to comply with the law; violation of any law other than minor traffic offenses
- Failure to appear in court
- Leaving the treatment program
- A positive result from alcohol and/or drug screening, excluding valid prescriptions
- Failure to appear for an alcohol and/or drug screening
- Failure to attend required meetings or treatment sessions
- Failure to comply with the rules/mandates of the Fresh Start Therapeutic Program
- Failure to obtain program approval prior to leaving the county or state
- Failure to update current contact information

**Note: This list is not exhaustive and additional issues indicating non-compliance may be added at any time.*

Failure to comply with the above statements may result in consequences up to and including termination/revocation from the program and incarceration.

Participants have the right to speak to their legal defender or attorney prior to hearing where sanctions may be imposed.

If you have a violation, you are required to attend the next court session to address the violation.

Participant Rights

All FSTP participants have the right to legal counsel during any FSTP proceeding. This includes matters involving sanctions for alleged violations and participant program termination.

In all situations, if a participant denies an alleged violation, a show cause hearing will be offered to the participant. If the participant accepts the offer of a show cause hearing, it will be scheduled promptly while still allowing the parties to have a reasonable time to prepare. The participant, via the FSTP Legal Defender, has the right to present or not present any defense regarding the alleged violation.

The participant is accorded all rights and responsibilities under Nevada State and Federal law and procedure. The FSTP judge shall make a finding in a reasonable time and convey that decision to the participant.

Grievance Process

If you have a grievance as to your treatment by any team member or contracted provider, you should make this known via written communication to your Supervising Marshal or Case Manager who will then immediately make the entire FSTP team, most importantly the Judge, aware of the grievance.

Within 30 days of the grievance notice, the participant must be notified of the resulting team decision/investigation either via selected FSTP team members or in a confidential team court setting during a regular FSTP court session.

I understand and agree to comply with the consequences and sanctions to be imposed upon me, should I fail to meet the requirements of the Fresh Start Therapeutic Program.

Participant Signature

Date

Witness

Appendix A: Alternative Sentencing Unit Contract



RENO MUNICIPAL COURT **Alternative Sentencing Unit** **Supervision Contract and Conditions**

Name: _____

Case No.: _____

I understand that I am on probation in the Reno Municipal Court and will be supervised and monitored by a Court Marshal in the Alternative Sentencing Unit (ASU) of the Court. I understand that my ASU supervision is court-ordered as a condition of my suspended sentence. During my term of ASU supervision, I must do the following:

1. Obey all laws. Notify my Marshal within 24 hours if I receive any citations, am arrested, or have contact with any law enforcement officer or agency.
2. Provide my Marshal my schedule including work, school, counseling, and any other similar appointments or obligations of any kind, and update the information as required.
3. Report in person to my Marshal at the courthouse on the dates and times given by my Marshal and obey all orders given to me by my Marshal.
4. Notify my Marshal within 24 hours of any change of my residence, telephone number, email, or place of employment, and where possible, notify my Marshal in advance of such changes.
5. Be totally honest at all times. Misrepresentation of any material fact may lead to revocation of my suspended sentence by the Court.
6. Contact my Marshal as soon as possible to self-report any violation of my terms of probation, including but not limited to missing drug tests, counseling or court sessions.
7. Not possess or use any alcohol, narcotics, controlled substances, cannabis, medications without my own prescriptions, medications prescribed for another person, or drug use or sale paraphernalia.
8. Not have access within my residence, vehicle, or in my personal effects, to alcohol, narcotics, controlled substances, cannabis, medications without my own prescriptions, medications prescribed for another person, or drug use or sale paraphernalia.
9. Submit myself, my residence, my vehicle, my cell phone, my personal computer and any property or electronic device under my control, to search and seizure by my Marshal, or any other law enforcement officer, at any time of the day or night, without a search warrant. Submit and allow access to financial records, income records, bills, expenditures, and other documents sought by my Marshal or other law enforcement officers.
10. Not associate or reside with any person who: has been convicted of a felony; engages in any illegal conduct; uses narcotics, controlled substances or illegal drugs; uses cannabis; is on probation or parole; or is participating in any other Specialty Court Treatment Program. Requests for exceptions must be submitted to my Marshal for consideration by the Court and may be granted on a case-by-case basis.
11. Not own, possess or control any firearms, ammunition, or weapons, including blackjacks, slingshots, billy-clubs, metal knuckles, knives, dirks, daggers, switchblade knives, machetes, nunchucks (nunchaku) or trefoils, swords, axes, sword canes, whips or other deadly weapons.
12. Secure advance permission from my Marshal, as authorized by the Court, before I can leave the county and/or state for any reason. Request must be submitted at least 1 week in advance. Exceptions may be made for emergencies.
13. Seek and/or maintain employment, and, when requested, provide my Marshal with written proof of employment, work-days and hours, and paystubs.
14. Advise my Marshal if I receive an offer for me to work night/graveyard shifts, so it may be considered by the Court before I accept that job offer. These jobs may be approved by the Court on a case-by-case basis.
15. Not seek or retain employment as a bartender, adult entertainer, or in any other position where alcohol or cannabis is sold or used. Not enter, attend or frequent any such establishments as a client, participant or audience member.
16. Not enter casinos, gaming or betting establishments, or any place where gaming is the main source of revenue. Gambling is not allowed. Employment in a casino or gaming facility may be considered by the Court on a case-by-case basis and prior approval is required before I can seek or retain such employment.

