

**BERKS COUNTY COURT
OF
COMMON PLEAS**



BERKS COUNTY TREATMENT COURT

**POLICY AND PROCEDURE MANUAL
MARCH 2023**

TABLE OF CONTENTS

Mission Statement.....	1
Treatment Court Goals And Beliefs.....	1
Team Members.....	1
Eligibility And Application Process.....	2
Ineligibility Standards.....	4
The Program.....	5
Length and Phase Of the Program.....	7
Treatment Providers.....	7
Sanctions and Incentives.....	8
Sanctionable Behaviors.....	9
Behaviors Worthy Of Incentive.....	9
Electronic Monitoring.....	9-10
Voluntary and Involuntary Discharge From Treatment Court.....	10
Treatment Court Policy On Narcotic Medications And Prohibited Substances.....	10
Graudation and Requirements.....	11
Training.....	11
Confidentiality.....	12
Data Collection.....	12
Sustainability And Partnerships.....	12
Appendices.....	13

MISSION STATEMENT

The mission of the Berks County Treatment Court Programs is to integrate substance abuse, mental health and veterans specific treatment with the justice system for the promotion of public safety, individual responsibility, and reduction of drug/alcohol/mental health related recidivism. Further, the Berks County Treatment Courts provide a judicially supervised regimen of individualized treatment and intensive probation/parole supervision to the chemically-involved/ mentally ill offender through a coordinated interdisciplinary approach that treats the whole person while protecting public safety.

TREATMENT COURT GOALS AND BELIEFS

Multidisciplinary Team Approach:

The multidisciplinary team approach involves collaboration among judiciary, supervision, and treatment services to help the participant to achieve life changing goals.

Promote Community Safety:

The program's goal is to reduce recidivism rates among offenders and make the community a safer place by treating the underlying addiction/ mental health issue.

Conserve Resources:

The program utilizes various community resources (i.e. treatment services, sober support networks) to provide participants with the ability and knowledge to lead crime and substance free lives; in return reducing further impact on community resources and lowering the non-violent jail population.

Provide Framework for Better Lives:

The program allows the participant the opportunity to learn not just about their addiction/mental health issues but about themselves, what and what not to do in high risk situations, and ways to improve their life skills. This results in better, more productive lives for the participant and those around them.

TEAM MEMBERS

Each Berks County Treatment Court Team consists of a Judge, District Attorney, Public Defender, Coordinator, Probation Officer(s), The Council On Chemical Abuse (COCA), Treatment Access Services Center (TASC), Berks Connections Pretrial Service (BCPS), Forensic Case Managers from Services Access Management (SAM), YMCA Specialty Court Case Manager(s) and Treatment Providers. The Veterans Treatment Court Program also includes a Veterans Justice Outreach Coordinator (VJO) who works for the Veterans Administration. Each team holds bi-weekly team meetings to discuss each participants progress and formulate methods to help allow a successful outcome for each participant. The bi-weekly meetings also allow for the opportunity for information sharing, discussing imposition of incentives and sanctions, and for team members to hear perspectives on a participant from those filling other roles on the treatment team.

Administrative meetings are also held on a monthly basis between the coordinator and the Judges to review policy and procedure and develop program strategies. New applicants for each program are discussed at a frequency dictated by the presiding Treatment Court Judge.

ELIGIBILITY AND APPLICATION PROCESS

The Berks County Treatment Courts receives referrals from a variety of sources including the applicant, arresting officers, probation / parole officers, Magisterial District Justices, District Attorneys, and the defensebar. The applicant must meet eligibility requirements including; a resident of Berks County, if not a resident of Berks County a resident of a county that has an accepting Treatment Court program, and they must be eligible for sentencing under Title 42 subsection 9763(c) Probation with Restrictive Conditions.

Probation with Restrictive Conditions specifically refers to a new criminal case where as the offender is a level 2, 3, or 4 offender under PA state sentencing guidelines. An offender can be admitted on their current supervision case if they are in violation of their current probation case, statutorily eligible, and have at least 2 years of sentence remaining. The new case once assessed will be transferred to the appropriate Treatment Court Program for supervision and sentencing.

If deemed eligible by the Assistant District Attorney, the offender undergoes a multi step screening process. Initially, the offender is interviewed by the intake officer who explains the program's requirements and conducts a risk/need assessment using the Risk and Needs Triage Tool. Research indicates the use of a validated risk tool is a prerequisite for effective case management of offenders in problem solving courts. The intake officer also assesses the offender's motivation for the program. Once considered appropriate the offender is referred for a comprehensive drug and alcohol assessment as well as the Court Reporting Network (CRN) evaluation (if applicable) completed by the programs clinical evaluator. Once the application is processed the Treatment Court team will review all the information from the intake and evaluation process and determine if the applicant will be transferred into a Treatment Court Program or if the application will be denied.

All treatment court applicants are looked at on a case by case basis. Anyone with current charges or prior offense for acts of violence, sexual offenses, drug deliveries or firearms offenses while not statutorily excluded may be denied based on the circumstance of those cases and at the discretion of the supervising Treatment Court Judge.

DUI Treatment Court Eligible Blood Alcohol Content (BAC)

When dealing with DUI offenses per our Intermediate Punishment plan we only take offenses with blood alcohol contents in the following ranges;

- Have a BAC for a second offense DUI of .16% or higher, also including refusal and controlled substance

- Have a BAC for a third offense DUI of .08 to less than .10%
- Have a BAC for a third offense DUI of .10 to less than .16%
- Have a BAC for a third offense DUI of .16% or higher, also including refusal and controlled substance

Mental Health Treatment Court Required Diagnoses

Each Mental Health Court Participant is required as part of their participation in the program to engage in Forensic Case Management through Services Access Management Inc. In order to be eligible for these services they must have an updated mental health diagnosis from a treatment facility within the last 5 years. A diagnosis within the last year is preferred but not required. Anyone who had a diagnosis under the age of 18 will need to obtain a new evaluation and diagnosis to be eligible as an adult for forensic services. Most all mental health diagnoses are eligible for forensic services as long as the mental health diagnosis is primary to any other conditions affecting the applicant. Service Access Management Inc can always be contacted with any questions regarding a diagnosis or evaluation. Applicants may come into Mental Health Court either with a new criminal case, a probation violation or both.

Veterans Treatment Court Requirements For Entry

In order to be eligible for entry into the Veterans Treatment Court Program an applicant must have received an Honorable Discharge from any of the military branches. The person can also be active reserves if they have deployed at least once and are eligible for Veterans Administration benefits that include behavioral health services, drug and alcohol and health care. Other discharges may be eligible if the person is able to go through the appeal process and upgrade their discharge to one eligible for benefits. Applicants may come into Veterans Court either with a new criminal case, a probation violation or both.

Drug Treatment Court Eligibility Criteria

In order to be eligible for entry into the Drug Treatment Court Program they must have a substance use disorder moderate or severe and it must be the primary driver to their criminal behavior. If through evaluation it is determined they have co-occurring disorders further evaluation is done to see which is the driver in each individual case. Applicants may come into Drug Court either with a new criminal case, a probation violation or both.

INELIGIBILITY STANDARDS

For Treatment Court there are certain offenses and behaviors that are deemed in appropriate for the program for reasons of public safety. The following are a list of ineligible offenses per statute in order to receive a Probation with Restrictive Conditions sentence if they have occurred within the last ten years;

- Murder (18 Pa.C.S. 2502)
- Voluntary Manslaughter (18 Pa.C.S. 2503)

- Aggravated Assault (18 Pa.C.S. 2702)
- Assault by Prisoner (18 Pa.C.S. 2703)
- Assault by Life Prisoner (18 Pa.C.S. 2704)
- Kidnapping (18 Pa.C.S. 2901(a))
- Statutory Sexual Assault (18 Pa.C.S. 3122.1(a)(1))
- Arson and related offenses (18 Pa.C.S. 3301)
- Burglary (F1) (18 Pa.C.S. 3502(c))
- Robbery (18 Pa.C.S. 3701)
- Theft by Extortion (18 Pa.C.S. 3923)
- Incest (18 Pa.C.S. 4302(a))
- Escape (18 Pa.C.S. 5121)

Any person who has also been convicted or adjudicated delinquent of a crime requiring registration under 42 Pa.C.S. Chapter 97, subchapter H (relating to registration of sexual offenders) is ineligible for a Probation with Restictive Conditions sentence.

The Treatment Court Judge at any time may deny an applicant due to a previous or current offense that they believe would not be appropriate for the treatment court participant community.

Reconsderation Policy

The Berks County Treatment Courts will consider all appropriate referrals on a case-by-case basis. If a relevant party to the offender's case feels the Treatment Court Team failed to consider a particular factor, they may make a request in writing for the case to be reconsidered.

The reconsideration request must be filed under their current open docket with the Berks County Clerk of Courts office. The request must include supportive reasoning for reconsideration. Supportive reasoning is defined as mitigating circumstances pertaining to the crime, psychiatrist/psychological reports that may not have been available for the initial consideration, or any other relevant information that can be placed in written format.

THE PROGRAM

Treatment: Through a team approach Probation Officers work in collaboration with clinicians for the benefit of participants. This aids in forming treatment strategies and identifying issues currently affecting the participants recovery. Treatment needs are determined by a clinical assessment completed prior to admission to the program. Needs are reviewed on a bi-weekly basis if not more and are often adjusted during the program as more information is learned about the individual.

The **American Society of Addiction Medicine** (ASAM) instrument is used to determine the appropriate level of care. The full continuum of treatment modalities are available including detoxification, in-patient, halfway house, and out-patient. Both individual and group therapies are employed since the aim of the program is to treat the whole addict not just the addiction. Funding for treatment is provided by private insurance, Single County Authority

(SCA) funding and Medical Assistance. Confidentiality is maintained except where the continuum of care principle requires information to be shared.

It is required for participants to engage in pro-social sober activities as recommended by the treatment court program. The participant is encouraged to obtain a home group and sponsor in order to help understand the 12-step program or other form of recovery related activities. The 12-step program and other pro-social sober support activities are designed to help the participant create a new life in recovery which includes a healthy and sober lifestyle.

