



# Policy and Procedures Manual

## TORONTO DRUG TREATMENT COURT

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## Program Overview

### PROGRAM HISTORY

A Drug Treatment Court (DTC) is a unique substance use intervention model operating within the criminal justice system. DTCs operate on the notion that traditional sentencing standards generally do not influence recidivism in offenders whose criminal conduct is driven by problematic substance use. With the approach of a Problem Solving Court, DTCs provide individuals with problematic substance use who are in conflict with the law with an opportunity to engage in a judicially supervised treatment program.

The first DTC was established in Miami, Florida in 1989, to deal with non-violent, substance-using offenders who repeatedly cycled through the criminal justice system. The Honourable Justice Paul Bentley of the Ontario Court of Justice, having observed a similar “revolving door” cycle in the Canadian criminal justice system, initiated discussions toward establishing a DTC in Toronto. Under his leadership a committee was formed for that purpose in the summer of 1997, including representatives of the Department of Justice (Canada), the defence bar, Legal Aid Ontario, Toronto Public Health, the Centre for Addiction and Mental Health (CAMH), the Ministry of Community Safety and Security (Probation Services), Court Services and numerous community agencies. After several months of discussions, the federal government agreed to fund a four-year DTC pilot project through its National Crime Prevention Centre.

The Toronto Drug Treatment Court (TDTC) was the first DTC in Canada. It began operating on December 1, 1998. The TDTC offers an alternative to incarceration for non-violent offenders using cocaine, methamphetamine, heroin and/or other opiates. The program aims to improve social stability and reduce criminal behavior associated with problematic substance use.

Treatment, the court and the community work collaboratively to help to facilitate change in lives of those whose conflicts with the law are influenced by their problematic substance use. Using a holistic approach to rehabilitation and social development, these TDTC partners work together to provide participants with relevant supports, structure and access to resources.

The traditional roles of these partners are enhanced through a shared understanding of one another’s roles and responsibilities. This collaborative approach is aimed at helping drug dependent offenders break the cycle of substance use, criminal behavior and incarceration.

The program relies on the collaboration of judges, prosecutors, duty counsel, private defence counsel, police, probation, court staff, CAMH treatment staff, and community agencies providing specialized substance abuse treatment and ancillary services such as housing, health services and job training.

Initially the program was limited to persons charged with drug offences. The target group for the pilot was vulnerable groups including youth, sex trade workers and visible minorities. In 2004 the program was expanded to include persons charged with non-violent *Criminal Code* offences.

## GUIDING PRINCIPLES

The TDTC adheres to the following internationally recognized Drug Treatment Court principles, as tailored to local needs:

- Drug Treatment Courts integrate substance use treatment services with justice system case processing.
- Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' *Charter* rights.
- Eligible participants are identified early and placed in the Drug Treatment Court program as promptly as possible.
- Drug Treatment Courts provide access to a continuum of drug, alcohol and other related treatment and rehabilitative services.
- Compliance is objectively monitored by frequent substance testing.
- A coordinated strategy governs Drug Treatment Court response to participants' compliance and non-compliance.
- Swift, certain and consistent sanctions or rewards for non-compliance or compliance.
- Ongoing judicial interaction with each Drug Treatment Court participant is essential.
- Monitoring and evaluation processes measure the achievement of program goals and gauge effectiveness.
- Continuing interdisciplinary education promotes effective Drug Treatment Court planning implementation, and operations.
- Forging partnerships among courts, treatment and rehabilitation programs, public agencies and community based organizations generates local support and enhances program effectiveness.
- Ongoing case management which provides the social support necessary to achieve social reintegration.
- Appropriate flexibility in adjusting program content, including incentives and sanctions, to better achieve program results with particular groups such as women, indigenous people and minority ethnic groups.<sup>1</sup>

The TDTC is also guided by principles of:

- Therapeutic jurisprudence.
- Health equity.
- Restorative justice.
- Trauma-informed care.
- The 'housing first' model.
- Contingency management.
- Harm reduction.

## TWO PHASES OF TDTC

The TDTC program has two broad phases. Phase I is the formal court-supervised treatment process up to graduation and sentencing. Phase II is the period of probation following graduation. Phase II serves the important purpose of helping to maintain the graduates' connection with the TDTC as they adapt to a less structured phase of their recovery.

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<sup>1</sup> <http://cadtc.org/dtc-program-title/> (web site of the Canadian Association of Drug Treatment Court Professionals, accessed February 13, 2018).