17. Submit to alcohol/drug testing as ordered by the Court and instructed by my Marshal. Read and sign the Alcohol & Drug Testing Agreement and:
 - a. Acknowledge that a missed alcohol/drug test, or my inability to produce a urine sample, are considered a positive test and may cause me to be sanctioned by the Court.
 - b. Acknowledge that a diluted alcohol/drug test is considered a positive test and may cause me to be sanctioned by the Court.
 - c. Acknowledge that I am responsible for everything that I consume, ingest, use, breathe-in, or am around that may cause me to have a positive alcohol/drug test and may cause me to be sanctioned by the Court.
 - d. Not consume or ingest any poppy seed products because they can produce a positive test for opiates, and may cause me to be sanctioned by the Court.
 - e. Pay the Court for any laboratory fees charged to confirm my alcohol/drug test results, if ordered by the Court.
18. Follow the Court's Order to take all medications prescribed by a medical professional to treat my mental health conditions, and provide copies of all my prescriptions and medications to my Marshal.
19. Attend all meetings, activities, appointments and sessions which I am required to attend, including but not limited to self-help (e.g., AA/NA meetings or other support activities), court sessions, special classes, community service or volunteering, and graduation ceremonies.
20. Pay restitution, fines and fees as ordered by the Court. Payment arrangements must be made with the Reno Municipal Court Clerk's Office.
21. Refrain from contacting, or attempting to contact, the Judge or Judge's Staff outside of the courtroom by telephone, email or social media, or having any relative, friend or personal representative, other than my attorney, do it for me.

I understand that I must cooperate fully with all Alternative Sentencing Unit staff and Court staff, and that failure to comply with any condition of the suspended sentence or ASU requirements may be found to be a Violation of Conditions of Suspended Sentence and result in any one or more of the following: mandatory court appearance before the Judge for a Probable Cause Hearing;; being arrested; serving time in jail; community service; placement on curfew or House Arrest; revocation or partial revocation of my suspended sentence; modification of my sentence conditions; addition of 1 year to my suspended sentence; and/or termination from this program. NRS 211A.

I authorize my Marshal and other ASU staff to contact my employer, any references I have given, Parole and Probation and _____ to monitor my performance and compliance with the conditions of my suspended sentence or ASU requirements. I authorize them to respond to such inquiry, and I waive any right I have to assert any claim of confidentiality or privilege for any response made to an inquiry by ASU.

I have read and understand the above and agree to abide by these conditions and the conditions of my suspended sentence order.