Supervision: Supervision contacts with Probation Officers are made frequently in the beginning of the program to help create a feeling of inclusion, assess attitude, and to monitor compliance with program rules and regulations. As the participant moves through the program behavior becomes the chief indicator of the appropriate frequency of supervision. While the program has minimum contact requirements in each phase, the participant is seen more often, if and when circumstances dictate.

In order to eliminate participant triangulation or manipulation, there is on-going communication between supervision and treatment. This approach is vital in maintaining accountability for the offender and is important in building responsibility, which is lacking in the lifestyle of the addict.

Judicial Supervision: A key component in the supervision of the participant is the judicial supervision. Court appearances are essential in keeping the participant focused on the ultimate goal of long-term sobriety. In the beginning of the program, the participant is scheduled for bi-weekly court appearances. Treatment Court appearances are held bi-weekly on a day determined by the supervising Judge with separate groups of males and females. Judicial supervision is reduced or increased based on the participant's performance in the program.

- Drug Court – 1st and 3rd Mondays of the month with the meeting at 9 AM and court directly after
- DUI Court – Every Thursday based on track with the meeting the Wednesday preceding court.
 - Track 1A – 1st and 3rd Thursdays beginning at 9 AM
 - Track 1B – 2nd and 4th Thursdays beginning at 9 AM
 - Track 2A – 1st Thursday of the month beginning at 1:30 PM
 - Track 2B – 2nd Thursday of the month on a quarterly basis beginning at 1:30 PM
- Mental Health Court – 1st and 3rd Tuesdays of the month with the meeting at 9 AM and court directly after
- Veterans Treatment Court – 1st and 3rd Thursdays of the month with the meeting at 1 PM and court directly after

Testing and Accountability: Substance abuse testing is considered a cornerstone of the program. The program's substance abuse testing policy is based on a random and frequent testing system. Each participant is directed to call a random testing phone line seven days per week after 5 AM to determine if they are required to report for testing. Upon finding they are directed to report for testing, the offender is to report to Treatment Access Services Center (TASC) between 11 AM and 6 PM unless they apply and participate in the "Rise and Shine"

Club from 7AM until 8 AM. All testing will be observed by someone at TASC. If the participant fails to appear, submit a sample, and/or dilutes a sample it will potentially be considered a positive test for program purposes. All positive results are sent automatically for confirmation and could result in additional sanctions. The program has a zero tolerance policy for attempting to submit an adulterated or fake urine sample. Currently co-pays for treatment court participants are \$2.00 and could be increased at any time during the program for non-compliance or if additional testing for other substances is required.

LENGTH AND PHASES OF THE PROGRAM

Participation in any of the Treatment Court Programs is a minimum of 12-18 months depending on the program and track (DUI Court) each participant is placed in. The track (DUI Court) a participant is placed in, is based on their RANT score as well as their ASAM drug and alcohol evaluation. Program progression is awarded to those who are active in their recovery, meeting treatment goals, and working through their designated check lists based on their track. (Appendix).

The participants length of time in the program consists of three or four phases. Each phase is a minimum of 3-6 months based on the participants progress through their check lists. Phase I is highly structured and demanding as it is when internal motivation is often the weakest and the most support is necessary. As the participant progresses in the phases, requirements gradually lessen.

To advance in phases the participant must be compliant with all program requirements, complete their assigned phase check list, and have 60-90 days of negative drug and alcohol tests. Prior to advancing to the final phase of their program, in addition to the check list, a participant must submit a scrapbook detailing their story of recovery up until that point.

TREATMENT PROVIDERS

Upon admission in the program the participant will enter and participate in treatment as recommended in the initial clinical assessment. The level of care is determined through the completion of the American Society of Addiction Medicine (ASAM). The treatment plan and level of care is clinically determined by the treatment provider based off goals and needs and are re-assessed on an on going basis. The participant will be referred for treatment at one of the Courts approved agencies. A list of approved agencies is as follows:

Pennsylvania Counseling Services
125 S. 5th St.
Reading, PA 19602
(610) 685-2188

Berks Counseling Center
645 Penn St. 2nd Floor
Reading, PA 19601
(610) 373-4281

CARON Outpatient Treatment Center
845 N. Park Rd.
Wyomissing, PA 19610
(484) 345-4670

New Directions Treatment Services
832 N. Park Rd.
Wyomissing, PA 19610
(610) 750-6130

Veterans Administration (Veterans Court Only)
Veterans Justice Outreach Coordinator (VJO)
Gelu Negrea
(717) 317-0365
Gelu.negrea@va.gov

The treatment providers contract with private insurance companies for treatment when possible. A participant that does not possess private insurance is directed to the Department of Public Welfare to apply for Medical Assistance. The participant may also qualify for funding through the county SCA. Anyone applying for Veterans Court will work directly with the VJO listed under treatment providers for funding and assessment.

SANCTIONS AND INCENTIVES

The use of graduated sanctions and incentives with Treatment Court participants helps shape behavior and improve outcomes. In order to be effective, there must be a proper balance of sanctions and incentives. Within the framework, incremental, proportionate and predictable responses are delivered to encourage and reinforce positive behaviors and discourage negative, noncompliant behaviors. Sanctions are administered when participants fail to comply with program requirements (supervision, treatment, drug testing, etc.) and incentives are in response to positive behavior and achievements.

SANCTIONABLE BEHAVIORS

Participant behaviors, which may be sanctioned, include, but are not limited to the following:

- Positive or diluted urine test
- Failure to submit urine sample
- Unexcused absence or absences from counseling sessions
- Failure to follow treatment conduct rules
- Willful failure to pay costs, fees and restitution as ordered
- Failure to attend scheduled status hearing without just cause
- Arrested for a new offense
- Failure to comply with treatment provider recommendations
- Leaving the jurisdiction without permission of the Treatment Court Team
- Failure to attend self-help group per treatment plan recommendation
- Possession or delivery of drugs at treatment site
- Violent or abusive behavior at treatment site, program site or other place of contact or participation
- Failure to comply with directives given by the Court, Treatment Court Team or treatment providers
- Failure to move through the phases in the appropriate designated time frame
- Dishonesty to court personnel and other treatment court staff

BEHAVIORS WORTHY OF INCENTIVE

Participant behaviors, which the Treatment Court team may apply an incentive, include, but are not limited to the following:

- Attendance at all scheduled Treatment Court sessions
- Attendance at all scheduled outpatient treatment sessions
- Attendance at all urine screens when called
- Continuously having negative urine screens
- Following all the rules of the Treatment Court program
- Making consistent payments on fines, costs, and restitution
- Attending all scheduled appointments with case management and peer support
- Showing progress in all aspects of your recovery
- Being honest with yourself, court and treatment staff

ELECTRONIC MONITORING

As part of a sentence and/or as a sanction, participants may be placed on electronic monitoring while in Treatment Court. The Secure Continuous Remote Alcohol Monitor (SCRAM) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors alcohol

consumption by sampling the participant's perspiration. The SCRAM bracelet is worn to ensure that participants do not drink alcohol and to assist in their path to abstinence from alcohol. The SCRAM bracelet communicates the information gathered via a landline phone or internet ethernet cable. Participants may be required to pay up to \$8.00 per day for the use of the bracelet with a minimum of two months up front prior to installation of the bracelet. Verification of alcohol use may result in a sanction.

The Global Positioning System (GPS) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors the participant's whereabouts using global positioning points. This information gathered from the bracelet is communicated through cellular service. Participants may be required to pay up to \$5.00 per day for this service with a minimum of two months being paid up front, prior to the installation of the device.

The assigned probation officer will be determining the schedule for windows (time allowed away from the residence) and will monitor the participant's whereabouts. Deviations from the approved schedule will be considered violations of probation.

VOLUNTARY AND INVOLUNTARY DISCHARGE FROM TREATMENT COURT

All Berks County Treatment Courts are a voluntary program. The decision to discharge a participant either voluntarily or involuntarily is the Judge's to make, after consultation with the entire team. Participants will most likely face violation regardless of whether or not they voluntarily or involuntarily discharge from the program. DUI offenses require fulfillment of a mandatory sentence.

Following a termination petition, a hearing will be held before an impartial Judge to provide evidence that would warrant termination from Treatment Court. Since participants are pre / post-conviction their case would then go through the regular Gagnon procedure or if they are pre-sentence they would be returned to the originating Judge for further disposition. Re-sentencing shall be within the sole discretion of the sentencing judge, limited only by the maximum penalty allowed by law.

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED SUBSTANCES

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. (Appendix)

Participants in Berks County Treatment Court and individuals seeking entry into the Berks County Treatment Court are expected to notify all their treating physicians that they are in

recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

*Medical Marijuana use will be addressed on a case-by-case basis. Consideration for use should be accompanied by a letter addressed to the Court from a treating physician that details, diagnosis and medical necessity for use.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in Treatment Court.

Consuming alcohol in any form is prohibited. The use of diet pills while in Treatment Court is prohibited. Additionally, the consumption of poppy seeds is strictly prohibited while in the program. Any positive drug tests for opiates will always be deemed positive for illegal substances. Lastly, consumption of salvia, morning glory seeds and any other such mood altering or hallucinogenic substance are strictly prohibited.

GRADUATION AND THE REQUIREMENTS

Graduation from Treatment Court programs comes after a participant has been promoted through the phases and successfully completed the requirements of the program. The decision to allow phase changes and ultimately graduation is made by the entire team and must be approved by the Judge. The requirements for graduation are outlined in the final phase checklist. (Appendix)

TRAINING

The Treatment Court teams are committed to staying current with trends by attending trainings in addiction, recovery, evidence based practices, supervision and related topics. In addition all treatment court probation officers are required to obtain training and pass the test for the Pennsylvania Certification Board Certification to become an Certified Allied Addiction Practioner (CAAP) which involves training in a number of different areas relative to treatment and ethics. Team members also attend the National Association of Drug Court Professionals training as well as the Pennsylvania Association of Treatment Court professionals training on an on going basis to be knowledgeable of advancements I the treatment of addictions. Probation Officers in Treatment Court are also required to attend 40 hours of continuing education training per year.

CONFIDENTIALITY

The Berks County Treatment Court teams take confidentiality very seriously and are committed to ensuring that all personal information is not disseminated to any outside party without explicit written permission of the participant. The following proceedings are held on the record: admissions, guilty pleas, sentencing, discharge / termination, and any sanction being given out by the Judge.

