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OVERVIEW OF DRUG COURT

The San Mateo County Drug Court was formed in 1995, to address the problems of drug abuse and recidivism with a model that recognizes both that drug abuse is an illness and that recovery is a process with setbacks as well as successes. It gave and continues to give participants the opportunity for substance abuse treatment rather than jail time.

The San Mateo County Drug Court is administered by the San Mateo County Superior Court, and is made possible by a cooperative effort and collaboration of the San Mateo County District Attorney, San Mateo County Private Defender Program (through the San Mateo County Bar Association), San Mateo County Own Recognizance and Probation Department, San Mateo County Behavioral Health and Recovery Services (through Alcohol and Other Drug Services Division “AOD”), San Mateo County Sheriff, and the San Mateo County Superior Court. AOD is the fiscal agent and holds the position of Drug Court Coordinator. This Drug Court program is conducted pursuant to and consistent with Penal Code Sections 1000 and 1000.5.

The goal of Drug Court in San Mateo County is to achieve reduction in recidivism and mitigation of the effects of substance abuse on the participant, the justice system, and society as a whole, by working with defendants in a judicially-supervised, team-based, and treatment-grounded modality.

The San Mateo County Superior Court provides one judicial officer to oversee the Drug Court program and have jurisdiction over all Drug Court cases, including status reviews and handling of violations. The District Attorney assigns particular Deputy District Attorneys to consistently handle the Drug Court cases, including handling of any violations and/or hearings, as well as participation in weekly conferences. The Private Defender Program also assigns particular panel counsel to represent all defendants who participate in the Drug Court program, including handling of violations and/or hearings, as well as participation in weekly conferences. The Probation Department interviews, supervises, chemically tests, and keeps regular contact with the Drug Court defendants and their treatment providers, as well as participating in the weekly conferences with the Court and counsel. County AOD Services screen, assess, and evaluate Drug Court participants to determine the appropriate treatment plan for Drug Court participants, act as fiscal agent and coordinate activities by acting as liaison to the State Office of Alcohol and Drug Programs. Progress of Drug Court participants is monitored by this “team” through case management, oversight, drug testing, and court appearances.

Drug Court is based on the principles of immediate and progressive sanctions and appropriate incentives. Participants must enter into a contract with the Drug Court program and agree to particular conditions of diversion or probation, including a treatment plan, and specific performance expectations for successful graduation. Participation is based upon the principles of:

- Immediate intervention
- Coordinated supervision
- Appropriate treatment modality and length
- Integration of other needed services and resources
- Progressive sanctions and incentives proximate to conduct of participants.

Oversight meetings of the agencies and departments involved in the Drug Court program are held every one or two months to assess the effectiveness of procedures, determine ways to improve the program, and address any problems or concerns. Graduation ceremonies for successful participants in the Drug Court program are held on the last week of January, May, and September of each year.
Eligibility Guidelines
To be eligible for Drug Court, the defendant must be charged with a violation of any of the following listed charges, enter a plea to the charge(s) [for pre-plea consideration, see below], admit any priors, and be assessed by the Drug Court team as eligible for Drug Court. Charges for drug sales, possession of drugs for purpose of sale, manufacture of drugs, and other heightened H&S violations are not eligible for Drug Court. The eligible charges are as follows:

- H&S §11350 Possession of Controlled Substance
- H&S §11377 Possession of Controlled Substance
- H&S §11358 Cultivation of Marijuana for Personal Use
- H&S §11173/§11371.1 Prescription by Fraud
- H&S §11174/§11371.1 Prescription by Fraud
- H&S §11550 Under the Influence of Controlled Substance
- H&S §11368 Forged Prescription or Obtain Drugs by False Prescription
- B&P §4324 Forged Prescription or Obtain Drugs by False Prescription
- PC 415 Disturbing the peace
- PC 476 Forgery
- PC 460(b) Second Degree Burglary
- PC 647(f) Under the influence in public
- PC 666 Petty Theft with Prior

ADDITIONAL DRUG COURT ELIGIBILITY CRITERIA
1. The defendant is a San Mateo County resident.