Defendant

Witness

Date



RENO MUNICIPAL COURT
Alternative Sentencing Unit

Specialty Court Medication Compliance

You may NOT take the following medications:

- Ambien (or other hypnotic sleep medications)
- Anything with Sudafed or Ephedrine in it
- Anything with Alcohol in it (NO Kombucha)
- Benzodiazepines (anti-anxiety medication)
- Kratom
- Muscle Relaxants
- Opiates (codeine or morphine-based drugs; includes over the counter cold and/or cough remedies)
- Stimulants (Ritalin, any ADD or ADHD drugs with stimulants)
- Marijuana, Cannabinoids (THC) or their oils
- Synthetic Cannabinoids (man-made marijuana)
- Synthetic Cathinones (man-made stimulants or hallucinogens)
- Any other person's prescribed medicines
- Any other schedule I, II, III, IV or V controlled substance

You will not be excused by telling the Court that a hospital or doctor gave you medication without you knowing what it was. You are responsible for your health care and knowing what a doctor is giving you. You should take this sheet with you to all medical appointments so that medical staff knows of this program and the medications you are not allowed to take.

Occasional exceptions are made when pain-killers are required (for example, surgery or serious injury). Before the Court will consider or approve your use of any banned medication, you must submit a written report or letter from your licensed physician explaining why you need it and cannot take a non-narcotic substitute instead. Your ASU Officer will present it to the Court. If you are given permission, it will be limited and carefully supervised.

If you are unsure about a medication, talk with your ASU Officer **before you take it.**

By signing below, I acknowledge that I understand this is a condition of the Specialty Court Program and if I fail to comply, I may be sanctioned by the Court.

Defendant

Date

Witness

Date



RENO MUNICIPAL COURT Alternative Sentencing Unit

Incidental Alcohol Exposure Notice

Name: _____

Case No.: _____

Reno Municipal Court has our own drug/alcohol screening lab. We randomly urine test all defendants under Court Order not to use drugs or alcohol. This notice is to inform you about the products that may contain alcohol. If you test positive, you will be treated as if you drank alcohol, regardless of how you came into contact with it.

The drinkable form of alcohol is **ethyl alcohol**, also called **ethanol**. Ethanol is in alcohol-containing beverages. When your body is exposed to ethanol, it produces by-products called EtG and EtS. Only ethanol causes your body to produce these. In addition, testing equipment is so specialized now that it can detect even trace amounts of ethanol. Ethanol is also in some household and industrial products. Ethanol can get into your system by drinking it, by breathing it frequently, or by exposing your skin to it regularly. Because it requires heavy and continuous exposure to a product containing ethanol, it is **RARE** for a person to test positive because of incidental exposure. Nevertheless, you must avoid exposure to any and all products containing ethanol. It is YOUR responsibility to avoid or limit your exposure to products that contain ethanol. It is YOUR responsibility to know what is contained in the products you use, consume, or are exposed to. If there is any doubt whether a product contains ethanol, do not expose yourself to it. **Use of products containing ethanol is a violation of Court Order and will NOT excuse a positive test result.**

SOME OTHER NAMES FOR ETHANOL

Alcohol; Alcohol anhydrous; Algrain; Anhydrol; Denatured ethanol; Ethyl hydrate; Ethyl hydroxide; Jaysol; Jaysol S; Methylcarbinol; SD Alcohol 23-hydrogen; Tecsol; C₂H₅OH; Absolute ethanol; Cologne spirit; Fermentation alcohol; Grain alcohol; Molasses alcohol; Potato alcohol; Malt liquor; "Hard" Lemonade (or other "Hard" fruit-based beverage); Aethanol; Aethylalkohol; Alcohol, dehydrated; Alcohol, diluted; Alcool ethylique; Alcool etilico; Alkohol; Cologne spirits; Denatured alcohol CD-10; Denatured alcohol CD-5; Denatured alcohol CD-5a; Denatured alcohol SD-1; Denatured alcohol SD-13a; Denatured alcohol SD-17; Denatured alcohol SD-23a; Denatured alcohol SD-28; Denatured alcohol SD-3a; Denatured alcohol SD-30; Denatured alcohol SD-39b; Denatured alcohol SD-39c; Denatured alcohol SD-40m; Etanolo; Ethanol 200 proof; Ethyl alc; Etylowy alkohol; EtOH; NCI-C03134; Spirits of wine; Spirit; Thanol; Alkohol etylowego; Ethanol, solution; Ethyl alcohol anhydrous; SD alcohol 23-hydrogen; UN 1170; Tecsol C; Alcare Hand Degermer; Absolute alcohol; Cologne spirits (alcohol); Denatured alcohol; Ethanol, silent spirit; Ethylol; Punctilious ethyl alcohol; Pyro; Spirit; Synasol; USI in oval.