Upon admission, the participant is required to sign a consent / waiver authorizing the transfer of information amount participating Treatment Court agencies for the duration of the court participation. Should the participant refuse to consent to disclosure or attempt to revoke consent prior to the expiration of the consent., such action is grounds for immediate sanction and possible termination from the program.

DATA COLLECTION

The Berks County Treatment Court programs maintain various data systems to measure the program's performance outcomes. Currently the program uses the following data systems to assist in maintaining data: Pennsylvania's Problem Solving Adult and Juvenile Courts Information System, The Unified Case Management System, Pennsylvania's Commission on Crime and Delinquency County Intermediate Punishment Program database and various excel databases. The program currently maintains data on the following: ethnicity, gender, martial status, employment, education, community service, termination, successful offenders, violations (new arrest and technical), admission, urinalysis, offender contacts and field work, risk and needs evaluations, incarceration days saved, offenders in program phases, drug free births and medication assisted treatment.

SUSTAINABILITY AND PARTNERSHIPS

The Berks County Treatment Courts have funding provided by the following: Berks County Board of Comissioners, Berks County Adult Probation and Parole Department, and Pennsylvania's Comission on Crime and Delinquency County Intermediate Punishment Program. The program continuously works to identify new resources and options to support the court including various grant opportunities.

The Berks County Treatment Court Programs have developed numerous community partnerships that provide invaluable support for the program. Partnerships include the following: Berks County Adult Probation and Parole Department, Berks County Jail System, Treatment Access Services Center, Council on Chemical Abuse, National Association of Drug Court Professionals and the Administrative Office of Pennsylvania Courts.

The Judge and Coordinator often speak at various community, legal and educational events about the program. The goal is to help others understand the functions of the program, connect them to possible resources, and express how the program not only benefits the

community but also how it contributes in reducing recidivism and improving the lives of the participants.

APPENDIX

ACKNOWLEDGMENT OF PARTICIPANT

DRUG COURT PHASE CHECKLISTS

DUI COURT PHASE CHECKLISTS

MENTAL HEALTH COURT PHASE CHECKLISTS

VETERANS TREATMENT COURT PHASE CHECKLISTS

GOAL WORKSHEET

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED
SUBSTANCES WITH PARTICIPANT ACKNOWLEDGMENT

URINE TESTING GUIDELINES

ALCOHOL TESTING CONTRACT

JOB SEARCH FORM

NOTICE OF ACT 122

RELEASE OF INFORMATION

DIRECTORY OF SERVICES

ACKNOWLEDGMENT OF PARTICIPANT

I _____, hereby acknowledge that I have received a copy of the Berks County Treatment Court Participant Manual. I fully understand that it is my responsibility to review the participant manual and understand all contents. I will be given the opportunity to have any section clarified by my probation officer if necessary.

Signature of Participant Date

Probation Officer Date

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 1 CHECKLIST (4/22/19)

CLIENT _____ ENTRY DATE _____

PHASE 1 (3-6)			
Requirements:	Date:	Requirements:	Date:
Complete the Introduction to Drug Court Essay		If recommended, participate with assigned recovery support specialist	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Identify need in the following areas: Employment/Resume: Yes / No Financial/Bank Account: Yes / No Education/Literacy/GED Yes / No Parenting: Yes / No	
Attend all twice monthly Court appearances.		Provide a copy of the most recent pay stub for employment if applicable	
Attend twice monthly office visits with probation officer Date of Last Missed Appointment:		Start changing people, places and things and complete support list in participant manual	
Be present for scheduled home visits (once every other month) with your probation officer		Complete 12 hours of community service	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Establish and maintain a stable living environment	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Develop a transportation plan	
Attend 3 recovery related events weekly including support group meetings and present logs in court		Establish a child support payment plan, if applicable	
Maintain a date book/calendar with all meetings and appointments and bring to all appointments and court sessions		Days sober and no missed drug/alcohol tests for advancement to Phase 2- 60 days minimum	
Select a home support group and secure a sponsor		Complete the Phase 1 checklist, essay and relapse prevention plan for advancement to Phase 2	
Sign releases of information with treatment and applicable family members and significant others		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment (ORAS) to assess risk, need and responsivity factors	

As evidenced by the above signatures, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 2 CHECKLIST (4/22/19)

CLIENT _____ ENTRY DATE _____

PHASE 2 (3-6)			
Requirements:	Date:	Requirements:	Date:
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed drug screen:		Obtain or maintain gainful employment and provide pay stubs or continue with other approved use of time.	
Attend all twice monthly Court appearances		Maintain a stable living environment	
Attend twice monthly office visits with your probation officer Date of last missed appointment:		Demonstrate changing of people, places and things and utilize support list	
Be present for scheduled home visits with your probation officer (once every other month)		Exhibit appropriate use of leisure time	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Complete 12 hours of community service	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Develop a financial plan and comply with payment plan for child support, if applicable	
Maintain a date book/calendar with all meetings and appointments. Bring to all appointments and Court sessions.		Days sober and no missed drug/alcohol tests for advancement to Phase 3- 90 days	
Attend 3 recovery related events weekly including support group meetings and present logs in court		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court Team	
If recommended, participate with assigned recovery support specialist		Plead guilty and be sentenced or be placed on Intermediate Punishment	
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)		Complete Phase 2 checklist, essay and relapse prevention plan for Phase 3 advancement.	

As evidenced by the above signatures, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 3 CHECKLIST (4/22/19)

CLIENT _____ ENTRY DATE _____

PHASE 3 (3-6)			
Requirements:	Date:	Requirements:	Date:
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen:		Maintain gainful employment or continue with other approved use of time	
Attend all twice monthly Court appearances		Maintain a stable living environment	
Attend twice monthly office visits with your probation officer Date of Last Missed Appointment:		Demonstrate changing of people, places and things and utilize support list	
Be present for scheduled home visits with your probation officer (once every other month)		Maintain a scheduled payment plan for legal costs/fines, child support, and any court ordered restitution as per your financial plan	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Complete 12 hrs. of Community Service	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Days sober and no missed drug/alcohol tests for advancement to Phase 3-90 days	
Maintain a date book/ calendar regarding all meetings and appointments. Bring date book to all apts. and court sessions.		Complete Personal Finance classes I and II with BCPS	
Attend 3 recovery related activities weekly including support groups and present logs in court		Continue with appropriate risk reduction activities as recommended	
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)		Complete Phase 3 Project - Scrapbook	
If recommended, participate with assigned recovery support specialist		Complete Phase 3 checklist, essay and relapse prevention plan for advancement to Phase 4	

As evidenced by the above signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Phase 4.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 4 CHECKLIST

CLIENT _____ ENTRY DATE _____

PHASE 4 (3-6)			
Requirements:	Date:	Requirements:	Date:
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive screen: Date of last missed screen:		Maintain gainful employment or continue with other approved use of time.	
Attend all monthly Court appearances		Maintain a stable living environment	
Attend once monthly office visits with your probation officer Date of Last Missed Appointment:		Demonstrate changing of people, places and things	
Be present for scheduled home visits with your probation officer (once every other month)		Attend and engage in the Treatment Court Alumni Group	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Pay restitution in full and demonstrate consistent compliance with scheduled payment plans for legal costs/fines and child support	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Last missed appointment:		Maintain stable living environment and lifestyle	
Attend 3 recovery related activities including support groups per week and present logs in Court		Days sober and no missed drug/alcohol tests for graduation- 90 days	
Maintain a date book/ calendar regarding all meetings and appointments. Bring date book to all appointments and court sessions. Set monthly goals to accomplish.			
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)			
If recommended, participate with assigned recovery specialist		Complete Phase 4 checklist, essay and relapse prevention plan for Graduation	

As evidenced by the above signatures, I have completed all requirements of Phase 4 and am now requesting to Graduate.

Client Signature

Date

Form received by: _____
Signature to Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM
TRACK 1
PHASE 1 CHECKLIST 3/4/19

CLIENT _____ ENTRY DATE _____

Requirements:	Date:	Requirements:	Date:
Attend twice monthly court appearances		Establish & maintain a stable living environment	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Start changing people, places and things and complete support list in Participant Manual	
Be present for scheduled home visits (once every other month) with your probation officer		Obtain medical assessment/physical and address any medical issues	
Reporting frequency for court appearances, office visits and home visits may be increased at the discretion of the Judge		Sign a release of information with service and treatment providers	
Attend 3 recovery related events weekly		Sign a release of information with significant others/parents	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed appointment:		If employed, provide pay stubs	
Maintain a date book/calendar with all meetings and appointments. Bring book/calendar to all appointments and court sessions.		Identify need in the following areas: Employment/Resume: YES NO Financial: YES NO Education/Literacy: YES NO Parenting: YES NO	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Days sober and no missed drug tests required for advancement to Phase 2– 60 days minimum	
Develop a transportation plan		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment (ORAS) to assess risk, need and responsivity factors	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2. I have been in Phase 1 for a minimum of 6 months.

Client Signature

Date

Form received by: _____
Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM

TRACK 1

PHASE 2 CHECKLIST 3/4/19

CLIENT _____ **ENTRY DATE** _____

PHASE 2 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend twice monthly court appearances		Complete all court ordered community service	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Be present for scheduled home visits (once every other month) with your probation officer		Review transportation plan	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		Maintain stable living environment	
Attend 3 recovery related events weekly		Seek out and/or maintain employment, if appropriate	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed appointment:		Develop financial plan, make regular payments on monies owed (a minimum of \$40.00 a month) pursuant to financial plan and provide pay stubs Date of last payment:	
Establish recovery network/home groups/sponsor		Demonstrate changing of people, places and things and utilize support list	
Maintain a date book/calendar regarding all meetings and appointments. Bring date book to all appointments and court sessions.		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court team	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Complete and hand in a scrapbook	
Start Advanced Alcohol Safe Driving classes		Days sober and no missed drug screens required for advancement to Phase 3- 90 days minimum	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3. I have been in Phase 2 for a minimum of 6 months.

