



Participant Manual

**Be sure to keep this manual in your possession and take its contents seriously.
Please use this book as a reference and contact your probation officer with questions.**

Show up.

Be Open & Honest.

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Important Contacts

Probation Department	615-862-8380	RecoveryCourt.nashville.gov
Treatment Director- Ramie	615-554-0965	TennesseeRecoveryFoundation.org
Averhealth- drug testing	615-777-0850	my.averhealth.com
Mental Health Coop	615-726-3340	MHC-TN.org
Public Defender’s Office	615-862-5730	PublicDefender.Nashville.gov
District Attorney’s Office	615-862-5500	DA.Nashville.gov
Criminal Court Clerk	615-862-5601	CCC.Nashville.gov

Grievance Policy

All concerns and complaints regarding the Recovery Court team and the program should be brought to the Program Manager’s attention at 615-862-8380. If there is no resolution to your grievance, the Court Administrator should be contacted at 615-862-8318. Recovery Court does not discriminate against race, color, national origin, gender, gender expression, gender identity, sexual orientation, age, religion, creed or disability in admission to, access to, or operations of its programs, services, or activities.

Recovery Court Conditions

1. I am agreeing to enter Recovery Court with a supervision period of no more than 24 months which may exceed the length of my sentence. I understand that phase 1 is a minimum of 60 days, phase 2 is a minimum of 90 days, phase 3 is a minimum of 90 days, phase 4 is a minimum of 90 days and phase 5 is a minimum of 90 days.
2. I will report to court as directed based on my phase or as directed by the Recovery Court Team unless prior approval has been granted by the Recovery Court team.
3. I will not drink alcohol or use illegal or non-prescribed substances while in Recovery Court. I will refrain from partaking in food or liquids that may alter drug testing results including (but not limited to) CBD, vitamins, over the counter supplements, poppyseeds, SleepWalkers, Kratom, Kombucha, bath salts, synthetic marijuana, detox drinks, creatine, and excessive quantities of fluids leading to an invalid urine sample.
4. All verbal and written communications to the Recovery Court team will be truthful.
5. I will submit to drug and alcohol testing as directed at averhealth. Not reporting for an ordered drug screen will earn a high sanction that may include jail time.
6. I will attend substance abuse treatment and behavioral/mental health assessments and treatment programming while in Recovery Court as clinically directed. Treatment meetings include but are not limited to IOP, MRT, Aftercare, Anger Management, Parenting, Seeking Safety, Marijuana Dependence, Behavioral Health Evaluation, therapy, etc.
7. In addition to treatment meetings, I will also attend community meetings as determined by my phase or clinical need. Community meetings include but are not limited to therapy, 12 step meetings, spiritual counseling, Celebrate Recovery, SMART Recovery, CODA, SLAA, GED/HiSET courses, financial literacy, etc. I will get my meeting sheet signed by the counselor/facilitator and bring this sheet to court for each scheduled appearance. I understand that not completing my meeting sheet as required will earn a sanction from the Judge.
8. I will maintain employment throughout my time in Recovery Court. I understand that not maintaining a job may hinder my ability to progress through Recovery Court. I also understand that if I receive disability and cannot work, I am required to complete 20 hours of community service each month. I understand that I must get my community service approved by my Probation Officer prior to completing any hours.
9. I will avoid all people, places, and things that are not conducive to my recovery and safety. That includes alcohol, drugs, and other illegal activity.
10. I agree to complete drug and alcohol treatment and attend all mental/physical health appointments as directed by the Recovery Court Team and clinical recommendations.
11. I will notify the Recovery Court team if I plan to move and *will submit a move out plan* if living in assigned housing. *I will not move out of assigned housing without prior approval from the Recovery Court team.*
12. The following medications are approved while participating in Recovery Court: Aspirin, Advil, Aleve, Ibuprofen, Motrin, Tylenol, Claritin, Zyrtec, Alka-Seltzer-Cold-Plus, Ecotrin, and Naproxen. Liquid medications are prohibited. **All other medications or supplements not listed above must have prior approval by the Recovery Court Treatment team prior to taking without exception.** Proof of updated prescriptions and supplements must be provided to the probation officer and treatment provider.
13. I understand that I am eligible for an overnight pass after I have been in the program for a minimum of 30 days. I will submit a travel pass request and get approval from the team prior to any overnight stay. *Travel passes must be submitted to your Probation Office by 9am Wednesday morning to obtain team approval.*
14. I understand that I am required to *complete a minimum of eight hours of career or educational advancement* (ie:HiSet classes, job readiness, resume writing, continuing education, or financial readiness).