2. Within the last ten years the defendant does not have a violent (per 667.5 (c) P.C.) or serious felony conviction (per 1192.7 P.C.), or a prior conviction for the sale or possession for sale of a controlled substance.

3. The defendant does not have a past conviction, or pending charge, involving use or possession of a firearm or deadly weapon.

4. The defendant is not taking any controlled substances medication unless specifically authorized by the Drug Court team. All defendants are expected to sign HIPPA releases in order to allow the Drug Court assessment team to discuss any medical issues affecting substance abuse recovery with any treating physicians.

5. The defendant is not currently on parole or felony probation, other than the case(s) for which he/she is being considered for drug court.

NOTE: For all drug court defendants, the defendant must waive DEJ and Proposition 36 if still eligible. All eligibility criteria/guidelines are subject to review by Drug Court Team.
**PRE PLEA CONSIDERATION**
In certain cases, a defendant may qualify for pre-plea consideration for entry into drug court. These individuals must have an extensive personal case history of substance abuse, have no or minimal criminal history, and be facing a criminal offense on the list of eligible offenses. They must be assessed as eligible for Drug Court by the Drug Court team, and participate in the full term of Drug Court program conditions. They must waive DEJ and Proposition 36 for all time on the case they are facing. Individuals entering Drug Court do so on a “zero tolerance” basis: if they violate any Drug Court rule, they will be required to enter a plea in order to continue in Drug Court.

**Phases in Drug Court**
Defendant’s participation in the Drug Court Program varies from twelve to eighteen months.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Length of stay in each Phase</th>
<th># of times see judge</th>
<th>Testing Frequency (at Probation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>6 months</td>
<td>12-16 times, or as directed by Court</td>
<td>At least 2x/week, or as directed by probation</td>
</tr>
<tr>
<td>Phase II</td>
<td>2-3 months</td>
<td>3 times, or as directed by Court</td>
<td>1x/week, or as directed by probation</td>
</tr>
<tr>
<td>Phase III (relapse prevention)</td>
<td>3 months</td>
<td>3 times, or as directed by Court</td>
<td>Every other week, or as directed by probation</td>
</tr>
<tr>
<td>Phase IV (after graduation)</td>
<td>4-6 months</td>
<td>0 times, or as directed by Court</td>
<td>Tested randomly</td>
</tr>
</tbody>
</table>

Prior to graduation, defendant must fulfill all of the requirements of his/her treatment plan. Defendant must be drug free for a minimum of six months (three months in Phase II and three months in Phase III). Upon completion of all Program requirements, you will attend a graduation ceremony and receive a certificate of completion from the Drug Court Judge.

**Incentives and Sanctions**

The San Mateo County Drug Court Program engages in principled use of incentives and sanctions for participants as to their compliance or noncompliance with program conditions. Sanctions are graduated and incremental, which will be considered violations, and include, but are not limited to: positive test results from the urine drug screen, failure to attend class or counseling sessions, failure to comply with individual contract requirements, and/ or rearrested for a new drug offense.

Once a violation has occurred, sanctions could potentially include (but not limited to):
- Jail time
- Community service work
- Time in a detoxification program
- Graduated increase in treatment in another drug/alcohol treatment program
- Termination of participation, and/or reinstatement of criminal proceedings
- Sheriff’s work program
- Increased meetings
Compliance with program conditions are rewarded. Incentives for compliance in the program includes (but not limited to):

- Reduction of fines
- Criminal charges reduced or dismissed
- Housing assistance
- Dental and medical assistance
- Transportation vouchers
- Traffic matter dismissed or reduced
- Shorter period of time on probation
- Reduction or suspension of jail sentence
- Graduation ceremony

**RULES AND POLICIES**

**Required Conditions**

All Drug Court participants must:

- Abstain from drugs and alcohol
- Not possess or be in the company of those possessing or using drugs, alcohol or weapons
- Abstain from poppy seeds or other opiate products, or ephedrine-based medication
- Abstain from Prescription Meds/Over the Counter Cold Medications
- Obey all laws
- Appear in Court as required, appropriately dressed, and on time
- Submit to urine, blood and/or breath testing as required
- Cooperate with and attend required meetings with Probation
- Attend required meetings of Alcoholics Anonymous /Narcotics Anonymous or other twelve step/self help group, with a minimum of two meetings per week
- Cooperate and participate in assessments and follow-up contacts with AOD
- Enroll in, participate in, and complete the treatment program as ordered
- Pay all fees and fines imposed by the Court and Probation
- Not make threats against other participants or staff, or behave in a violent manner
- Be on time
DRUG COURT PARTNER ROLES

Implementation of Drug Court requires partners to coordinate across systems to ensure optimal client care and compliance with the sentencing terms of Drug Court. Key partners include: the Courts, Probation, District Attorney’s office, Private Defender Program, Alcohol and Other Drug Services (AOD), and Community-based Treatment Providers.

The Court
Court Judges sentence individuals meeting eligibility criteria into Drug Court. The Courts set the terms of conditions for a Drug Court defendant, and the courts may revoke probation for those who successfully meet all requirements of their case.

Probation
The Probation Department supervises all probationers referred into Drug Court to ensure defendants comply with court and Drug Court requirements and provide regular reports on the progress of the participants.

District Attorney
The District Attorney negotiates disposition of criminal charges and defendant’s program conditions.

Private Defender Program
The Private Defender works with the defendant to ensure that the defendant understands his/her rights.

Alcohol and Other Drug Services (AOD)
AOD is the lead agency for the San Mateo County Drug Court program. AOD oversees and monitors compliance with all required financial and programmatic aspects of Drug Court. AOD supports coordination and collaboration across all Drug Court partners and systems. AOD Drug Court Assessor/Case Managers conduct alcohol and drug screening assessments, make treatment referrals, and provide limited case management.

Substance Abuse Treatment Providers
Substance abuse treatment in San Mateo County is provided by community based treatment providers. Treatment must be provided by State ADP licensed or certified treatment programs. Treatment providers communicate client status with AOD, Probation, and the Courts as needed.
Clients must successfully complete their treatment plan to meet Drug Court requirements. Because treatment plans are individualized and based on the unique needs of each client, the length of treatment will vary from person to person. However all clients must complete a minimum of a 90 (ninety) days of treatment to successfully complete treatment and clients may receive treatment for up to 18 months.

Treatment for Drug Court has been categorized into five general levels of care.

- **Level I: Outpatient Treatment**
  It is expected that the majority of participants will receive treatment outpatient treatment, also known as Level I. Duration may vary but the minimum required duration to complete treatment is 90 days. At a minimum, twelve one and one half (1.5) hour weekly group counseling sessions, one per week and six half (.5) hour individual sessions (preferably on separate days). An extension beyond the ninety (90) calendar day period for all treatment modalities may be requested.

- **Level II: Intensive Outpatient/Day Treatment**
  Level II Intensive Outpatient consists of a minimum of three (3) visit days per week for a minimum of (3) three hours per visit day. Level II treatment requires a minimum of nine (9) treatment hours per week. Maximum duration for clients in Level II programs is 54 sessions. Client approved for and enrolled in Level II treatment may step down to a maximum of sixty (60) calendar days each of Level 1 treatment after Level II treatment is completed without prior written authorization from AOD.

- **Level III: Residential Treatment**
  Maximum duration for Drug Court clients in residential programs is 90 days. An extension beyond the ninety (90) calendar day period may be requested from AOD. Client approved for and enrolled in Level III treatment may step down to a maximum of ninety (90) calendar days of Level I treatment after initial Level III treatment is completed without advance permission from AOD. Authorization to step down and enroll a client into Level II must be obtained in writing from AOD prior to placement of a client at this level.