Client Signature

Date

Form received by: _____
Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM
TRACK 1
PHASE 3 CHECKLIST 3/4/19

CLIENT _____ ENTRY DATE _____

PHASE 3 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend monthly court appearances		Address transportation/license reinstatement	
Attend monthly office visits with probation officer Date of last missed appointment:		Maintain stable living environment	
Be present for scheduled home visits (once every other month) with probation officer		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		If appropriate, participate with assigned recovery support specialist	
Attend 3 prosocial/recovery related events per week		Demonstrate continued change in people, places, and things and utilize support list	
If appropriate, continue to attend and engage in treatment and exhibit progress with your treatment plan Date of last missed appointment: Date of treatment completion:		Address financial plan and make regular payments on monies owed (a minimum of \$40.00 a month) Date of last payment: Total monies paid during DUI Treatment Court participation:	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Attend and engage in the Treatment Court alumni group	
Complete Advanced Alcohol Safe Driving classes		Days sober and no missed tests for a minimum of 90 days for graduation	
Maintain employment, if appropriate		Complete risk reduction activities	
Maintain a date book/calendar with all meetings and appointments and bring book/calendar to all appointments and court sessions			

As evidenced by the above dates and the below signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Graduation. I have been in Phase 3 for a minimum of 6 months and in DUI Treatment Court a minimum of 18 months.

Client Signature

Date

Form received by: _____

Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM

TRACK 2A

PHASE 1 CHECKLIST 3/4/19

CLIENT _____ **ENTRY DATE** _____

Requirements:	Date:	Requirements:	Date:
Attend monthly court appearances		Establish & maintain a stable living environment	
Attend monthly office visits with probation officer Date of last missed appointment:		Start changing people, places and things and complete support list in Participant Manual	
Be present for scheduled home visits (once every other month) with your probation officer		Obtain medical assessment/physical and address any medical issues	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Sign a release of information with service and treatment providers	
Attend 3 recovery related events weekly		Sign a release of information with significant others/parents	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed appointment:		If employed, provide pay stubs	
Maintain a date book/calendar with all meetings and appointments. Bring book/calendar to all appointments and court sessions.		Identify need in the following areas: Employment/Resume: YES NO Financial: YES NO Education/Literacy: YES NO Parenting: YES NO	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive urine:		Days sober and no missed drug tests required for advancement to Phase 2– 60 days minimum	
Develop a transportation plan		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment System (ORAS) to assess risk, need and responsivity factors	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2. I have been in Phase 1 for a minimum of 4 months.

Client Signature

Date

Form received by: _____

Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM
TRACK 2A
PHASE 2 CHECKLIST 3/4/19

CLIENT _____ **ENTRY DATE** _____

PHASE 2 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend monthly court appearances		Complete all court ordered community service	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Be present for scheduled home visits (once every other month) with your probation officer		Review transportation plan	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		Maintain stable living environment	
Attend 3 recovery related events weekly		Seek out and/or maintain employment, if appropriate	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed appointment:		Develop financial plan, make regular payments on monies owed (a minimum of \$40.00 a month) pursuant to financial plan and provide pay stubs Date of last payment:	
Establish recovery network/home groups/sponsor		Demonstrate changing of people, places and things and utilize support list	
Maintain a date book/calendar regarding all meetings and appointments. Bring date book to all appointments and court sessions.		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court team	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Complete and hand in a scrapbook	
Start Advanced Alcohol Safe Driving classes		Days sober and no missed drug screens required for advancement to Phase 3- 90 days minimum	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3. I have been in Phase 2 for a minimum of 4 months.

Client Signature

Date

Form received by: _____
Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM
TRACK 2A
PHASE 3 CHECKLIST 3/4/19

CLIENT _____ ENTRY DATE _____

PHASE 3 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend monthly court appearances		Address transportation/license reinstatement	
Attend monthly office visits with probation officer Date of last missed appointment:		Maintain stable living environment	
Be present for scheduled home visits (once every other month) with probation officer		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		If appropriate, participate with assigned recovery support specialist	
Attend 3 prosocial/recovery related events per week		Demonstrate continued change in people, places, and things and utilize support list	
If appropriate, continue to attend and engage in treatment and exhibit progress with your treatment plan Date of last missed appointment: Date of treatment completion:		Address financial plan and make regular payments on monies owed (a minimum of \$40.00 a month) Date of last payment: Total monies paid during DUI Treatment Court participation:	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Attend and engage in the Treatment Court alumni group	
Complete Advanced Alcohol Safe Driving classes		Days sober and no missed tests for a minimum of 90 days for graduation	
Maintain employment, if appropriate		Complete risk reduction activities	
Maintain a date book/calendar with all meetings and appointments and bring book/calendar to all appointments and court sessions			

As evidenced by the above dates and the below signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Graduation. I have been in Phase 3 for a minimum of 4 months and in DUI Treatment Court for a minimum of 12 months.

Client Signature

Date

Form received by: _____
Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM

TRACK 2B

PHASE 1 CHECKLIST 3/4/19

CLIENT _____ **ENTRY DATE** _____

Requirements:	Date:	Requirements:	Date:
Attend quarterly court appearances		Establish & maintain a stable living environment	
Attend once monthly office visits with probation officer Date of last missed appointment:		Start changing people, places and things and complete support list in Participant Manual	
Be present for scheduled home visits (once every other month) with your probation officer		Obtain medical assessment/physical and address any medical issues	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Sign a release of information with service and treatment providers	
Attend 3 recovery related events weekly		Sign a release of information with significant others/parents	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed employment:		If employed, provide pay stubs	
Maintain a date book/calendar with all meetings and appointments. Bring book/calendar to all appointments and court sessions.		Identify need in the following areas: Employment/Resume: YES NO Financial: YES NO Education/Literacy: YES NO Parenting: YES NO	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Days sober and no missed drug tests required for advancement to Phase 2– 60 days minimum	
Develop a transportation plan		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment System (ORAS) to assess risk, need and responsivity factors	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2. I have been in Phase 1 for a minimum of 4 months.

Client Signature

Date

Form received by: _____

Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM
TRACK 2B
PHASE 2 CHECKLIST 3/4/19

CLIENT _____ **ENTRY DATE** _____

PHASE 2 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend quarterly court appearances		Complete all court ordered community service	
Attend monthly office visits with probation officer Date of last missed appointment:		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Be present for scheduled home visits (once every other month) with your probation officer		Review transportation plan	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		Maintain stable living environment	
Attend 3 recovery related events weekly		Seek out and/or maintain employment, if appropriate	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed appointment:		Develop financial plan, make regular payments on monies owed (a minimum of \$40.00 a month) pursuant to financial plan and provide pay stubs Date of last payment:	
Establish recovery network/home groups/sponsor		Demonstrate changing of people, places and things and utilize support list	
Maintain a date book/calendar regarding all meetings and appointments. Bring date book to all appointments and court sessions.		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court team	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Complete and hand in a scrapbook	
Start Advanced Alcohol Safe Driving classes		Days sober and no missed drug screens required for advancement to Phase 3- 90 days minimum	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3. I have been in Phase 2 for a minimum of 4 months.

Client Signature

Date

Form received by: _____
Signature of DUI Treatment Team Court Member

Date

**BERKS COUNTY DUI TREATMENT COURT PROGRAM
TRACK 2B
PHASE 3 CHECKLIST 3/4/19**

CLIENT _____ **ENTRY DATE** _____

PHASE 3 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend quarterly court appearances		Address transportation/license reinstatement	
Attend monthly office visits with probation officer Date of last missed appointment:		Maintain stable living environment	
Be present for scheduled home visits (once every other month) with probation officer		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		If appropriate, participate with assigned recovery support specialist	
If appropriate, continue to attend and engage in treatment and exhibit progress with your treatment plan Date of last missed appointment: Date of treatment completion:		Address financial plan and make regular payments on monies owed (a minimum of \$40.00 a month) Date of last payment: Total monies paid during DUI Treatment Court participation:	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Demonstrate continued change in people, places and things and utilize support list	
Complete Advanced Alcohol Safe Driving classes		Attend and engage in the Treatment Court alumni group	
Maintain employment, if appropriate		Days sober and no missed tests for a minimum of 90 days for graduation	
Maintain a date book/calendar with all meetings and appointments and bring book/calendar to all appointments and court sessions		Complete risk reduction activities	
Attend 3 prosocial/recovery related events per week			

As evidenced by the above dates and the below signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Graduation. I have been in Phase 3 for a minimum of 4 months and DUI Treatment Court a minimum of 12 months.

Client Signature

Date

Form received by: _____

Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 1 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 1 (3-6 months)			
Requirements:	Date:	Requirements:	Date:
Attend all twice monthly Court appearances		If appropriate, participate in psychiatric medication monitoring and take medications as prescribed	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Provide the Court with medical documentation for all current prescribed medications	
Be present for scheduled home visits (once every other month) with your probation officer		Maintain a date book/calendar documenting all meetings and appointments and bring to all appointments and court sessions	
Reporting frequency for Court appearances, office visits, and home visits may be increased at the discretion of the Judge		Establish and maintain a stable and appropriate living arrangement	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		If necessary, develop a transportation plan to help ensure attendance at all required events	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Start changing people, places and things	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the treatment court team		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment System (ORAS) to assess risk, need and responsivity factors	
Sign releases of information with all case management, treatment providers and applicable family members and significant others		Days sober and no missed drug/alcohol tests for advancement to Phase 2- 60 days	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group) and maintain a log of all activities and bring the log to all court appearances			
Provide the Treatment Court team with a copy of your current case plan from your case management agency and/or your Wellness Recovery Action Plan (WRAP) from your Peer Support Specialist			

As evidenced by the above signatures, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2.