15. I will immediately notify my Probation Officer of any change in my telephone number, address or employment.
 16. When my Probation Officer is unavailable and I need immediate assistance, I will seek help from the Program Manager or the Court Administrator.
 17. I agree to abide by all rules set forth by any treatment or residential agency while participating in Recovery Court. I understand it is my responsibility to provide proof of compliance as requested from treatment providers (including medical providers, medication assisted treatment providers, behavioral health providers and others).
 18. I will keep the identity and program progress of my fellow participants confidential.
 19. I will allow my Probation Officer to visit my home or place of employment at any time.
 20. I shall NOT possess, live with anyone who possesses, or be around a firearm/weapon while participating in Recovery Court.
 21. I will not have any new arrests. I will immediately report to my Probation Officer all new criminal charges, tickets or summons placed against me whether by criminal citation or arrest both inside and outside of Davidson County. A new arrest and/or conviction committed during my Recovery Court participation may result in sanctions or having my sentence revoked.
 22. I will not harass, threaten or intimidate the Recovery Court Team or fellow participants by words or actions.
 23. All conditions of the Recovery Court program must be completed within my allowed time or a violation will be filed against me that may result in my supervision being extended or revoked.
 24. I understand that all additional conditions listed on my Disposition Sheet or other Court Order is a condition of my Recovery Court requirements. Failure to complete additional conditions as court ordered may result in a probation violation warrant being issued.
 25. **Additional Conditions** required while in Recovery Court (ie: restitution, stay away, miscellaneous classes): _____
-



Drug Screening with averhealth

PIN Number: _____

averhealth is located at:

404 James Robertson Parkway (Parkway Towers), 1st floor, Suite 110

****If reporting for testing after 6:00 p.m. or on a weekend/holiday,
please use the James Robertson Parkway entrance.**

Monday – Friday: Opens at 8:00 a.m. and closes at 7:00 p.m.

Weekends and Holiday hours are 10:00 a.m. until 2:00 p.m.

Weekend/holiday hours occur every Saturday and Sunday as well as
New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and Christmas Day.

In order to meet the drug testing requirements, please follow the below instructions:

- Start calling 615-777-0850 every single day as early as 5:00 a.m. You will enter your PIN number and listen to the entire message to hear the testing hours and important updates! You may also check online at my.averhealth.com
- When the automated system reports that you are scheduled to test, you must report for your drug screen the same day during testing hours listed above.
- Testing is scheduled by an independent computer system and is meant to be completely random. You must call every single day to ensure you do not miss a test.
- You must take a photo I.D. with you to your first screen.
- The cost of the test is **\$2.00 for Phase 1 and 2. \$5.00 for Phase 3, 4, and 5.** You may pay with cash, money order, or credit/debit cards (there is a surcharge when using a debit/credit card).

Showing up and being honest are the pillars to Recovery Court.

If you miss a drug screen or fail to report new use, you should expect a jail sanction to be determined by the Judge.

Sanctions, Incentives & Therapeutic Adjustments

Recovery Court is a highly individualized program intended for participants that want to change their life. We accept participants that have previously displayed a high degree of anti-social behavior. Some examples of anti-social behavior include drug use, lying, theft, assault, isolation, not taking responsibility, poor friend choices, negative attitudes and misusing money. Participants are successful in this program because they work hard to change their past antisocial behaviors. When positive, prosocial changes are made or displayed, the Judge will issue an incentive. When antisocial behaviors or attitudes occur, we issue a sanction and a therapeutic adjustment may be made.