## ELIGIBILITY CRITERIA

Accused persons charged with offences that were motivated by problematic substance use are encouraged to apply. The TDTC generally accepts adult offenders who **are problematic users of cocaine, crack cocaine, heroin or other opiates, or methamphetamine** and who are at medium to high risk for recidivism.

The TDTC ordinarily screens out applicants who:

- are charged with:
  - a significant crime of violence;
  - trafficking in drugs for commercial gain;
  - committing a drug offence in circumstances that raise concerns about drug-impaired driving or risk to young people; or
  - committing a residential break-and-enter;
- have a recent and/or significant history of violence; or
- are currently serving a conditional sentence or intermittent sentence.

Previous TDTC participants who were expelled or withdrew should be prepared to persuade the TDTC team that they should be given another opportunity.

Applicants who have not used illicit drugs in six months preceding application may be excluded.

Applicants will generally be required to have all of their outstanding criminal charges brought into the TDTC.

## REFERRAL

Many different participants in the criminal justice system can refer an individual charged with eligible offence(s) to the program. Most referrals come through defence or duty counsel. However, referrals may also come from judges, justices of the peace, the police, probation officers, prosecutors, court chaplains, treatment providers, correctional officers or community agencies.

## APPLICATION PROCESS

The TDTC is a voluntary program. Individuals must apply for admission. Application does not guarantee acceptance. The Application consists of two documents:

- TDTC Application Form (Appendix 1)
- Crown Questionnaire Form (Appendix 2)

Each Applicant must complete both forms with the advice and assistance of counsel and submit them to the TDTC Prosecutor's office.

Applicants return to court on a Tuesday or Thursday the week following their application, where they will be advised if they are eligible. Applications are generally screened within five business days from date of submission, though the process may take longer if additional information is required.

## SCREENING

The objectives of the TDTC screening process include the following:

- To determine whether applicants satisfy the TDTC eligibility criteria.
- To identify and engage eligible participants as soon as possible after their arrest.
- To identify and address preliminary case management issues and/or factors that may present barriers to success in the program, including the nature and extent of the applicant's problematic substance use and any concerns around their housing, physical health, family circumstances, cognitive ability, and/or readiness to engage in treatment.
- To provide applicants with freedom of choice and an opportunity to determine whether the program is suitable for them.

There are six stages in the screening process:

### Stage I: Crown Screening

The Prosecutor reviews the application and other relevant information to assess whether the applicant satisfies the eligibility criteria, with particular attention to public safety concerns. The types of information considered at this stage include:

- The nature and circumstances of the applicant's charges.
- The applicant's criminal record, with particular attention to convictions for crimes of violence.
- Police input as to whether the applicant is known to have problematic substance use and may benefit from the program, and/or whether there are concerns such as violence, commercial trafficking, drug-impaired driving or risks to youth.

The prosecutor determines whether the application should proceed to the next phase and notes that determination on the application form.

The TDTC paralegal indicates the screening results on the TDTC Instruction List (Appendix 3), which is then provided to the prosecutor and Duty Counsel in the remand court (for the purpose of remanding eligible applicants to the next phase) and to the TDTC Duty Counsel, Court Clerk, CAMH Court Liaison and Probation Liaison for the purpose of further screening.

### Stage II: Preliminary Treatment Assessment

This assessment is conducted by the CAMH Court Liaison at the court house.

- Individual demographics and various Social Determinants of Health (SDH) factors including housing, education, income source and employment history are collected along with the applicant's substance use history, legal system involvement/criminal activity, previous treatment history, social and community supports, family history, child and family services involvement, and physical and mental health needs.
- The majority of applicants are screened in custody prior to their first appearance in Drug Treatment Court.

### Stage III: TDTC Team Pre-court Discussion

An informal pre-court discussion involving each participant on the court's docket occurs every Tuesday and Thursday at 11:45 a.m. in preparation for that day's court sittings. The TDTC team in this meeting consists of the TDTC judge, CAMH Court Liaison, the provincial or federal Crown attorney, duty and/or defence counsel, the TDTC probation officer and Toronto Police Service Liaison as well as the court chaplain.

For new applicants, assessment information and recommendations are presented to the TDTC team by the CAMH Court Liaison . A thorough discussion then occurs involving input from the entire TDTC team as to the suitability of the applicant for the program. This input includes information regarding the offences as well as any prior criminal record and/or probation history.