Client Signature

Date

Form received by: _____
Signature to Treatment Court Team Member

Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 2 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 2 (3-6 months)			
Requirements:	Date:	Requirements:	Date:
Attend all twice monthly Court appearances		Maintain a stable and appropriate living arrangement	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Complete support list in participant manual and identify a mentor, sponsor or other support person	
Be present for scheduled home visits (once every other month) with probation officer		Identify needs in the following areas: Education/Employment/GED Parenting	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		If necessary, review transportation plan to help ensure attendance at all required events	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Maintain a date book/calendar documenting all meetings and appointments and bring date book to all appointments and court sessions	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Demonstrate changing of people, places and things	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the treatment court team		Review employability and current income sources and develop an income plan that includes employment, if appropriate	
If updated, provide the Treatment Court team with a copy of your case plan and/or Wellness Recovery Action Plan		If not employed, develop a plan for appropriate use of leisure time that may include an educational program, volunteer work, community service, participation in other programming, etc.	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group), maintain a log of all activities and bring the log to all court appearances		Review the Ohio Risk Assessment System (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court team	
If appropriate, participate in psychiatric medication monitoring and take medications as prescribed		Days sober and no missed drug/alcohol tests for advancement to Phase 3- 90 days	
Provide the Court with medical documentation for all current prescribed medications			

As evidenced by the above signatures, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 3 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 3 (3 to 6 months)			
Requirements:	Date:	Requirements:	Date:
Attend all twice monthly Court appearances		Maintain a stable and appropriate living arrangement	
Attend all twice monthly office visits with probation officer Date of last missed appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for all home visits (once every other month) with probation officer		Maintain a date book/calendar documenting all meetings and appointments and bring date book to all appointments and court sessions	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Review areas of need (education, literacy, parenting, transportation)	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive screen: Date of last missed screen:		Maintain employment or continue to follow plan for appropriate use of leisure activity	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Continue to participate in risk reduction activities as directed by the Treatment Court team	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the treatment court team		Develop and submit a scrapbook reflecting your journey in recovery	
If updated, provide the Treatment Court team with a copy of your case plan and/or Wellness Recovery Action Plan		Develop a financial plan for monies owed and make regular payments	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group), maintain a log of all activities and bring the log to all court appearances		Days sober and no missed drug/alcohol test for advancement to Phase 4- 90 days	
If appropriate, participate in psychiatric medication monitoring and take medications as prescribed			
Provide the Court with medical documentation for all current prescribed medications			

As evidenced by the above signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Phase 4.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 4 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 4 (3 to 6 months)			
Requirements:	Date:	Requirements:	Date:
Attend monthly Court appearances		Maintain a stable and appropriate living arrangement	
Attend monthly office visit with probation officer as directed Date of last missed appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for home visits (once every other month) with probation officer		Maintain a date book/calendar documenting all meetings and appointments and bring date book to all appointments and court sessions	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		If necessary, review areas of need (education, literacy, parenting, transportation)	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed drug screen:		Maintain employment or continue to follow plan for appropriate use of leisure activity	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Continue to participate in risk reduction activities as directed by the Treatment Court team	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the Treatment Court team		Make regular payments on monies owed as per your financial plan	
If updated, provide the Treatment Court team with a copy of your case plan and/or Wellness Recovery Action Plan		Attend and engage in the Treatment Court Alumni group	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group), maintain a log of all activities, and bring the log to all court appearances		Days sober and no missed drug/alcohol tests for graduation- 90 days	
If appropriate, participate in psychiatric medication monitoring and take medications as prescribed			
Provide the Court with medical documentation for all current prescribed medications			

As evidenced by the above signatures, I have completed all requirements of Phase 4 and am now requesting to graduate.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 1 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 1 (3-6)			
Requirements:	Date:	Requirements:	Date:
Meet with Veterans Justice Outreach Coordinator for Treatment Planning and attend all Veterans Affairs appointments		Sign releases of information with treatment and applicable family members and significant others	
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Identify need in the following areas: Employment/Resume: Yes / No Financial/Bank Account: Yes / No Education/Literacy/GED Yes / No Parenting: Yes / No	
Attend all twice monthly Court appearances		Provide a copy of the most recent pay stub for employment if applicable	
Attend twice monthly office visits with probation officer Date of Last Missed Appointment:		Complete the support list in the manual and start changing people, places and things	
Be present for scheduled home visits (once every other month) with your probation officer		Develop a transportation plan	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Establish and maintain a stable living environment	
Meet with the Mentor Coordinator to secure a mentor and meet with or speak to your mentor a minimum of once weekly		Write an essay for the Judge on “Why you are ready for advancement to Phase 2”	
Attend all recommended support groups and/or recovery related events and present log in court		Complete the Phase 1 checklist for advancement to Phase 2	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Days sober and no missed drug/alcohol tests for advancement to Phase 2- 60 days minimum	
Maintain a date book/calendar with all meetings and appointments and bring to all appointments and court sessions		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment (ORAS) to assess risk, need and responsivity factors	

As evidenced by the above signatures, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 2 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 2 (3-6)			
Requirements:	Date:	Requirements:	Date:
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed drug screen:		If appropriate, obtain or maintain gainful employment and provide pay stubs or continue with other approved use of time.	
Attend all twice monthly Court appearances		Maintain a stable living environment	
Attend twice monthly office visits with your probation officer Date of last missed appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for scheduled home visits with your probation officer (once every other month)		Exhibit appropriate use of leisure time	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Develop a financial plan including a payment plan for legal costs/fines, child support and any court ordered restitution	
Attend all Veteran Affairs appointments and comply with all treatment planning as directed by the VJO		Days sober and no missed drug/alcohol tests for advancement to Phase 3- 90 days	
Attend all recommended support groups and/or recovery related events and present logs in court		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court Team	
Maintain a date book/calendar with all meetings and appointments and bring to all appointments and court sessions		Plead guilty and be sentenced or be placed on Intermediate Punishment	
Meet with or speak to your assigned mentor a minimum of once weekly		Complete the Phase 2 checklist for advancement to Phase 3	

As evidenced by the above signatures, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 3 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 3 (3-6)			
Requirements:	Date:	Requirements:	Date:
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)	
Attend all twice monthly Court appearances		If appropriate, maintain gainful employment or continue with other approved use of time	
Attend twice monthly office visits with your probation officer Date of Last Missed Appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for scheduled home visits with your probation officer (once every other month)		Maintain a stable living environment	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Exhibit appropriate use of leisure time	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Maintain a scheduled payment plan for legal costs/fines, child support, and any court ordered restitution as per your financial plan	
Attend all recommended support groups and/or recovery related events and present logs in court		Perform 48 hours of Community Service if unemployed; 16 if employed full time	
Attend all Veteran Affairs appointments and comply with all treatment planning as directed by the VJO		Days sober and no missed drug/alcohol tests for advancement to Phase 3-90 days	
Meet with or speak to your assigned mentor a minimum of once weekly		Continue with appropriate risk reduction activities as recommended by the Treatment Court Team	
Maintain a date book/ calendar regarding all meetings and appointments and bring date book to all appointments and court sessions		Complete Phase 3 checklist for advancement to Phase 4	

As evidenced by the above signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Phase 4.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 4 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 4 (3-6)			
Requirements:	Date:	Requirements:	Date:
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive screen: Date of last missed screen:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Attend all monthly Court appearances		If appropriate, maintain gainful employment or continue with other approved use of time.	
Attend once monthly office visits with your probation officer Date of Last Missed Appointment:		Exhibit appropriate use of leisure time	
Be present for scheduled home visits with your probation officer (once every other month)		Complete required community service hours	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Pay restitution in full and demonstrate consistent compliance with scheduled payment plans for legal costs/fines and child support	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Last missed appointment:		Meet with Mentor Coordinator about future mentorship role	
Attend all recommended support groups and/or recovery related events and present logs in court		Attend and engage in the Treatment Court Alumni Group	
Attend all Veteran Affairs appointments and comply with all treatment planning as directed by the VJO		Maintain a stable living environment	
Meet with or speak to your assigned mentor a minimum of once weekly		Continue to participate in risk reduction activities as directed by the Treatment Court Team	
Maintain a date book/ calendar regarding all meetings and appointments and bring date book to all appointments and court sessions		Days sober and no missed drug/alcohol tests for graduation- 90 days	
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)		Complete Phase 4 checklist for Graduation	

As evidenced by the above signatures, I have completed all requirements of Phase 4 and am now requesting to Graduate.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

GOALS

1. _____

2. _____

3. _____

4. _____

5. _____

Treatment Court Policy on Narcotic Medications and Prohibited Substances

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. The list includes, but is not limited to, the following and includes any generic version of these drugs:

ADDERALL	AMBIEN	AMYTAL
ATIVAN	CODEINE	CONCERTA
DEMEROL	DEXEDRINE	DILAUDID
FOCALIN	HALCION	KLONOPIN
LORCET	LORTAB	LIBRIUM
LUNESTA	MORPHINE	NEMBUTAL
OPANA	OXYCODONE	OXYCONTIN
PERCOCET	PERCODAN	RITALIN
ROXANOL	SECONAL	SOMA
SONATA	STADOL	TYLOX
TRAMADOL	VALIUM	VICODIN
XANAX	MEDICAL MARIJUANA*	CBD OIL
FENTANYL	OTC CORICIDIN	MARINOL
GABAPENTIN	NEURONTIN	

Participants in Berks County Treatment Court and individuals seeking entry into the Berks County Treatment Court are expected to notify all their treating physicians that they are in recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

*Medical Marijuana use will be addressed on a case-by-case basis. Consideration for use should be accompanied by a letter addressed to the Court from a treating physician that details, diagnosis, and medical necessity for use.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in treatment court.

Consuming alcohol in any form is prohibited. The use of diet pills while in Treatment Court is prohibited. Additionally, the consumption of poppy seeds is strictly prohibited while in the program. Any positive tests for opiates will always be deemed a positive for illegal substances. Lastly, consumption of salvia, morning glory seeds and any other such mood altering or hallucinogenic substance are strictly prohibited.

I understand and acknowledge this policy and agree to abide by all terms and conditions of the Berks County Treatment Court Medication Policy.

Participant Date

Witness Date

Treatment Court

TASC Collections - Urine Testing Guidelines

Urine collections are done at TASC Drug Testing Center, 19 North 6th St, Suite 100, Reading, PA 19601. Enter at the 6th Street entrance of the building and ask security to direct you to the TASC drug testing facility.

- **HOURS:** ****Call every day of the week****
 - Monday - Friday 11am – 6pm
 - Saturday 9am-12pm

During inclement weather the hours at TASC will be posted on 69 News and on this website <http://berkstasc.org/wp/>

- All urine collections will be observed by a lab technician. **NO EXCEPTIONS**
- All urine collections for treatment court are no cost to you.
- This letter will note the **frequency** of your testing. When you call the number below after 5am of the testing day, and enter your pin, you will be told if you need to report for a urine test that day.