- **Aftercare**
  Aftercare includes building on the supports and skills the participants have developed in their primary treatment modalities to maintain a healthy, positive, and productive lifestyle. Aftercare Plans should incorporate the aspects of the program and the community. The plan may include identification of a drug-free support network, relapse prevention strategies, identification of prosocial activities, identification of community support groups and educational and vocational goals. Individuals must be admitted with prior authorization from the Drug Court Team. Provision of services beyond 30 days requires prior written authorization from AOD.

- **Sober Living Environment**
  Sober Living Environments (SLEs) are also known as Transitional Living Centers or Alcohol/Drug Free Housing. SLE programs cannot provide any treatment, recovery, or detoxification services. SLE residents must be admitted to and participate in an ADP certified Non-Residential Treatment or Day Treatment program (off grounds group and/or individual counseling). Treatment coordination is required. Individuals must be admitted with prior authorization from the Drug Court Team. Provision of services beyond 30 days requires prior written authorization from AOD.
STEP-BY-STEP PROCESS FOR DRUG COURT

Step 0: Supervised Own Recognizance (SOR) with Drug Court conditions/Pre-Trial
After an individual is convicted and booked into the San Mateo County jail, the Judge may release an individual on Supervised Own Recognizance (SOR) or Pretrial release. This ensures that you will return to Court. Pretrial Services facilitates the court with information about defendants and makes sure defendants make it to their Court appearances. Defendants’ eligibility criteria for Drug Court are evaluated and drug testing begins prior to official sentencing into Drug Court. Failure to follow the directives of SOR release may result in your SOR being revoked and being remanded into custody.

Step 1:

a. Admission and Supervision
An individual is admitted to Drug Court. All Drug Court clients are supervised by Probation. Supervision varies based on the supervising entity and the severity of crime.

b. AOD Assessment/Referral and Intake Interview
• An AOD Assessor/Case Manager conducts an alcohol and drug screening assessment. AOD Assessor/Case Manager will also conduct the ASI and enter it into AVATAR.

c. Client Referral to Treatment
• AOD faxes copy of referral to the Treatment Provider.
• AOD makes electronic referral in AVATAR to the Treatment Provider
• The client must contact the Treatment Provider within 7 calendar days of referral to schedule intake interview.
• The client must enroll into the Treatment Program within 2 weeks of the referral date.
• Failure to contact and enroll in the treatment program within these time limits may result in a probation violation.
• Failure to contact the treatment program within these time limits to schedule an interview may result in a probation violation.

Step 2:

a. Provider Intake Interview and Assessment of Client
• Treatment Provider conducts intake interview and assessment of client
• Treatment Provider collects the mandatory CalOMS and AOD data for entry into AVATAR.
• Note: ASI was already completed and entered into AVATAR by AOD Assessor/Case Manager. Please do not duplicate.

b. Determining the Clients Treatment Needs
• Treatment Provider determines the client’s treatment need, including the need for other services based on intake interview and assessment.

c. Complete Required Releases for Treatment
• Client signs all appropriate releases and other paperwork with Treatment Provider.
d. Proof of Enrollment
Treatment Provider completes the Proof of Enrollment portion of the Drug Court Treatment AOD Referral form, obtains the client signature, and faxes it to Probation and AOD. If the Treatment Provider will be accepting the client but there is no space currently available, please call the client’s Probation Officer immediately.

Step 3: Treatment Services Provided to Client

- Treatment Provider will work with client to develop an individualized treatment plan and treatment goals.
- **Treatment Provider will submit Client Treatment Plan to AOD and Probation during first 30 days of Treatment and will submit changes as needed.**
- Required treatment by each level of care are detailed in this Handbook
- **A monthly Client Progress Report must be completed (3 days prior to monthly court appearance) and faxed to AOD and Probation for all clients receiving Level I, Level II, and Level III.** Progress report should include overview of client’s progress including, but not limited to:
  - Attendance – Meetings and/or Appointments
  - Client Attitude
  - Program Consistency
  - Client Challenges
- In addition, a progress report must be submitted to AOD and Probation if there is any change in attendance (especially non-participation in groups or counseling sessions). A written progress report can be submitted at any time as deemed necessary.