Sanctions and incentives are issued by the Judge only. The team discusses the antisocial or prosocial behavior. We then review our sanction and incentive guidelines for the Judge to decide on an appropriate sanction or incentive. Finally, the treatment provider will notify the team of any therapeutic adjustments as needed. Each decision is individualized. The following conditions are considered when discussing sanctions, incentives and therapeutic intervention:

- * Phase
- * Program engagement
- * Past performance
- * Personal needs
- * Criminal history
- * Individual plea agreement
- * Substance abuse history
- * Treatment history
- * Medical or mental health needs
- * Current financial situation

Please keep in mind- the team knows about each individual's personal situation and uses that knowledge in making decisions on sanctions/incentives/therapeutic adjustments. When a situation doesn't seem fair, we ask that you assume there is something you don't know and trust our process.

Incentives

Incentives are rewards for positive behavior and change. **When the Judge is deciding on an incentive, the entirety of the participant's situation is considered, and the consequence is highly individualized.** Below is a list of some common behaviors that may earn an incentive.

Incentive worthy behaviors

- * Attending all office visit appointments
- * Gaining employment
- * Reporting for all treatment groups, meetings and appointments
- * Reporting for all random drug screens
- * Passing all random drug screens
- * Sobriety milestones
- * Complete treatment
- * Earning GED
- * Completing educational courses
- * Significant supportive act toward another individual

Rewards

- * Verbal praise
- * Round of applause
- * Leave court early
- * Phase promotion
- * Travel passes
- * Small items
- * Gift certificates
- * Reduced supervision
- * Legal incentives
- * Letter of commendation
- * Posted accomplishments
- * Graduation from Recovery Court Program

Sanctions

Sanctions are consequences for non-compliant or negative behavior. **When the Judge is deciding on a sanction, the entirety of the participant's situation is considered, and the consequence is highly individualized.** Below is a list of some common behaviors that may earn a sanction.

Sanction worthy behaviors

- * Dishonesty
- * Moving without an approved move out plan
- * Missed meeting with PO
- * Missed self-help meeting
- * Missed treatment session
- * Missed drug test
- * Failing to complete an issued sanction
- * Failing to gain employment
- * Failing to complete court ordered condition
- * New criminal charge
- * Disrespect to Court team member or partner agency

Sanctions

- * Increased supervision
- * Verbal admonishment
- * Letter or apology
- * Writing/drawing assignment
- * Daily activity log
- * Community service
- * Jail
- * Journaling
- * Court observation
- * Team meeting with participant
- * Research

Therapeutic Adjustments

Therapeutic adjustments may be made to your case plan in addition to a sanction in response to anti-social attitude and/or behavior. These adjustments are intended to provide individualized support and may include:

- * mental health support
- * added self- help meetings
- * one-on-one sessions
- * relapse prevention classes
- * prolonged IOP
- * transitional housing
- * inpatient treatment
- * detox
- * new Addiction Severity assessment
- * new Risk/Needs assessment

Davidson County Recovery Court Phase Requirements

Phase 1 Acute Stabilization

60 days minimum, come to court weekly

- Engaged with treatment
- Comply with additional conditions and supervision
- Develop case plan
- Monthly office visits with P.O.
- Monthly home visits
- Random drug testing- \$2.00 per test
- Obtain immediate medical needs
- Address housing
- Obtain employment
- *Start* changing people, places and things
- 14 days sobriety to move up to phase 2

Phase 2 Clinical Stabilization

90 days minimum, come to court on the 2nd and 4th Wednesday of each month

- Engaged with treatment
- Comply with additional conditions and supervision
- Review case plan
- Monthly office visits with P.O.
- Maintain housing
- Address financial needs
- Obtain medical needs
- Maintain employment
- Monthly home visits
- Random drug testing- \$2.00 per test
- *Demonstrate* changing people, places and things
- 30 days sobriety to move up to phase 3

Phase 3 Pro-Social Habilitation

90 days minimum, come to court on the 3rd Wednesday of each month

- Engaged with treatment
- Comply with additional conditions and supervision
- Review case plan
- Monthly office visits with P.O.
- Maintain housing
- Maintain employment
- Begin 8 hours of required vocational training/school/GED
- Address medical and financial needs
- Monthly home visits
- Random drug testing- \$5.00 per test
- *Demonstrate* changing people, places and things
- *Establish* recovery network and pro-social activity
- 45 days sobriety to move up to phase 4