These are considered sanctionable events in DUI Treatment Court:

- Failure to call for your testing schedule
- Failure to report for testing when scheduled
- Failure to call Saturdays and Sundays before 12
- Failure to call with enough time to get to the lab
- Failure to provide a sample after reporting
- Continued diluted test results

****Diluted Test results will be reviewed in court****

****On the day of the test please limit your consumption of liquids to no more than 2 (8 oz.) glasses 2 hours before the test. ****

Call this number after 5am the day of the test

(800) 494-1250

Enter the Pin # assigned to you

Pin #:

Please call every day.

EtG Testing

a urine test for detecting alcohol consumption...



INCIDENTAL ALCOHOL EXPOSURE CONTRACT

In an effort to promote abstinence and recovery for Treatment Court participants, the TASC Urine Collection Center is now offering EtG testing, a urine test that detects for the consumption of alcohol. When being monitored for EtG, and consistent with principles of recovery, it is important to avoid certain products that contain alcohol.

Therefore, in order to prevent “false positives,” it is YOUR responsibility to limit your consumption or exposure to the following substances:

COUGH /COLD SYRUPS:

Treatment Court participants have always been prohibited from ingesting alcohol-containing cough syrups, such as Nyquil, Dayquil, Vicks Formula 44, and so forth. Treatment Court participants are required to *read the labels* of all prescription and over-the-counter medications to determine if they contain alcohol.

MOUTHWASH/BREATH STRIPS:

Most mouthwashes, including Listerine, Scope, Listermint, etc. contain alcohol. Treatment Court participants are required to *read the labels* of all mouthwashes and breath-freshening products to determine if they contain alcohol. Non-alcoholic mouthwashes are available as an alternative.

NON-ALCOHOLIC BEER AND WINE:

Although legally considered “non-alcoholic,” NA beers such as O’Doul’s, Sharps, etc. do contain a small amount of alcohol that could produce a positive EtG test. Treatment Court participants are not permitted to consume these products.

HAND SANITIZER:

Hand sanitizers (Purell, Germex, etc.) and other antiseptic gels and foams contain up to 70% alcohol. Excessive, unnecessary or repeated use of these products could result in a positive EtG test. Hand washing with soap and water is just as effective for killing germs.

HYGIENE PRODUCTS:

Aftershave, colognes, perfumes, deodorants (i.e. Axe) and body washes often contain alcohol. Excessive use of these products could result in a positive EtG test. Treatment Court participants must use these products sparingly to avoid reaching detection levels.

SOLVENTS AND LACQUERS:

Many solvents, lacquers, and flooring products contain ethyl alcohol. Excessive inhalation of vapors that contain alcohol can result in a positive alcohol test. Frequency of use and exposure to such products should be kept to a minimum. If you work in an environment where contact with such products is unavoidable, you must discuss this with your probation officer.

FOOD AND OTHER INGESTIBLE PRODUCTS:

There are numerous consumable products that contain ethyl alcohol and could result in a positive EtG reading. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts, such as Ginko Biloba, contain alcohol. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over food and ignited) must be avoided.

REMEMBER!

When in doubt, don't use, consume, or apply!

I HAVE READ/ HAD READ TO ME AND I UNDERSTAND MY RESPONSIBILITIES TO AVOID PRODUCTS THAT CONTAIN ALCOHOL.

Participant

Date

Witness

Date

JOB SEARCH FORM

Drug Treatment Court Participant's Name: _____

Place of Employment: _____

Address: _____

Phone Number: _____

Copy of Application Attached Date Submitted: _____

Person Accepting Application – Signature: _____

Person Accepting Application – Print Name: _____

(Verification Necessary if Submitted Online)

Place of Employment: _____

Address: _____

Phone Number: _____

Copy of Application attached Date Submitted: _____

Person Accepting Application – Signature: _____

Person Accepting Application – Print Name: _____

(Verification Necessary if Submitted Online)

PA Act 122 of 1990

Notice of Requirements for Restoration of Operating Privileges

You are hereby notified that, as a result of your conviction for DUI, Section 1541(d) of the Pennsylvania Consolidated Statutes, Title 75, Vehicles-Continued Suspension of Operating Privilege, now applies to you.

Section 1541(d) provides that, “in order for driving privileges to be restored, a defendant must successfully complete all requirements of the treatment program ordered by the court. *Successful completion of a treatment program includes the payment of all court-imposed fines and costs, as well as fees to be paid to the treatment program...being current on a payment plan shall be considered as a part of a successfully completed program.*”

WHAT DOES THIS MEAN?

In order to have your driver’s license restored, you must:

- (1) **Successfully complete treatment at a licensed treatment program as recommended by your CRN evaluation.** Please be advised that treatment may include, but is not limited to, inpatient, outpatient, halfway housing, and aftercare counseling.
- (2) **Complete the Alcohol Safe Driving Program (ASDP).**
- (3) **Pay all court-imposed fines, costs, and restitution.**
 - a. If you are currently under probation/parole supervision for your DUI offense, you must be current with the minimum payment plan of \$200 per month.
 - b. If your DUI probation/parole has expired, you must satisfy your financial obligation in full in order for Act 122 to be approved.

This signature verifies that I have read and understand the above-listed conditions and have been officially notified of the requirements of PA Act 122 regarding the restoration of my driving privileges.

(Signature)

(Date)

**BERKS COUNTY TREATMENT COURTS
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I _____, understand and consent to the disclosure of my diagnosis, urinalysis results, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program and prognosis. This information may be disclosed only as necessary for, and pertinent to application and participation in one of the Treatment Court Programs.

I understand that the Treatment Court Team Members include the Judge, District Attorney's Office, Public Defender's Office, Treatment Court Coordinator, Treatment Court Probation Officers, Treatment Access Services Inc. (TASC), Berks Connections Pretrial Services (BCPS) Case Managers, Sheriff's Office, Treatment Court Treatment Providers and other members designated on the Berks County Treatment Court Team.

Additional agencies and/or individuals may include but are not limited to: Council on Chemical Abuse, Administrative Office of Pennsylvania Courts, Veterans Justice Outreach Coordinator, Veteran Mentor Coordinator, YMCA Housing Staff and Service Access Management (SAM) Staff.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in these regulations. That the recipients of this information may disclose it only in connection with their official duties.

I understand that my records are also protected under federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Section 160 & 164, and that such HIPAA protections may not apply to a redisclosure by the recipients of information disclosed pursuant to this authorization.

This consent expires automatically as follows:

- There has been a formal and effective termination, revocation or withdrawal of my participation in Treatment Court.
- I have successfully completed the Treatment Court Program.

I recognize that my review hearings are held in an open and public courtroom and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in Treatment Court.

I understand that if I refuse to consent to disclosure or attempt to revoke my consent prior to the expiration of this consent, that such action are grounds for termination from Treatment Court. I do hereby acknowledge that I have read, am familiar with, and fully understand the terms and conditions of this consent. I understand that I am entitled to receive a copy of this authorization after it is signed.

I have been offered a copy of this form and I have _____ Accepted _____ Refused

Dated: _____
Signature of Treatment Court Participant

Witness: _____
Position

Driver’s License and ID Reinstatement/ Replacement

PA Department of Transportation.....800-932-4600

Call or go online for Driver’s license status/suspension info

Berks Co. Domestic Relations Section.....610-478-2900

Handle suspensions related to child support

Berks County Services Center- 6th Floor 633 Court St. Reading, PA

PA Driver’s License Center.....610-775-7728

Renewal fees: DL is \$30.50, ID is \$29.50. Checks/money orders only

600 East Lancaster Avenue Shillington, PA 19607

Social Security Card

Social Security Administration.....1-866-274-5960

Bring photo ID, no cost 201 Penn St. 2nd Floor Reading, PA 19601

Birth Certificate

Fee varies by state (PA is \$20), complete paper or online

application, photo ID is required, family may be able to help apply

Housing

Berks Coalition to End Homelessness.....610-372-7222

Oversight and governance to local agencies receiving HUD funding.

336 S 18th St. Reading, PA 19601

Berks Community Action Program.....610-376-6571

Housing referral. 247 N. 5th St. 1st Floor Reading, PA 19601

Housing Programs and Shelters

Hope Rescue Mission.....610-375-4224

Homeless shelter and rooms for rent. Services available to men only.

645 N. Sixth St. Reading, 19601

Mary’s Shelter610-376-1973

Pregnant women and children only. Must schedule intake interview and

meet qualifications. Diaper drive available.

736 Upland Ave. Reading, PA 19607

Opportunity House610-374-4696

430 N. 2nd St. Reading, PA 19601

ADDAPT.....610-478-8800

428 Walnut St. Reading, PA 19601

Berks Counseling Center610-373-4281

Transitional/permanent housing at various locations.

645 Penn St. Reading, PA 19601

Berks County Housing Authority610-370-0822

Subsidized housing: low-income/ elderly individuals.

1803 Butter Lane Reading, PA 19606

Bridge of Hope – Berks County.....610-568-1250

2 yr. holistic program assisting single mothers: must be 20 years of age or

older. Must have a GED & 12-24 months of sobriety. Referrals preferred.

300 Church St. Reading 19601

Clare of Assisi House.....484-869-5483

Transitional house for women coming out of prison that need a home

Plan. Applications should be submitted prior to release.

City of Reading Housing Authority.....610-372-3933

Housing assistance to low income families through public housing and

section 8 programs. *Must be a Reading resident.*

815 Franklin St. Reading, PA 19602

Easy Does ItLeesport 610-373-2463 , Reading 610-373-955

Transitional & permanent housing for chemically dependent men &

women 1300 Hilltop Rd, Leesport and 647 Walnut St, Reading

Family Promise of Berks County.....610-373-3323

Provides housing for low income homeless families in Berks County

325 N 5th St. #1 Reading, PA 19601

Freedom Gate Ministries.....610-750-5685

Christian aftercare support for ex-prisoners.

131-133 S. 9th St. Reading, PA 19602

Hogar Crea.....610-372-8410

18-20 months intensive drug and alcohol program for males.