Step 4: Relapses

All relapses will be sanctioned by the Court!! But not all sanctions jail time.

Severity of program violation will dictate sanctions. Sanctions will consist of but not limited to: 2-7 days in jail. (Refer to p-5 for list of Incentives and Sanctions). If it has been determined that a client will return to the Treatment Program, AOD will hold and pay for the bed until client is released from jail.

Any positive test should be followed up immediately by a telephone call and email to Probation and AOD following an approved contact flow chart.

Step 5: Treatment Extension Requests and/or Modality Change Requests

- An extension beyond the ninety (90) calendar day period for all treatment modalities may be requested by the Treatment Provider using the **Drug Court TX Extension Request Form**. Clients may only be extended for longer periods in higher levels of care with prior written authorization from the Alcohol and Other Drug Services (AOD) Administration.
- Any client who has been approved for 90 days of Level II (Intensive Day Treatment) or 90 days of Level III (Residential) care, may automatically step down to 90 days of standard Level I care without advance authorization from AOD.
- If, after receiving care, it is apparent to the provider the client requires a higher level of care, the treatment provider may request approval for a modality change from AOD Administration utilizing the **Drug Court TX Extension Request Form**. Requests will be granted for no more than 30 days at a time.
**Step 6: Discharging Clients: Transferring, Completing, and Terminating Clients**

Clients are discharged from treatment for a variety of reasons. These reasons can be classified into three categories: treatment transfers, treatment completions and treatment terminations. Below please find a description for each of these discharge categories.

**A. Treatment Transfers**

Clients may be discharged from one treatment modality and transferred to another to better meet the clients care needs. This includes clients who have unsatisfactory progress to date who are transferred to a higher level of care, and those who have successfully completed one modality and who are transferred to a less intensive modality.

- If Client is being transferred to **different** provider for care, a **Drug Court Client Discharge/Completion form** must be sent to AOD & Probation indicating the client is referred/transferred to another program. Original provider must also do a referral in AVATAR.
- If client is being transferred, within the same provider, to another modality for care, do **not** fax the enrollment/termination notice to Probation.

**B. Treatment Completion (Graduation)**

- If Client successfully completes treatment, Treatment Provider completes the Proof of Completion portion of the **Drug Court Client Discharge/Completion form** and faxes to AOD & Probation.
- Upon discharge in AVATAR, if Client is in good standing, print a Certificate of Completion and provide Certificate to the Client if Client has fulfilled his/her requirements.

**C. Treatment Termination**

Clients may be terminated from treatment for a variety of reasons. The following section details how the **Drug Court Client Discharge/Completion form** shall be completed with explicit and detailed information as to the reason for discharge from treatment.

- If Client is being **terminated due to unexcused absences**, attach the attendance sheets to the Termination Notice. Indicate if Client has incurred absences due to tardiness and what the circumstances were on the Termination Notice. Also, indicate if the Client called before or after the absence. If Treatment Provider offered any accommodation to make-up absences, please explain. Do not include conclusions on the Termination Notice without detailed description/justification, i.e. “excessive absences,” “non-compliance,” “not interested in rehabilitation.” Please provide explicit and detailed information.

- If Client is being **terminated due to lack of participation**, please indicate details on the Termination Notice, i.e. refused to do homework, refused to engage in treatment group, etc.
• If Client is being **terminated due to unacceptable behavior**, please indicate details on the Termination Notice, i.e. hostile behavior, threats of violence, etc. If behavior was verbal, please try to include quotes.

• If Client is being **terminated for rules violations**, indicate the rules broken on the Termination Notice

• If Client is being **terminated due to unamenability to treatment**, please include specifics reasons on the Termination Notice

• If part of the Termination relates to positive Urinary Analysis (U.A.) tests please include the following information on the Termination Notice: test results, laboratory and test used and if Client was tested due to behavior, please describe the behavior. Reminder, Drug Court U.A. policy prohibits client termination solely on the basis of a positive drug test result.