SOME OTHER PRODUCTS THAT CONTAIN ETHANOL

Cough syrups and other liquid medications: Persons subject to testing are prohibited from using alcohol-containing cough/cold syrups, such as Nyquil. Other cough syrup brands and numerous other liquid medications rely upon ethyl alcohol as a solvent. You must read product labels, ask pharmacists, and research products themselves carefully to determine if they contain ethyl

alcohol (ethanol). All prescription and over-the-counter medications should be reviewed before use. Information on the composition of prescription medications is available upon request from your pharmacist. Non-alcohol containing cough and cold remedies are readily available at most pharmacies and stores. If it is any form of medicine, and it is in liquid or gel-cap form, it probably contains ethanol, even if the label does not say so.

Non-Alcoholic Beer and Wine: Although legally considered non-alcoholic, NA beers (e.g. O’Douls or Sharps) and wines do contain a residual amount of alcohol that may result in a positive test result. You are not allowed to consume either.

Food and Other Ingestible Products: There are numerous other consumable products that contain ethyl alcohol that could result in a positive test for alcohol. Flavoring extracts, such as vanilla, lemon or almond extract, and liquid herbal extracts (such as Ginko Biloba), could result in a positive screen for alcohol. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over a food and ignited such as cherries jubilee, baked Alaska) must be avoided. Read carefully the labels on any liquid herbal or homeopathic remedy. Even overly-ripe fruit or spoiled fruit juices (anything that ferments) can contain ethanol.

Mouthwash and Breath Strips: Most mouthwashes (e.g., Listermint or Cepacol) and other breath-cleansing products contain ethyl alcohol and can produce a positive test result. Read product labels. Use of ethyl alcohol-containing mouthwashes and breath strips is not permitted. Non-alcohol mouthwashes are readily available.

Hand sanitizers: Hand sanitizers (e.g. Purell or Germex) and other antiseptic products can contain up to 70% ethyl alcohol and could result in a positive urine test. Hand-washing with soap and water is just as effective for killing germs. Many public bathrooms have soap dispensers that dispense soap with ethanol in it. While being tested in this Court, you are not permitted to use hand sanitizers.

Hygiene Products: Aftershave and colognes, hair sprays and mousse, astringents, spray-on deodorant or athlete’s foot spray, certain body-washes, insecticides, insect repellent sprays such as Off (but not the cream form) contain ethanol. If it comes in a bottle or can and smells nice, or sprays, it probably has ethanol in it. Avoid exposure to any such products. If you must use products that may contain ethanol, do so sparingly to avoid a positive test result.

Solvents and Lacquers. Many solvents, lacquers and surface-preparation products used in industry, construction, and the home, contain ethanol. Both excessive inhalation of vapors, and topical exposure to such products, can potentially cause a positive test result for alcohol. There are alternatives to nearly any item containing ethyl alcohol. A positive test result will not be excused by exposure or use of an alcohol-based solvent. If you are in employment where contact with such products cannot be avoided, you need to discuss this with your Marshal and the Treatment Court Team.

I HAVE READ THIS ENTIRE NOTICE. I KNOW THAT IF I TEST POSITIVE FOR ALCOHOL IN ANY FORM, IT VIOLATES MY COURT ORDER AND I WILL BE SANCTIONED.

SIGNATURE OF PERSON TO BE TESTED

DATE



RENO MUNICIPAL COURT
Alternative Sentencing Unit
Alcohol & Drug Testing Agreement

Name: _____

Case No.: _____

As a participant in Reno Municipal Court’s Specialty Court Program, or as ordered by a judge, I am subject to random testing for alcohol and/or drugs. I understand the following policies and procedures of Reno Municipal Court for drug and alcohol testing.