302 S. 5th St. Reading, PA 19602

Mary’s Home.....610-603-8010

Provides up to 2 years of transitional housing for single mothers with

newborns. 736 Upland Avenue Reading, PA 19607

Neighborhood Housing Services of Greater Berks610-372-843

Educates returning citizens on their rights and responsibilities.

213 N. 5th St. Suite 1030 Reading, PA 19601

New Person Center.....610-777-2222

Transitional housing for men (primarily sexual offenses) coming out of

prison. Private Christian faith-based 3 month program. Application

process. 730 Philadelphia Ave. Reading, PA 19607

Oxford House – Reading.....610-372-0631

Group Home for recovering male substance abusers. New members

must be approved by existing members. 1045 N. 5th St. Reading 19601

Oxford House –East Reading

1806 Perkiomen Avenue Reading, PA 19606

Salvation Army.....610-373-5208

Provides assistance with electric and gas bills.

PO Box 1099 301 S. 5th St. Reading, PA 19601

PA Adult & Teen Challenge Treatment Center 717-933-4181, 717-673-4219

Medical detox, 30 day rehab and 14 mo. Recovery program.

PO Box 98 33 Teen Challenge Road Rehrersburg, PA

YMCA of Reading and Berks County.....610-378-4736

Group home settings for chemically dependent, men/ women. Must be

Berks County resident for 90 days. History of Arson, Child Abuse, Sex and

Violent Crimes not permitted 631 Washington St.

YMCA Camp Joy Program.....20 bed program for men with history

of substance abuse and involvement in the Criminal Justice system.

Single Room Occupancy Units – at the YMCA

Rooms for rent to men and women. Residents are exempt from program

requirements and eligibility.

Soup Kitchens / Food Pantries

Holy Trinity Church of God/C.A.R.E.....610-374-0790

130 W. Buttonwood St. Reading 19601 M- F 11:30am to 1:30pm

Kennedy House.....610-378-1947

530 Spruce Street Reading Soup Kitchen Sat-Sun 11:30pm –12:30pm

Food Pantry: Wed. 9:30-11:30am

New Journey United Methodist Church.....610-375-2662

138 S. 6th Street Reading. Mon/Tues/Thurs/Fri 11:30-12:30p

Mobile Faith Kitchen.....610-621-5227

5th and Penn St. (1st, 3rd and 5th Fridays of month starting at 5:30pm and

kitchen cupboard Wed. 10am-1pm.....610-375-3310

Boyertown Area Multi-Service Inc.....610-367-6957

Provides services to individuals in Boyertown School District – townships

of Amity, Oley, Hereford, District and Pike. Call for appts.

200 W. Spring St. Boyertown, PA 19512

City Reach Church’s Faith.....610-621-5227

1011A Cotton St. Reading, PA 19602

2nd & 4th Saturdays of the month 11:30am

Friend, Inc.....610-683-7790

658D Noble St. Kutztown, PA 19530

Must be resident of Fleetwood/Kutztown/Topton/Albany/Greenwich/

Longswamp/Rockland/ Maiden creek/Maxatawny/Richmond/

Ruscombmanor. 658D Noble St. Kutztown, PA 19530

1st & 3rd weeks of the month (Call for appt.)

Greater Berks Food Bank.....610-926-5802

Provides food to local pantries/ soup kitchens/shelters. Call to get food

pantry closest to you. 117 Morgan Drive Reading, PA 19608

New Journey United Methodist Church.....610-375-3310

138 S. 6th St. Reading 19602 Kitchen Cupboard: Wed: 10a-12p (Bring ID)

Lunch served Mon/Tues/Thurs/Fri: 11:30am-12:30pm

Salvation Army.....610-373-5208

PO Box 1099 301 S. 5th St. Reading, PA 19601. 2nd and last Thursday of

month at 4:30pm & Tues. and Thurs. at 9:30am

St. James Chapel Church of God and Christ.....610-375-7537

11 S. 9th St. Reading, PA 19602

4th Wed. of month: 10:00am - 12:00pm (Need ID)

Women Infants & Children.....610-939-8353

Vouchers for healthy food for pregnant/breastfeeding/postpartum

women with infants and children under 5yrs.

Clothing Resources

Catholic Charities.....610-376-7144

Assistance with footwear necessary for employment

400 Washington St; Suite 100 Madison Bldg. Reading, PA 19601

City Thrift Shop.....610-376-3320

Clothing for men and women available at a discounted price.

314 Penn St. Reading, PA 19602

Goodwill.....610-777-5250

Clothing and footwear available at a discounted price.

602 E. Lancaster Ave Shillington, PA 19607

Hispanic Center.....610-376-3748

Provides info/referrals/advocacy to those seeking help with basic needs

such as housing, food, clothing, health care, education, legal issues,

financial concerns, government forms, notary service, job apps.

501 Washington St. Reading, PA 19601

New Journey Community Outreach.....610-375-2662

Clothing Center available at no cost to the public. Back to work clothing

available by appointment.

138 S. 6th Street Reading, PA 19602 Fridays 10:30am - 12:30pm

Spring Valley Church of God.....610-929-7969

Free clothing for women, men and children. 1st Sat of each month

10a-12pm (call first to confirm open)

2727 Old Pricetown Road Temple, PA 19560

Hope Rescue Mission.....610-375-4224

Sells used clothing, shoes and furniture at affordable prices.

645 N. 6th St. Reading, PA 19601

Childcare or Parenting Needs

Berks Community Action Program610-376-6571

Fatherhood Initiative Program – Fathers learn values and responsibility,

Family Center and Parenting classes

645 Penn St. Reading, PA 19601

BCIU – Berks County Intermediate Unit..... 610-987-2248

Subsidized childcare for those who are unable to afford it

1111 Commons Boulevard PO Box 16050 Reading, PA 19605

Even Start Family Literacy Program.....484-258-7000

Offers ESL, Parenting skills, PACT and Child Development classes for

residents in the Reading School District with children between the ages

of 0 and 8 years old.

Second Street Learning Center.....610-374-4696, ext. 242

Accepts childcare subsidies and assists with subsidy enrollment

paperwork. Accepts children age 6 weeks to 13 years of age with special

needs. 430 N. 2nd St. Reading, PA 19601

Mary’s Shelter.....610-376-1973

Prenatal care/child care. Parenting, relational and housekeeping skills.

Partnering with Diaper Bank. 736 Upland Ave. Reading, PA 19607

Caring Community

Community Prevention Partnership..... 610-921-9820

New Road Ministry.....610-373-3907

Interactive coaching centering on life topics and fellowship around a

family-style meal. Hopewell Mennonite Church

6th & Cherry St. Reading, PA 19602 Thursdays at 5:45pm

Domestic Violence

SAFE BERKS.....610-373-1206

24 hr. Bilingual Hotline: 844-789-SAFE (7233)

TEXT LINE: TEXT SAFE BERKS to 20121

255 Chestnut St. Reading, PA 19602

Reentry Guide

A resource guide for returning citizens

Published by

Berks Connections/Pretrial Services

A Life Improvement Business

www.berksconnections.org



This resource guide was created by Berks Connections/Pretrial Services with assistance from local agencies and government departments that participate in the Berks County Community Resources Network.

Returning home can be difficult - we hope that this guide helps you to find resources that make you ready to reenter!

Berks Connections/Pretrial Services

Berks County Courthouse – 16th Floor

633 Court Street

Reading, PA 19601

610-478-6920



United Way of Berks County

Updated May 25, 2018

Employment Programs

Pennsylvania CareerLink Berks County.....610-988-1300

Government “one stop” location for employment-related assistance.

www.pacareerlink.state.pa.us 1920 Kutztown Rd, Suite F Reading, PA

Berks Connections/Pretrial Services.....610-478-6920

Referrals/assistance for residents of BCJ-CRC, referred clients of the DOC and Berks County Treatment Courts.

Berks County Courthouse - 16th Fl. 633 Court St. Reading, PA 19601

Berks Personnel Network / Threshold.....610-288-1448

Employment support services; Available to individuals with disabilities/barriers to employment. 1015 Rockland St. Reading, PA 19604

Community Skills Program®.....610-376-3380

Counseling & Rehabilitation, Inc. Vocational/psychological testing, job develop & placement, case management and cognitive rehab therapy to people with brain injuries/neurological impairments. Referrals only. 1150 Berkshire Blvd Suite 210 Wyomissing, PA 19610

Office of Vocational Rehabilitation.....610-621-5800

Vocational evaluation, training, placement & support services for individuals with disability. Applications online/phone. 3602 Kutztown Road, Suite 200 Reading, PA 19605

United Community Services.....610-374-3319

GED and vocational education, work readiness and on-site construction experience and job placement. 1251 N. Front St. Reading, PA 19601

Hispanic Center.....610-376-3748

Provides assistance with job applications. 501 Washington St. Reading, PA 19601

Public Assistance / Food Stamps / Medical Assistance/Veterans

Assistance

Berks County Assistance Office.....610-736-4211

Apply in person or apply online 625 Cherry St. 3rd Floor Reading, PA

Social Security Administration.....866-274-5960

Must be aged, blind, disabled or Medicare eligible through employment to apply. 201 Penn Street, 2nd Floor Reading, PA

Berks VA Clinic.....484-220-2572

Provides Primary Care, nurses, lab, social work, psychiatry, psychology, group therapy support/ counseling, assessments, treatments and referrals to honorably discharged vets and their spouses through the CHAMP program.