The Crown indicates which counts it is seeking guilty pleas on for entry into the program as well as the sentencing position if the applicant does not graduate from the program. The TDTC probation officer provides information to the TDTC team as to any prior probationary history. The Toronto Police Service Liaison assists the team by providing any relevant information from the police regarding both the offences and the applicant. An important purpose of the meeting is to highlight any red flags or concerns any members of the TDTC team may have with the applicant's participation in the program.

#### Stage IV: In-court Interview by TDTC Judge

The TDTC sits every Tuesday and Thursday afternoon at 2:15. At the applicant's first appearance in TDTC, the judge engages in an in-court interview with the applicant to further assess the applicant's suitability. This inquiry may look into:

- The applicant's motivation for wanting to participate in the program.
- The applicant's comprehension of the nature and expectations of the program.
- Whether the applicant's decision to enter the program and to plead guilty is voluntary.
- Whether the applicant has had legal advice regarding their decision to participate, and has signed the TDTC Rule and Waiver Form (Appendix 3).

The Rule and Waiver form summarizes the regular legal process, the TDTC process, the legal rights of clients - including those they are waiving to gain the benefit of the TDTC - and the rules and procedures of the TDTC. It must be completed by all applicants prior to entering the TDTC.

If the applicant is found eligible, then he or she is arraigned, enters a guilty plea to each charge agreed to by the prosecutor and defence and is placed on a TDTC bail. (Appendix 4). If the applicant is found ineligible or chooses not to proceed, then his or her matters are returned to the regular court stream.

In the majority of cases, the participant will be released on his or her own bail without a deposit of funds. The bail conditions are designed to assist the participant's engagement in the program and can include:

- Attending and actively participating in treatment.
- Attending for urinalysis as required.
- Honestly reporting all drug and alcohol use, including any prescribed medications.
- Honestly reporting any high risk situations.
- Being honest with treatment providers and with the court.
- Attending court as required.
- Living at a specified address that is program approved and not moving from that address without court's approval.
- Advising the court of any other charges that the applicant has or incurs while in the program.
- Being subject to curfews, boundaries, and/or non-association conditions.

Participants who breach bail conditions may be sanctioned, detained in custody for up to 5 days, or may face expulsion from the program.

## Stage V: In-depth Clinical Assessment

The assessment typically takes place between the participant's first and second appearances in TDTC.

The assessment interview is conducted by a Therapist/Case Manager and begins with the review and signing of CAMH and TDTC-specific consent and privacy forms. These include:

- Limits to Confidentiality
- Consent to Treatment (Psychosocial Counselling, Randomized Urine Screening)
- Consent to Disclose Personal Health Information to Court Personnel
- Consent to Disclose Personal Health Information to Toronto Employment and Social Service Workers (if applicable)
- TDTC Contract of Participation

The TDTC assessment model uses a range of standardized clinical tools. These tools screen for a participant's immediate needs (e.g. housing, identification, documentation, income support, addiction medicine needs, mental or physical health concerns, etc.); protective factors (e.g. literacy, family/community support, physical health practices, etc.) risk factors (e.g. trauma/abuse history; IV use; sex work) as well as their personal and family history of substance use, legal system involvement, and treatment history. Any specific cultural or diversity needs are also identified at this stage.

After completion of the assessment, the participant is directed to attend court on the next available date, and the CAMH Court Liaison provides the court with a recommendation re the participant's suitability.

## Stage VI: 30-day Assessment Period

This phase relies on the outcome of the clinical assessment. If the participant has attended the assessment, is deemed appropriate and wishes to proceed he/she will enter the 30 day assessment period.

- The 30 day assessment period allows the team an opportunity to review/monitor the participant's involvement and progress, adherence to program requirements and ability to engage effectively.
- The 30 day assessment period also provides the participant an opportunity to decide whether the program is appropriate and meeting their needs.
- At the end of the assessment period, the participant is either formally accepted into the program or given the opportunity to strike their pleas and return to the normal court stream
- If the participant is not appropriate to proceed, treatment can still make recommendations and facilitate other treatment referrals as appropriate
- If the participant has not connected with the program for reasons beyond their control, the 30 day assessment period is sometimes extended in order to give the participant a further opportunity to engage.
- If the participant attends the assessment but is deemed inappropriate for the program or does not wish to proceed in the TDTC program the participant has the option to either be sentenced or have their pleas struck and return to the regular court stream.