1. I understand that I must abstain from any use of alcohol and/or controlled substances without my own prescription, and possess no drug paraphernalia.
 - a. The following are strictly prohibited: Any and all “designer drugs” that can be purchased legally or illegally, over-the-counter without a physician’s prescription; any and all “smoking mixtures” (other than products specifically designated to contain only tobacco); and, any and all products sold or marketed with the warning “Not for Human Consumption.”
 - b. I have read, understand and signed the Medication Compliance Agreement.
2. I understand that I must call the court designated drug/alcohol testing facility every weekday, Monday through Sunday to find out if my color is called. If my color is called it is my responsibility to report to the court designated drug/alcohol testing facility on the assigned date and time given for the test.
3. I understand that I must submit to random alcohol and/or drug testing and be prepared to give the necessary sample for testing (i.e., urine and/or breath). Failure to give the required sample or giving a diluted sample is considered a violation of my suspended sentence.
4. I understand that if I am late for a test or miss a test, it will be considered as a positive test for drugs/alcohol and that I may be sanctioned.
5. I understand that if I fail to produce a urine specimen or if the sample provided is not of sufficient quantity, it will be considered as a positive test for drugs/alcohol and that I may be sanctioned.
6. I understand that if I produce a dilute urine sample it will be considered a positive test for drugs/alcohol and that I may be sanctioned.
7. I understand that the ingestion of excessive amounts of fluids can result in a diluted urine sample and I understand that my urine sample will be tested to ensure the sample is not dilute.
8. I understand that substituting or altering my specimen or trying in any way to modify my body fluids for the purposes of changing the drug testing results will be considered as a positive test for drugs/alcohol and will result in sanctioning and may be grounds for immediate termination from specialty court.

By signing below, I acknowledge that I understand this is a condition of the Specialty Court Program, or my court order, and if I fail to comply, I may be sanctioned by the Court.

Defendant

Date

Witness

Date

Appendix B: Treatment Attendance and Participation



RENO MUNICIPAL COURT

Treatment Attendance and Participation

Name: _____

Case No.: _____

As a participant in Reno Municipal Court’s Specialty Court Program, engagement in treatment programming is a mandatory condition. Please review and complete all sections of the Treatment Attendance and Participation Acknowledgement provided below:

Initials

- _____ 1. I acknowledge treatment/counseling attendance and engagement is required as part of my participation in a Specialty Court Program.

- _____ 2. I acknowledge Treatment/Counseling is to be set by the treatment provider/clinical director and I am required to attend as the treatment provider/clinical director requires.

- _____ 3. I acknowledge that a provider/clinical director may increase or decrease my treatment/counseling as necessary depending on my treatment needs.

- _____ 4. I acknowledge that I will have to engage in treatment/counseling for the entirety of my participation in a Reno Municipal Court Specialty Court Program.

- _____ 5. I acknowledge treatment/counseling may include the following clinically indicated services:
 - a. Outpatient therapy to include but not limited to: Group therapy, Individual therapy, Intensive Outpatient Program (9-10 hours of therapy per week outpatient), Partial Hospitalization Program (20 hours of therapy per week outpatient).
 - b. Inpatient therapy to include but not limited to: Inpatient medical detox (3-to-7-days inpatient in hospital for medically monitored detoxification), Residential Treatment Program (30-to-90-days live-in program, residing in the facility and engagement in Substance Use Disorder and Mental Health therapy everyday), Transitional Living Program (90 days to 12 months or more of sober living with outpatient programming listed above).

_____ 6. I acknowledge a missed treatment/counseling session is a violation and may result in a sanction.

_____ 7. I acknowledge treatment/counseling is not to be cancelled nor rescheduled without approval by the court prior to the session.

a. I acknowledge that canceled/reschedule treatment/counseling without prior approval by the court will be viewed as a missed session and should this occur, I understand that I am in violation.

b. I acknowledge that no exceptions will be made for missed/rescheduled therapy EXCEPT for medical emergencies with written documentation that I agree to provide to the court within a reasonable time following said medical emergency.

_____ 8. I acknowledge removal from treatment/counseling by a provider for lack of attendance, participation or unprofessional conduct and behavior is a violation and may result in revocation from my assigned Specialty Court Program.