**Discharge forms should be faxed to AOD and Probation immediately or within 48 hours. Discharges that occur on the weekend should be followed up by an immediate telephone call to Probation and AOD.** If at all possible, Provider should continue to retain and engage client in treatment until Probation is notified. If necessary, Provider should place client in a safe place until Court proceeds on Monday mornings.

**Step 7: Provider Invoice Submission**
- Treatment Provider submits monthly billing to AOD by the tenth (10\(^{th}\)) day of the month following the treatment month using approved invoice form.
- AOD staff will review invoices for entry into AVATAR and accuracy prior to submitting to financial services for payment and processing.

**Step 8: Termination of Probation**
Probation termination is at the discretion of the Courts. The information provided below is informational and will not guarantee that any Drug Court client will have probation terminated within the timeframe noted below.

**Felons**
Probation may be terminated within two (2) years once the client has completed the treatment program, provided the client has paid all court and probation fees and is compliant with all probation requirements.
DRUG COURT U.A. POLICY

Reviewed and approved by Drug Court Team

Urinary Analysis (U.A.) testing is conducted with every Drug Court client. A minimum of three (3) random tests will be administered per month with each client on a random basis. In order to complete the treatment program, clients must pass the final three (3) consecutive, U.A. tests over a 30 day period.

For clients in residential treatment services, **mandatory** drug testing (conducted by treatment providers) will be administered for all residential clients returning from weekend/day passes.

U.A. testing is also used as a therapeutic intervention and as a tool to determine appropriate levels of client care. A positive U.A test result may indicate a client’s current level of care is not adequate and the client treatment plan should be adjusted.
# Drug Court Partner Contact Sheet
(For Internal Use Only)

## Court Contacts

| Honorable Mark R. Forcum | (650) 261-5108 | Drug Court Judge | mforcum@sanmateocourt.org |

## Probation Drug Court Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Role</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramona Gabriel</td>
<td>650-363-4258</td>
<td>Probation Manager</td>
<td><a href="mailto:rgabriel@smcgov.org">rgabriel@smcgov.org</a></td>
</tr>
<tr>
<td>Daisy Aguilera</td>
<td>650-363-4258</td>
<td>Deputy Probation Officer</td>
<td><a href="mailto:DAGuilera@smcgov.org">DAGuilera@smcgov.org</a></td>
</tr>
<tr>
<td>Mayra Montoya</td>
<td>650-363-4252</td>
<td>Deputy Probation Officer</td>
<td><a href="mailto:mmontoya@smcgov.org">mmontoya@smcgov.org</a></td>
</tr>
</tbody>
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## Alcohol and Other Drug Services (AOD) Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Role</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clara Boyden</td>
<td>650-802-5057</td>
<td>BHRS Manager</td>
<td><a href="mailto:cboyden@smcgov.org">cboyden@smcgov.org</a></td>
</tr>
<tr>
<td>Paula Nannizzi</td>
<td>650-802-6468</td>
<td>BHRS Manager</td>
<td><a href="mailto:pnannizzi@smcgov.org">pnannizzi@smcgov.org</a></td>
</tr>
<tr>
<td>Nikki Kanakis</td>
<td>650-802-2583</td>
<td>AOD Case Management Assessment Specialist</td>
<td><a href="mailto:nkanakis@smcgov.org">nkanakis@smcgov.org</a></td>
</tr>
<tr>
<td>Sheryl Uyan</td>
<td>650-573-2242</td>
<td>BHRS Analyst -Drug Court Coordinator</td>
<td><a href="mailto:suyan@smcgov.org">suyan@smcgov.org</a></td>
</tr>
<tr>
<td>Christine O’Kelly</td>
<td>650-802-6413</td>
<td>BHRS Supervisor</td>
<td><a href="mailto:COKelly@smcgov.org">COKelly@smcgov.org</a></td>
</tr>
<tr>
<td>Eliseo Amezcua</td>
<td>650-372-7550</td>
<td>BHRS Supervisor</td>
<td><a href="mailto:EAmezcua@smcgov.org">EAmezcua@smcgov.org</a></td>
</tr>
</tbody>
</table>