Phase 4 Adoptive Habilitation

90 days minimum, come to court on the 1st Wednesday of each month

- Engaged with treatment
- Comply with additional conditions and supervision
- Review case plan
- Monthly office visits with P.O.
- Maintain housing
- Address financial and medical needs
- Maintain employment
- Continue 8 hours of required vocational training/school/GED
- Monthly home visits
- Random drug testing- \$5.00 per test
- *Demonstrate* changing people, places and things
- *Maintain* recovery network and pro-social activity
- 60 days sobriety to move up to phase 5

Phase 5 Continuing Care

90 days minimum, come to court on the 1st Wednesday of each month

- Engaged with treatment
- Comply with additional conditions and supervision
- Develop continuing care plan
- Monthly office visits with P.O.
- Maintain housing
- Address financial and medical needs
- Maintain employment, vocational training and/or school
- Complete 8 hours of required vocational training/school/GED
- Monthly home visits
- Random drug testing- \$5.00 per test
- Community Service Project
- *Demonstrate* changing people, places and things
- *Maintain* recovery network and pro-social activity

Graduation Requirements

Participants are eligible to graduate when the following conditions have been met:

- * Completed all court ordered requirements
- * Completed all assessed aspects of drug and alcohol treatment and continuing care plan
- * Maintained sobriety for 90 consecutive days
- * Maintained employment
- * 8 hours of required vocational training/school/GED
- * Participant has a plan for maintaining independence

Phase 1 Weekly Reporting



Name: _____

Court Date: _____

Important Appointments

- Treatment Intake/Appointment: _____
- Probation Office Appointment: _____
- Other Appointment: _____
- Mental Health Appointment: _____

Community Meetings (Therapy, Self-Help Meetings, Spiritual Counseling and Vocational Training)

FRIDAY Meeting Name/Type: _____

Counselor: _____ Day/Time: _____ Location: _____

Reflection: _____

SATURDAY Meeting Name/Type: _____

Counselor: _____ Day/Time: _____ Location: _____

Reflection: _____

SUNDAY Meeting Name/Type: _____

Counselor: _____ Day/Time: _____ Location: _____

Reflection: _____

MONDAY Meeting Name/Type: _____

Counselor: _____ Day/Time: _____ Location: _____

Reflection: _____

You are required to obtain employment in Phase 1. Please list where you've applied, a contact, and the status of your application.

Where	Contact at Company	Status of Application

Highlight from the Week: _____



Travel Pass Request

****Must be submitted by 9am Wednesday prior to travel for team review and approval in court****

Participant name: _____ Pass date(s): _____

Address where you will be staying: _____

With whom will you be staying: _____

Reason for pass: _____

Participant Phone Number: _____

Alternate phone of someone with participant on pass: _____

- All passes are for clients who are currently in good standing with Recovery Court and partner agencies.
- All passes must be approved through the Recovery Court Team. If unauthorized passes are taken, you will be in violation of program rules and a violation warrant may be issued.
- All passes must be submitted to your Probation Officer 24 hours prior to the next court date.

What strategies will you use to avoid risky situations: _____

Additional information you'd like the team to know: _____

Participant Signature: _____ Date: _____

Transitional Housing Provider: _____ Date: _____

Treatment Provider Approval: _____ Date: _____

Probation Officer Approval: _____ Date: _____



Move Out Plan

Move out plans are for participants that have been successful in Recovery Court for a *minimum of six months*. This move out plan will provide detail to the Recovery Court team on living arrangements, financial preparation, strategies for maintaining sobriety and transportation plans. **Participants may not move out until the move out plan is approved, and a Recovery Court team member visits the home.**

Participant name _____ Submission date _____

Please list the proposed address. Please list the rent and estimated utility costs.

Who will live with you at this address? Are they aware and supportive of your recovery? Please provide name, relationship to you and phone number.

How will you fulfill your financial obligations (drug tests, gas, child support, rent/utilities)?

What strategies will you use to maintain sobriety with less accountability?

What method of transportation will you use to comply with Recovery Court requirements (court appearances, drug screens, self-help meetings, IOP, MRT, etc.)?