By signing below, I acknowledge the Reno Municipal Court Treatment Attendance and Participation conditions as described herein and understand failure to comply with these requirements may result in sanctions by the Court up to, and including, revocation and incarceration.

Defendant Print Name

Date

Defendant Signature

Date

Witness

Date

Appendix C: FSTP Contacts

<p style="text-align: center;">Program Coordinator: Martha Carrillo 775-334-2296 carrillom@reno.gov</p>	<p style="text-align: center;">Case Manager: Ray Little 775-334-3090 little@reno.gov</p>
<p style="text-align: center;">Supervising Marshal Borkowski: 775-334-3091 borkowskia@reno.gov</p>	<p style="text-align: center;">Supervising Marshal Ruiz: 775-870-5378 ruizlil@reno.gov</p>
<p style="text-align: center;">Legal Defender: Kathe Berning 775-772-4337 kathrineberning@gmail.com</p>	<p style="text-align: center;">Weekly Journal Email: D1journals@reno.gov</p>

Appendix D Phase Progression Sheets:

Advancement from Phase 1 to Phase 2 Request

Name: _____ Date: _____

I am requesting to advance to phase 2 because I have completed the following requirements to do so.
Initial each item once completed.

___ I have attended all required court sessions.

___ I have not had any program violations for the last 30 days (violations, sanctions, corrective actions as defined in FSTP Participant Handbook and ASU Contract).

___ I attend self-help meetings as court ordered.
What types of meetings do you attend? _____

___ I submit to UA and/or PBT drug testing as court ordered.

___ I have attended and engaged meaningfully in individual counseling sessions (min. of 3).
Name of therapist: _____
Mode of treatment (in person, online, etc.): _____

___ I have attended and engaged meaningfully in group counseling sessions (minimum of 9).
Group session agency: _____
What is the most important thing you have learned in groups so far?

___ If clinically indicated, I have met with a medication management provider, and I am taking my medications as prescribed.
List all new medications and dosages: _____

___ I reviewed the Participant Handbook with my CM at the 30-day mark of my program.

____I have completed my mandatory house arrest (if applicable).

____I have been in the program for at least 90 days.

- In order to progress to phase 2, I will need to present a summary of what I have learned about myself as it relates to my recovery (addiction and/or mental health concerns). I will provide this to my Case Manager one week prior to my potential phase advancement. **It is encouraged by the court that the participant seeks support and guidance from their primary therapist and Case Manager in completion of this task.**

- Identify 3 of your biggest struggles in Phase 1:

1. _____
2. _____
3. _____

- Identify 3 personal goals you would like to accomplish in the next phase:

1. _____
2. _____
3. _____

Participant Signature

Case Manager Signature

Advancement from Phase 2 to Phase 3 Request

Name: _____ Date: _____

I am requesting to advance to phase 3 because I have completed the following requirements to do so. Initial each item once completed.

____ I have not had any unexcused absences from court.

____ I have not had any program violations for the last 30 days (violations, sanctions, corrective actions as defined in FSTP Participant Handbook and ASU Contract).

____ I have not had any unexcused absences from counseling sessions and have established a written payment plan with my provider (if applicable).

____ I attend self-help meetings as court ordered.

What types of meetings do you attend? _____

____ I have set up a payment plan and am working toward paying off my court fines.

I am paying \$_____ per month.

____ I have set boundaries with friends who use illicit substances, and I have sober hobbies.

What types of hobbies do you have? _____

____ I engage in meaningful daily activities to participate in society (job, school, volunteering, family)

Where do you work or go to school? _____

Where do you do volunteer work? _____

____ If clinically indicated, I have met with a medication management provider, and I am taking my medications as prescribed.

List all new medications and dosages: _____

____ I have completed my community service.

____ I have completed my Victim Impact Panel, if applicable.

____ I have been in phase 2 for at least 90 days.

- In order to progress to phase 3, I will need to present a summary of what I have learned about myself as it relates to my recovery (addiction and/or mental health concerns). I will provide this to the Case Manager one week prior to my potential phase advancement. **It is encouraged by the court that the participant seeks support and guidance from their primary therapist and Case Manager in completion of this task.**

- Identify 3 of your biggest struggles in Phase 2:

1. _____
2. _____
3. _____

- Identify 3 personal goals you would like to accomplish in the next phase:

1. _____
2. _____
3. _____

Participant Signature

Case Manager Signature

Advancement from Phase 3 to Phase 4 Request

Name: _____ Date: _____

I am requesting to exit phase 3 and advance from to phase 4 because I have completed the following requirements to do so.