## Private Defender Program

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex Easterbrook</td>
<td>650-365-6193</td>
<td>650-560-6181</td>
<td><a href="mailto:alexeasterbrook@sbcglobal.net">alexeasterbrook@sbcglobal.net</a></td>
</tr>
<tr>
<td>Anne Murphy</td>
<td>650-638-7550</td>
<td>650-638-7549</td>
<td><a href="mailto:atmurphy@earthlink.net">atmurphy@earthlink.net</a></td>
</tr>
</tbody>
</table>

## Drug Court Treatment Providers

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>BAART (Methadone)</td>
<td>415-552-7914</td>
<td>415-552-3455</td>
</tr>
<tr>
<td>El Centro de Libertad</td>
<td>650-599-9955</td>
<td>650-599-9273</td>
</tr>
<tr>
<td>Free At Last</td>
<td>650-462-6999</td>
<td>650-462-1036</td>
</tr>
<tr>
<td>HealthRIGHT 360</td>
<td>650-348-6603</td>
<td>650-638-1602</td>
</tr>
<tr>
<td>Hope House</td>
<td>650-363-8735</td>
<td>650-363-8701</td>
</tr>
<tr>
<td>The Latino Commission</td>
<td>650-244-1444</td>
<td>650-244-1447</td>
</tr>
<tr>
<td>Our Common Ground</td>
<td>650-325-6466</td>
<td>650-325-6467</td>
</tr>
<tr>
<td>Project 90</td>
<td>650-579-7881</td>
<td>650-579-2640</td>
</tr>
<tr>
<td>Pyramid Alternatives</td>
<td>650-355-8787</td>
<td>650-355-8780</td>
</tr>
<tr>
<td>Sitike Counseling</td>
<td>650-589-9305</td>
<td>650-589-9330</td>
</tr>
<tr>
<td>StarVista</td>
<td>650-591-9623</td>
<td>650-591-9750</td>
</tr>
</tbody>
</table>
COURT LOCATION

South County
Judge Mark Forcum
400 County Center, Redwood City
Courtroom 2H (2nd Floor)
Tuesdays– 8:30 a.m.

PROBATION LOCATIONS

<table>
<thead>
<tr>
<th>North County</th>
<th>South County</th>
<th>Pre Trial Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>1024 Mission Road</td>
<td>400 County Center</td>
<td>601 Allerton Ave.</td>
</tr>
<tr>
<td>So. San Francisco</td>
<td>Redwood City, 5th Floor</td>
<td>Redwood City, 1st Floor</td>
</tr>
</tbody>
</table>

ALCOHOL AND OTHER DRUG (AOD) LOCATION

310 Harbor Boulevard
Building E
Belmont, CA 94002
**DRUG COURT** Treatment **AOD** Referral Form

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>Name of person referring client:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client AVATAR ID:</th>
<th>Level of care referred to:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1 [ ] 2.1 [ ] 3.1 [ ] 3.5 [ ] Other [ ]</td>
</tr>
</tbody>
</table>

1st Referral [ ]
Increase Level of Care [ ]
Individual Therapy [ ] Family Therapy [ ]

Funding Source: [ ] Drug Court

Name of AOD treatment program referred to and address:

Client is to report to the above program by: ________________________________.

Client’s probation officer is: ____________________________________________.

*Treatment Provider Information (please fax to Nikki Kanakis, AOD Case Management Specialist 650 802-6440)*

Client enrolled in treatment on: ________________________________

Signed: ___________________________  Print Name: ____________________________

Client signature: ________________________________

---

**AOD Approval**

_________________________________________________  _______________________
AOD Case Management Specialist  Date

Approved for ______ days and effective up to approximate approval date on ________.

Please submit request for extension 1 week prior to approval expiration date.