Participant Signature: _____ Date: _____

Transitional Housing Provider: _____ Date: _____

Treatment Provider Approval: _____ Date: _____

Probation Officer Approval: _____ Date: _____



Participant Confidentiality Agreement

I understand that I am a participant in Recovery Court and that these proceedings are confidential and respectful in nature.

The information from the Davidson County General Sessions Recovery Court, treatment providers and other partnering agencies' records will be discussed and that I should not discuss these matters with other people.

I further understand that during my participation in the Davidson County General Sessions Recovery Court, I may hear information that is highly sensitive and legally confidential information (under Federal Rule 42_CFR, Part 2.). I agree that I will keep all information about the Davidson County General Sessions Recovery Court's other participants strictly confidential. I also understand while on Virtual Court I should be alone or in a situation where others are not privy to court proceedings without a signed confidentiality agreement on file with the Recovery Court Team.

I understand whether I am attending court virtually or in person, I will be respectful, use appropriate language, be dressed in appropriate attire, and refrain from using a cell phone while in the courtroom. I also understand that I will be respectful and not discriminate against individuals on the basis of race, color, national origin, gender, gender expression, gender identity, sexual orientation, age, religion, creed or disability.

I understand and agree to abide by the participant confidentiality agreement from this date forward.

Printed Name of Participant

Signature of Participant

Date

EQUAL OPPORTUNITY IS THE LAW IN TENNESSEE

The Civil Rights Act of 1964 was passed to ensure the people of the United States equal treatment, rights, and opportunities regardless of race, color, or national origin. Title VI of that Act prohibits discrimination in federally funded programs.

"No person in the United States shall, on the basis of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Included under National Origin is discrimination based on a person's inability to speak, read, write, or understand English. Persons whose primary language is not English can be Limited English Proficient or "LEP." These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

All programs and operations of entities that receive assistance from the federal government must comply.

It is important that all applicants and recipients of services know about their rights under the law, and that employees of the Davidson County General Sessions Recovery Court as well as other agencies, organizations, institutions, and contractors providing services with state support, understand what the law requires.

Any person who applies for or receives any benefit or service provided by the Davidson County General Sessions Recovery Court may file a complaint if he or she has had unfair or different treatment because of race, color, or national origin.

Complaints must be filed in writing with the Title VI representative of the location of the alleged discrimination Davidson County General Sessions Court; or with the appropriate regional or central office of the Department of Mental Health and Substance Abuse Services; or with the Office of Civil Rights, 101 Marietta Tower, Suite 2706, Atlanta, Georgia 30323 within 180 days of the suspected discrimination.

The Davidson County General Sessions Recovery Court does not, because of race, color, or national origin:

1. Deny and individual any services, opportunities, or other benefits for which he is otherwise qualified.
2. Provide any individual with any service, or other benefits, which is different or is provided in a different manner from that which is provided to others under the program.
3. Subject any individual to segregated or separate treatment in any manner related to his/her receipt of service.
4. Restrict an individual in any way in the employment of services, facilities, or any other advantage, privilege, or other benefit provided to others under the program.
5. Adopt methods of administration that would limit participation by any group of recipients or subject them to discrimination.
6. Address an individual in a manner that denotes inferiority because of race, color, or national origin.

For further information, contact the Davidson County General Sessions Court Title VI Coordinator:

Gina Fox, Assistant to the Administrator
408 2nd Ave N, Justice A.A. Birch Building
615-862-8318

Print Name (Recipient)

Signature

Date

Print Name (Staff)

Signature

Date



Acknowledgement of Participant Manual

As a participant of the General Sessions Recovery Court, I have been educated on the Recovery Court Policies and Procedures. I have received and reviewed the Recovery Court Participant Manual. I have been educated on the grievance policy, court conditions and phase requirements. I understand that it is my responsibility to request additional information or clarification if I do not understand any information contained within.

I understand and agree to abide by the criteria and conditions stated in the Recovery Court Participant Manual from this date until my graduation/termination.

Printed Name of Participant

Signature of Participant

Date

Printed Name of Recovery Court Staff

Signature of Recovery Court Staff

Date