Initial each item once completed.

____ I have not had any unexcused absences from court.

____ I have not had any substance use violations for the last 30 days (violations, sanctions, corrective actions as defined in FSTP Participant Handbook and ASU Contract).

____ I have not had any unexcused absences from counseling sessions.

____ I attend self-help meetings as court ordered and have established a safe, sober individual whom I can contact in a time of crisis to support my recovery.

What types of meetings do you attend? _____

Do you have a sponsor? _____

____ I am engaged in pro-social activities.

What types of activities are you involved in? _____

____ I am paying my court fines (I understand that all court fines must be paid in full before I can graduate from FSTP).

____ I have better relationships and social networks that provide me with support, friendship, love, and hope.

____ I engage in meaningful daily activities to participate in society (job, school, volunteering, family).

Where do you work or go to school? _____

Where do you do volunteer work? _____

____ I have been in phase 3 for at least 90 days.

- I understand that in order to graduate from the Fresh Start Therapeutic Program, I must adhere to my aftercare plan that I created with my therapist. I cannot have any program violations for 30 days prior to graduation. I cannot have any criminal convictions for 30 days prior to graduation. I will provide this to the Case Manager one week prior to my potential phase advancement. **It is**

encouraged by the court that the participant seeks support and guidance from their primary therapist and Case Manager in completion of this task.

- Identify 3 of your biggest struggles in Phase 3:

1. _____
2. _____
3. _____

- Identify 3 personal goals you would like to accomplish in the next phase:

1. _____
2. _____
3. _____

Participant Signature

Case Manager Signature

Appendix E: Graduation Request

Name: _____ Date: _____

I am requesting to exit phase 4 and graduate from the Fresh Start Therapeutic Program because I have completed the following requirements to do so.

Initial each item once completed.

____ I have not had any unexcused absences from court.

____ I have not had any substance use violations for the last 30 days (violations, sanctions, corrective actions as defined in FSTP Participant Handbook and ASU Contract).

____ I have not had any unexcused absences from counseling sessions.

____ I have collected proof of my completion of counseling and provided it to my case manager.

____ I attend self-help meetings as court ordered and have established a safe, sober individual whom I can contact in a time of crisis to support my recovery.

What types of meetings do you attend? _____

Do you have a sponsor? _____

____ I am engaged in pro-social activities.

What types of activities are you involved in? _____

____ I have paid off all my court fines and fees.

____ I have satisfied my monetary obligation to my treatment provider.

____ I have better relationships and social networks that provide me with support, friendship, love, and hope.

____ I engage in meaningful daily activities to participate in society (job, school, volunteering, family).

Where do you work or go to school? _____

Where do you do volunteer work? _____

____ I have developed an aftercare program which has been approved by my case manager and treatment provider.

____ I have been in phase 4 for at least 90 days.

I understand that in order to graduate from the Fresh Start Therapeutic Program, I must adhere to my aftercare plan that I created with my therapist. I cannot have any program violations for 30 days prior to graduation. I cannot have any criminal convictions for 30 days prior to graduation.

Participant Signature

Case Manager Signature

Appendix F: Self Help Provider List

Support Groups:

Free Yoga Classes, Meditation Groups, and Self-help meetings for those in recovery from Alcohol and Drug Use, Eating Disorders, Chronic Pain and other addictions

Why go to self-help? Research has shown that people who regularly attend self-help meetings are more likely to stay sober. Self-help groups provide a group of people who have the same goals and who are learning skills to stay sober.