# Treatment

## ROLES AND RESPONSIBILITIES

### Program Manager

According to Policies and Procedures of the CAMH, the Program Manager coordinates all aspects of program operations, and engagement of Community/Judicial stakeholders involved in program delivery.

**Duties include:**

- Facilitating development and implementation of procedures which support an efficient, effective, holistic rehabilitative response.
- Developing and maintaining access to resources and rehabilitative programs that meet participants' needs and enhance their engagement.
- Supervising program evaluation/evaluator and coordinating committees engaged in enhancing efficiency and effectiveness of the program.
- Managing program budget and providing reports to the funding organization.
- As member of Operations Committee, engaging in decision making.
- Coordinating at CAMH, inter-departmental interactions relevant to treatment and rehabilitative needs of the program.
- Ensuring treatment policies/procedures as well as recommendations/decisions comply with ethics and standards of clinical disciplines, CAMH and DTC.
- Clinical staff supervision and performance management.
- Providing opportunities for professional development and inter-team education.
- Advocating for interests and perspectives of treatment within the program, its governance structure, CAMH, treatment community, and communities in general.
- Facilitating effective communication and collaboration between service providers and other appropriate community and/or justice stakeholders.
- Engaging in educating about health and safety impacts of program to various levels of, government, CAMH, treatment community and communities in general.
- Facilitating community consultation regarding program policy and direction.
- Developing and coordinating publications, documentation and website maintenance.

### Case Manager/Therapist

The cornerstone of service delivery, the Case Manager/Therapist reports to the Program Manager. The Case Manager/Therapist provides holistic care to meet participants' needs and facilitate their progress through the program. The TDTC Case Manager/Therapist coordinates access to resources and provides supports for the health, well-being and reintegration of participants into their communities.

**Duties include:**

- Completing comprehensive clinical and criminogenic needs assessments.
- Providing individual counselling/therapy sessions.
- Facilitating group counselling/therapy sessions.
- Participating in weekly treatment team case conferences.
- Attending pre-court case meetings or court sessions when required.
- Comprehensively case managing participant cases re Social Determinants of Health (see below).

- Providing in-community support (e.g. attending medical appointments, conducting in-home visits or housing tribunals, etc.).
- Providing advocacy and support with system navigation (e.g. administrative form-filling, appealing traffic tickets or provincial offences, Ontario Disability Support Program, Children's Aid Society, Immigration and Citizenship etc.).
- Providing referrals and accessibility to supportive housing, psychiatric support, pain management, dental services, education and re-training opportunities, literacy programming, income assistance, identification clinics, bank accounts and trustees.
- Collaborating with community partners (e.g. supportive housing providers, inpatient treatment centres, Toronto Employment and Social Services).
- Providing continuing care through Phase II and following completion.
- Providing family support when applicable.
- Consulting with other care providers within CAMH and in the community.
- Safety Planning and Suicide Risk Assessment.
- Planning and coordinating special events for participants (e.g. holiday parties, field trips and outings, BBQs).
- Preparing progress reports for court.
- Providing participants with program procedural information.
- Providing participants with support to meet and follow through with program expectations, recommendations and decisions.
- Documenting participants' participation in all individual and group sessions.
- Documenting all encounters/visits relevant to participants' involvement in the program.
- Consulting with Court Liaison and/or Urine Screening Assistants about participants' drug test results.
- Participating in professional development and educational sessions.
- Participating when required, in program activities such as graduation ceremonies, committee work and retreats.
- Ensuring participant, stakeholder and public interactions comply with ethics and standards of clinical disciplines, CAMH and DTC.

### Treatment/Community Court Liaison (CAMH Court Liaison)

With extensive understanding of substance use, treatment issues and judicial process, the CAMH Court Liaison functions primarily as the communication link between the Court, Treatment providers and the Community. He/she reports to the Program Manager.

#### **Duties include:**

- Co-ordinating collection and dissemination of information from the treatment team and ancillary service providers to court and vice versa.
- Ensuring that the highest possible case management standards are upheld.
- Co-ordinating all information pertaining to monitoring of participants' urine screens.
- Updating and maintaining treatment dockets.
- Planning, scheduling and co-ordinating participants' graduations.
- Conducting initial assessments of potential participants at court and, where applicant is deemed appropriate, coordinating schedule for next level of assessment at CAMH.
- Participating in pre-court meeting as well as in case conferences at treatment.
- Providing participants with support at court, including, co-ordinating relevant referrals to community withdrawal management centres; temporary, supportive and emergency housing etc.
- Building community partnerships to enhance program service provision.