2752 Century Blvd. Wyomissing, PA 19610

Berks County Veterans Affairs.....610-378-5601

Submits claims pertaining to service connected benefits/pension/ burial/death benefits/state veteran’s benefits. 726 Cherry St. Reading

Lebanon VA Medical Center(Incarcerated Veterans Reentry Center).....717-272-6621 or 800-409-8771

Substance abuse treatment, vocational and independent living skills programs, Community Transitional Residence Programs, ongoing support, case management and coordination of treatment. 1700 South Lincoln Ave Lebanon, PA 17042

Opportunity House.....610-374-4696

Provides assistance to veterans. 430 N. 2nd. St. Reading, PA 19601

Hope Rescue Mission.....610-375-4224

On site social/resource center for veterans. Single occupancy rooms for homeless veterans. Food, clothing and toiletries available for veterans. 645 N. 6th St. Reading, PA 19601

Drug/Alcohol and Mental Health Referrals and Treatment

Treatment Access & Service Center..... 610-375-4426

Intake and assessment services for individuals without private insurance. 19 N. 6th Street Suite 300 Reading, PA 19601

Council on Chemical Abuse.....610-376-8669

Offer educational resources on their website:

www.councilonchemicalabuse.org

ADAPPT.....610-478-8800

Intensive drug & alcohol program for state parolees with maximum stay of 90 days where parolees are provided with treatment services. 428 Walnut St. Reading, PA 19601

Berks Counseling Center.....610-373-4281

Outpatient and intensive outpatient counseling services for chemically dependent individuals. 645 Penn Street Reading, PA 19601

Caron Foundation.....610-678-2332

Inpatient and outpatient services for patients 13+ years of age 243 N. Galen Hall Road PO Box 150 Wernersville, PA 19565

Family Guidance Center.....610-374-4963

Outpatient mental health and drug and alcohol therapy. 1235 Penn Avenue; Suite 205-206 Wyomissing, PA 19610

New Directions Treatment Services.....610-478-0646

Dual diagnosis treatment, methadone maintenance and chemical dependency services 20-22 N. 6th Avenue West Reading, PA 19611

Pennsylvania Counseling Services.....610-478-8088

Reading Psychiatric.....610-478-8088

Outpatient and intensive outpatient drug and alcohol counseling 125 S. 5th Street Reading, PA 19602

Reading Hospital Medical Center.....610-988-8070

Drug & alcohol center offers detox, short-term residential, individual/group counseling, aftercare. 401 Buttonwood St. West Reading, PA

Easy Does It, Inc.....610-373-2463

Provides space for 12 step meetings, drug and alcohol free social events. Meetings for AA, NA, OA, Al-Anon, Alateen 1300 Hilltop Road, Leesport PA & 647 Walnut Street Reading, PA

Hogar Crea.....610-372-8410

18-20 month intensive drug and alcohol program for males. 302 S. 5th St. Reading, PA 19602

Adult/Teen Challenge Treatment Center.....717-933-4181/717-673-4219

Medical detox, 30 day rehab and 14 month recovery program. 33 Teen Challenge Rd. Rehrersburg, PA 19550

YMCA of Reading and Berks County.....610-378-4736

Group home settings for chemically dependent homeless men and women. Must be resident for at least 90 days.

631 Washington St. Reading, PA 19601

Berks County MH/DD Program.....610-478-3271

Subcontracts with SAM to provide MH and MR programs & administers oversight with the HealthChoices program. 633 Court Street; 8th Floor Berks County Services Center Reading, PA 19601

Service Access Management, Inc.....610-236-0530

Mental Health intake and assessment services for individuals who do not have private insurance. 19 N. 6th St. Reading, PA 19601

Greater Reading Mental Health Alliance.....610-775-3000

Referral information and advocates for parents and children. 1234 Penn Avenue Wyomissing, PA 19610

Berks Counseling Center.....610-373-4281

Mental health counseling/services for children adolescents and adults. 645 Penn. St. Reading, PA 19601

Child & Family Support Services, Inc..... 610-376-8558

Therapy for adults/couples/families. 4 South 4th St. 2nd Fl. Reading, PA

Family Guidance Center.....610-374-4963

Provides psychiatric services and medication management. 1235 Penn. Ave. Suite 205-206 Wyomissing, PA 19610

New Directions Treatment Services.....610-478-0646

Licensed psychiatric outpatient services for adults, provides evaluation, medications management, psychotherapy. 20-22 N. 6th Ave. West Reading, PA 19611

Mosaic House.....610-375-7840

Psycho/Social rehabilitation center. Assists with a MH/MR diagnosis with education and employment services. 525 Franklin St. Reading, PA 19601

Pennsylvania Counseling Services Reading Psychiatric....610-685-2188

Provides outpatient mental health counseling and psychiatric care. Spanish-speaking services available. 125 S. 5th St. Reading, PA 19609

Pennsylvania Counseling Services Reading-Wyomissing..610-670-7270

Provides mental health counseling. Medical Assistance not accepted. 1733 Penn Ave. Reading, PA 19609

Progressions.....610-375-7454

Outpatient MH/MR therapy for adults, family and children. 144 N. 6th St. Reading, PA 19601

Reading Hospital Medical Center.....610-988-8070

Provides inpatient and outpatient services as well as partial hospitalization programs for individuals experiencing psychiatric, emotional or behavioral health problems. 6th and Spruce St. West Reading, PA 19611

Health and Dental Needs

Berks County State Health Center.....610-378-4377

Tuberculosis treatment and diagnosis, communicable disease control/investigation, info on PKU, SIDS, Animal Bite and Child Lead Poisoning. 625 Cherry St.; Room 401 Reading

Berks Deaf & Hard of Hearing Services.....610-685-4520

TTY: 610-685-4525 2045 Centre Avenue Reading, PA 19605

Berks Community Health Center.....610-988-4838

838 Penn Street Reading, PA 19602 (main location)

Co-County Wellness Services.....610-375-6523

Services for HIV/STD/HCV prevention, risk reduction, counseling, planning, testing and screening in addition to services for HIV positive individuals. 429 Walnut St. Reading, PA 19601

Farias Health Care.....610-898-0766

New patient visits, physicals, sick visits, follow-up appointments and injection. Payment based on household income. 525 Penn St. Reading, PA 19601 Monday – Friday (Hours 8:30am-4:30pm)

Planned Parenthood of Northeast PA.....610-376-8061

Education about safe sex, STD care and prevention, birth control and pregnancy tests to clients under the age of 18 (fees are based on household income) 48 S. 4th Street Reading, PA 19601

St. Joseph Medical Center.....610-378-2445

Dental Clinic 145 N. 6th St. Reading, PA 19601

Salvation Army.....610-373-5208

Prescription Assistance when funds available. 301 S. 5th St. Reading

Western Berks Free Medical Clinic610-693-6207

Clinic at St. Daniel’s Lutheran Church and meets the minor acute healthcare needs 480 Big Spring Road Besonia, PA 19551 Wednesdays beginning at 6pm by appointments only. Women’s Clinic 3rd Tues. of every month by appt. only

GED/ESL/Education Related Assistance

Catholic Charities.....610-376-7144

Provides GED and job training. 400 Washington St. Suite 100 Madison Bldg. Reading, PA 19601

Even Start Family Literacy Program.....610-370-8540 ext. 60218

ESL/ Parenting skills/PACT/Child Development classes for residents in the Reading School District: children between 0-8 yrs. old

Hispanic Center.....610-376-3748

Refers to appropriate agencies who provide ESL testing. 501 Washington St. Reading, PA 19601

Literacy Council of Reading / Berks.....610-670-9960

Workplace foundation skills training, support, materials and linkage services for clients. Also offers ESL classes and 1:1 literacy trainings and GED classes. 35 South Dwight Street West Lawn, PA 19609

Reading Area Community College (RACC).....610-372-4721 ext. 5322

ABE/GED/ESL classes & GED testing. 10 S 2nd Street Reading 111 Riverfront Dr. Reading, PA 19602

United Community Services.....610-374-3319

YouthBuild Program provides 17-24 yr. olds with GED and vocational education, on site construction experience and job placement 1251 N. Front St. Reading, PA 19601

Wisdom 31.....610-373-5777

Beginning intermediate and advanced ESL classes as well as citizenship classes. 640 Centre Avenue Reading, PA 19601

Berks County Career & Technology Center.....610-374-4073

1057 County Road Leesport, PA 19533

Berks Technical Institute.....610-372-1722

2205 Ridgewood Road Wyomissing, PA 19610

Ilead.....610-624-3712

Charter school provides Associate’s Degrees in human services 401 Penn St. Reading, PA 19601

RACC Schmidt Training and Technology Center.....610-372-4721

10 S. 2nd St. Reading, PA 19603

Bus and Taxi

BARTA.....610-921-0601

www.bartabus.com 1700 N. 11th St. Cost: \$1.70 plus \$0.25 to transfer or ride between different route Zones. 1 Day Pass is \$4 when purchased on the bus and \$3 if purchased ahead

Inter-City Bus Terminal.....610-373-9911

Bus transportation between Reading and surrounding cities 20 N. 3rd St. Reading, PA 19601

Reading Metro Taxi.....610-374-5111

615 Elm Street Reading, PA 19601

Grab-A-Cab.....610-478-1111

YMCA Reconnection Program.....610-378-4700 Transportation costs to reconnect with supportive services and loved ones outside the Berks County area. 631 Washington St. Reading, PA

Miscellaneous

Berks Community Action Program610-376-6571

Budgeting assistance/credit repair/tax assistance 247 N. 5th Street, 1st Floor Reading, PA

Berks Co. Election Services.....610-478-6490

Berks County Services Center – 1st Fl. 633 Court St. Reading, PA

Legal Services

Pennsylvania State Parole.....610-378-4331

Reading State Office Building 633 Cherry Street Reading, PA

Berks Co. Adult Probation & Parole Office.....610-478-3400

633 Court St, 7th Floor Reading, PA Mon. – Fri. 8am – 5pm

Berks Co. Juvenile Probation Office610-478-3200

633 Court St, 10th Floor Reading, PA Mon.-Fri. 8am – 5pm

Berks Co. Domestic Relations Section.....610-478-2900

633 Court St, 6th Floor Reading, PA Mon.-Fri. 8am-5pm

Berks County Bar Association..... 610-375-4591

Lawyer Referral Service 544 Court Street Reading, PA

Berks County Clerk of Courts.....610-478-6550

Access your record and pay criminal case fines and costs.

Berks County Courthouse – 4th Fl. 633 Court St. Reading, PA

Mid-Penn Legal Services.....1-800-326-9177

Provides legal services for Barriers to Employment, Custody, Domestic Violence, Debt Collection, Housing (including landlord/tenant issues and utility issues), SSI/SSD, unemployment, wage claims and welfare issues. 501 Washington Street – 4th Floor Reading, PA 19601

Pennsylvania Prison Society.....215-564-4775

Reviews prison conditions & provides assistance with inmate rights/advocacy. 245 N. Broad St; Suite 200 Philadelphia, PA

Hispanic Center.....610-376-3748

Provides info. and referrals regarding legal issues and government forms. 501 Washington St. Reading, PA