Crisis Support Services of Nevada 1-800-273-8255

Call 24 hours a day for emotional support, suicidal thoughts

Yoga and Tai chi for Healing

Reno Buddhist Center, 820 Plumas St. Reno (Hiroma Hall). Check their updated calendar at <http://www.renobuddhistcenter.org/>. Yoga, Tai chi, Qigong, Mindfulness, Meditation and Joyful Chanting; many offered every day; small donations or free to those in need

Meditation Groups

Reno Buddhist Center, 820 Plumas St. Reno (Hiroma Hall). Check their updated calendar at <http://www.renobuddhistcenter.org/>. Beginning Meditation Sundays 9-9:45, every other Wed 12-step meditation, Women's soul meditation Thursdays 6:30-7:30, every other Saturday 2-4pm

Reno Meditation Group, 4600 Kietzke Lane, Bldg. A, Suite. 108. Check updated calendar at reno.srf@gmail.com. Sundays 10-10:45, 11-12am; Thursdays 7-8pm.

Pain Management

Reno Buddhist Center, 820 Plumas St. Reno (Hiroma Hall). Check their updated calendar at <http://www.renobuddhistcenter.org/>. They host various movement classes for pain.

Chronic pain anonymous has on-line self-help groups, check the schedule at chronicpainanonymous.org. They have in-person groups in Carson City on Saturdays, 12noon, Behavioral Health Hospital Building B, 1080 N Minnesota Street Carson City.

Eating Disorders

Reno Buddhist Center, 820 Plumas St. Reno (Hiroma Hall). Check their updated calendar at <http://www.renobuddhistcenter.org/>.

Eating disorders hotline nationaleatingdisorders.org; free referrals and support line

Smartrecovery.org/eating-disorders/

Family Support Services

NAMI, or National Alliance of Mental Illness offers support and educational groups in the Reno area for families who have a family member with a severe mental health disorder. Support groups are offered for those with a mental health condition as well.

Go to their website for further information naminevada.org

Parenting Resources

Parent Project: helping teens and parents; Thursdays 6-9pm; at 505 S. Arlington Street. Contact Join Together Northern Nevada, register at outreach@jtnn.org, 775-324-7557.

Children's Cabinet: serves 1000s of parents and children each year with low/no cost therapy and classes to help families stay and thrive together. Check their calendar for classes at <https://www.childrencabinet.org/events-calendar/>. They can be reached at 775-856-6200.

Self-Help, Peer Support Meetings:**NRAP: For UNR/TMCC Students and Young Adults on the UNR Campus; Activities for those in Recovery**

Drop In Center at the William Raggio Bldg. Rm 1001, open 9-5 M-F, call 775-784-6624

Groups each week include: refuge recovery, AA, Narcotics Anonymous, recovery seminars, Meditation, and sober activities

Smart Recovery: non-religious self-help based on CBT skills

Meetings.Smartrecovery.org; this website has information about in-person meetings in Reno area and 100s of on-line self-help meetings for substance use, co-dependency, eating disorders, sexual addiction, gambling addiction

Dual Recovery Anonymous/DRA: For those with addiction and mental health needs

3 meetings per week in the Reno area. Information about location and times at draonline.org

AA-Alcoholics Anonymous

Full Schedule @ Northern Nevada Intergroup of AA: www.nnig.org/meetings. There are groups every hour in different locations. *Incluyes grupos de Española.*

NA-Meetings

Full schedule of In-person Reno meetings and on-line meetings can be found at www.na.org

Cannabis Anonymous

1: marijuana-anonymous.org: there are about 50 on line groups per day. People can attend on line and have their attendance sheet sent to their Marshall.

2: In person: Thursday nights, 7-8pm; at the Buddhist Center, 820 Plumas Street, Reno NV 89509; the meeting is called "Chronic Recovery" and marijuana-anonymous.org recommends it for Cannabis use. You can also attend by Zoom, but in person attendance is encouraged

Reps For Recovery

<http://www.reps4recovery.org/>

Four meetings per week in Reno gyms. This is for people who like to work out, and, who are in recovery; we work out together with like-minded people: "Strengthening The Sober Community, One Rep at a Time."

Celebrate Recovery

www.celebraterecovery.com: A Christian based 12 step recovery program for anyone who struggles with an addiction and/or emotional pain. 4 Churches in Reno host these meetings. To find the closest meeting to you go to the website and click the 'Find a Celebrate Recovery Group Near You' button.

Appendix G: Participant Handbook QR Code