- Developing mechanisms to increase participation of alumni and community members.
- Distributing outreach information to outside agencies and community forums.
- Participating in professional development and educational sessions.
- Participating, when required, in program activities such as retreats.
- Documenting all contacts relevant to participants' involvement in the program.
- Ensuring participant, stakeholder and public interactions comply with ethics and standards of CAMH and DTC.
- Entering data and compiling statistics.

### Urine Screening Attendants

Urine Screening Attendants provide direct supervision of participants' urine sample provision and communicate test results to the CAMH Court Liaison and Case Manager/Therapists.

#### **Duties include:**

- Organizing and implementing collection of urine drug screening.
- Observing participants providing screening samples.
- Monitoring participants' random screening attendance.
- Packaging specimens for transport to the laboratory.
- Updating and maintaining participants' information on computer database.
- Printing participants' drug screen reports for the CAMH Court Liaison twice weekly and/or when required.
- Providing weekly urine screen updates to Case Manager/Therapists.

### Psychiatrist

A key component of the TDTC treatment team.

#### **Duties include:**

- Providing TDTC participants with full psychiatric evaluations and consultations.
- Offering ongoing follow-up with TDTC participants as needed.
- Attending weekly treatment team meetings and case conferences.
- Providing Case Managers/Therapists with psychiatric consultation (i.e. mental health diagnoses; medication; clinical recommendations) used in treatment planning.
- Prescribing psychotropic medications to TDTC participants.
- Assisting with partial medication reconciliation.

### Addiction Medicine Service

If necessary, TDTC participants are also supported by CAMH's Addiction Medicine Service (AMS). Comprised of physicians, nurses, pharmacists and therapists, AMS provides pharmacotherapy for substance dependence to alcohol, opioid and benzodiazepines. AMS provides TDTC participants with:

- Medical assessment.
- Opioid replacement therapies.
- Treatment of concomitant pain and opiate use.
- Outpatient alcohol withdrawal.
- Medications to prevent relapse to alcohol use (naltrexone, acamprosate, disulfiram).
- Benzodiazepine tapering.
- Overdose prevention.

## Peer Support Worker

The TDTC Peer Support Worker is an essential member of the treatment team. This role is filled by a graduate of the program who is able to provide comprehensive support to participants based on first-hand experience with substance use issues and legal system involvement.

### **Duties include:**

- Conducting the single-session “Getting Started” orientations with new TDTC participants.
- Attending at Woman’s Own Withdrawal Management on a weekly basis and providing the treatment team with updates re female TDTC participants’ participation and attendance.
- Providing Case Managers/Therapists with an “Immediate Needs” checklist (e.g. replacing health cards, immigration documentation or birth certificates; opening bank accounts / trusteeships; accessing tax clinics; connecting with social services; etc.).
- Providing TDTC participants with in-community support (e.g. conducting in-home visits; accompanying participants to medical appointments, travel points, information sessions, and ID clinics; etc.).
- Advocating for and coordinating access to participants’ care packages (e.g. new clothing, hygiene products and some household items).
- Providing TDTC participants with information and access to education and re-training opportunities, literacy programming, identification clinics, bank accounts and trusteeships.
- Providing continuing care after participants have graduated.
- Providing family support when applicable.
- Coordinating with other care providers within CAMH and in the community.
- Safety Planning and Suicide Risk Assessment.
- Planning and coordinating special events for participants (e.g. holiday parties, field trips and outings, BBQs).
- Providing participants with program procedural information.
- Providing participants with support to meet and follow through with program expectations, recommendations and decisions.
- Documenting all encounters relevant to participants’ involvement in the program.
- Participating in professional development and educational sessions.
- Participating when required, in program activities such as graduation ceremonies and alumni events.

## CAMH Department Secretary

The primary role of the Department Secretary is to provide administrative support to the program. This involves maintaining and updating program waitlists, attendance tracking and database entry.

## Housing Case Management

The TDTC adheres to a “Housing First” model. This means that all participants, regardless of their performance in the program, are provided housing support by their Case Manager/Therapist. This involves:

- Community-based intensive case management, and housing maintenance support with a focus on the determinants of health.
- Crisis management and individual support and counselling to individuals with substance use and concurrent disorders.
- Maintaining formal and informal partnerships with housing partners in the community.
- Maintaining strong community partnerships and participating in supportive housing networks in Toronto.