Fax Numbers: AOD 650-802-6440  Probation RWC 650-363-4829
# Drug Court Client Monthly Progress Report Form

<table>
<thead>
<tr>
<th>Date: ______________</th>
<th>Participant Name ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report for the period</td>
<td>Address</td>
</tr>
<tr>
<td>____________ to ______</td>
<td>_______________________________________________</td>
</tr>
<tr>
<td>Prepared/submitted by</td>
<td>Phone</td>
</tr>
<tr>
<td>______________________</td>
<td>_______________________________________________</td>
</tr>
<tr>
<td>Title: ______________________</td>
<td>DOB __________________ File # __________</td>
</tr>
<tr>
<td>Agency: ______________________</td>
<td>Supervising Officer __________________________</td>
</tr>
<tr>
<td>Agency Phone No.: ______________________</td>
<td>Next Court Date __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service type (please circle):</th>
<th>Level I/Outpatient</th>
<th>Level II/Intensive Outpatient</th>
<th>Level III/Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client was scheduled to attend:</td>
<td># _____ group sessions</td>
<td># _____ group sessions</td>
<td># _____ individual sessions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments on Client’s attendance:</th>
<th>__________________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________________________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>__________________________________________________________________________________</td>
</tr>
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</table>

|-----------------------------------------|---------------------|---------------|---------------------------|----------------------|

<table>
<thead>
<tr>
<th>Comments on Level of participation:</th>
<th>__________________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________________________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>__________________________________________________________________________________</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Client appears (please circle):</th>
<th>Stable</th>
<th>Not stable</th>
</tr>
</thead>
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<table>
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<tr>
<th>Treatment Plan/Additional Comments:</th>
<th>__________________________________________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>__________________________________________________________________________________</td>
</tr>
<tr>
<td></td>
<td>__________________________________________________________________________________</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Ancillary services client referred to (please circle):</th>
<th>Literacy training</th>
<th>Medical</th>
<th>Family</th>
<th>Vocational training</th>
</tr>
</thead>
</table>
|                                                       | Legal | Housing | Family counseling | Mental health | Other _______

<table>
<thead>
<tr>
<th>Urine Analysis Test Results:</th>
<th>Date ___________</th>
<th>Negative</th>
<th>Positive</th>
<th>Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date ___________</td>
<td>Negative</td>
<td>Positive</td>
<td>Pending</td>
<td></td>
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</table>

Please fax completed forms to AOD and Probation

Fax Numbers: AOD 650-802-6440  Probation RWC 650-363-4829
**DRUG COURT** Transitional Housing **AOD** Referral Form

**Date:**

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<th>1st Referral [ ]</th>
<th>Re-referral [ ]</th>
<th>Funding Source: [ ] Drug Court</th>
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**Type of referral:**

Name of AOD treatment program referred to and address:

Transitional Housing approved for ____ days. Effective from _________ to ________.

Client’s probation officer is:_________________________________________________

---

**Treatment Provider Information (please fax to Nikki Kanakis, AOD Case Management Specialist at 650 802-6400)**

Client enrolled in Transitional Housing on: ________________________________

Signed: ___________________________ Print Name: _____________________________

Client signature: ________________________________

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**AOD Approval:**

approved:

AOD Program Manager Date ________ calendar days

Submit request for extension 1 week prior to approval expiration

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Fax Numbers: AOD 650-802-6440 Probation RWC 650-363-4829
Drug Court Client Discharge/Completion Form

Date: ______________________

Report for the period __________ to __________

Prepared/submitted by ______________________

Title: ______________________

Agency: ______________________

Participant Name ______________________

Address ______________________

Phone ______________________

DOB __________ Court Case #________

Supervising Officer ______________________

Fax ______________________

Next Court Date ______________________

Client Discharged Due to Problems in Treatment/Recommendations for Modification

Client’s problems discussed on (date) ______________________

Client discharged due to: ______________________

Recommendation for modification of treatment: ______________________

_________________________________________________________________________________

_________________________________________________________________________________

Client Successfully Completed

Client successfully completed treatment on (date) ______________________

All treatment plans/issues were addressed: _____ Yes _____ No

What are the follow up recommendations?: ______________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________