- Providing administrative support (i.e. application form-filling) to participants applying for housing, additional subsidies or transfers.
- Assisting participants in liaising with their housing providers and in maintaining good tenancies.

### Medical Review Officer (MRO)

The MRO is a medical doctor with an understanding of addiction medicine and familiarity with the clinical uses of drug testing. The MRO provides consultation and advice on the court-ordered testing component of the TDTC program, particularly disputed results. Drug-testing is an important component of TDTC. While acknowledged drug use leads neither to sanction nor to expulsion, test results are important and objective markers in verification of reported use, detection of unreported use and documentation of participants' progress.

#### Duties include:

- Reviewing test results and confirming whether samples fall within physiological limits (pH, temperature, creatinine). If required, based on clinical context, recommending and/or authorizing further testing.
- Liaising with Laboratory Personnel and the CAMH Court Liaison to discuss specific lab results.
- Meeting with the Treatment Team to provide assistance in clinical use of test results and assisting in training with respect to interpretation of test results.
- When needed, assisting program in developing new and revising or modifying existing policies pertaining to the drug testing program.

### URINE SCREENS

Urine screens are an integral part of the TDTC Program. Participants are required to leave urine screens on a random basis and whenever directed by the Court or Treatment Providers.

A positive urine screen is not cause for sanction, incarceration or expulsion from the program. Instead the urine screen process is a catalyst to encourage honest and timely disclosure of drug use by the participants. Failure to provide a urine screen or tampering with urine screens may result in court imposed sanctions, generally at the first court attendance after the team is informed. These sanctions range from admonishment by the judge to increased court attendance, performing community service hours, written essays or revocation of bail.

#### Urine Screen Procedure/Reporting Process

- New participants are assigned one of five colour groups as part of their participation in the random urine screen program (red, green, blue, yellow or orange). The CAMH Court Liaison and Program Peer Support Worker assign the colour based on existing lists & attempts to keep the numbers under each colour group evenly distributed. The new participant's information is then added to the participant list – this includes their name, file number, date of birth, case manager, assessment date and urine screen colour – this list is updated regularly and distributed to the treatment team including urine screen attendants.
- The participant is informed of their colour group during their “Getting Started” information session (see below) and he/she is instructed as to how the random screening program works. The “Getting Started” session is conducted by the TDTC's designated Peer Support Worker and usually occurs within one week of the participant entering the program.
- Once a colour is assigned it is noted on participant's progress report.

- The CAMH Court Liaison picks up urine screen results from laboratory along with record of attendance twice a week on the day before court.

## TREATMENT PROCESS

### TDTC Treatment Phases and Streams

TDTC has different streams and treatment phases, depending on the needs of the individual participant and where they are in the process of recovery.

#### Getting Started

Once participants have been formally given their 30-day probationary period, they are directed to schedule a “Getting Started” session at CAMH. This is a single-session phase conducted by the TDTC’s Peer Support Worker and is usually attended by participants within their first or second week in the program. In this group, new participants learn program norms, expectations and benefits. The program’s group schedule and obligations (e.g. urine screens and court appearances) are outlined and the “reward and sanction” system (i.e. Contingency Management model) is explained in detail. During this session, participants can begin addressing their most urgent needs like securing temporary housing or identification (e.g. health cards and other photo ID). Group size in “Getting Started” is often small because the group is held on as-needed basis, depending on number of intakes in a given week.

It is not uncommon for “Getting Started” sessions to be repeated with some DTC participants, especially those with an Acquired Brain Injury or other cognitive impairments. A refresher “Getting Started” session is also offered to returning participants who have been absent from the program for an extended period (e.g. bench warranted, suspended, or in custody).

#### Preparation Phase

All new male applicants begin the program in the Preparation Phase. These groups are two hours long, facilitated by one of the TDTC Case Manager/Therapists, and are scheduled on Monday and Wednesday afternoons and Friday mornings. This schedule complements a new participants’ court schedule, which has them attending on Tuesday and Thursday afternoons. New participants are required to attend all three groups, meaning that during this phase they have program obligations 5 days/week.

A portion of each Preparation Phase group is dedicated to a participant “check-in,” which involves reporting and processing any recent substance use and/or high risk situations (i.e. potentially triggering events; “close calls”; ongoing criminal activity or proximity to drug use). Because TDTC considers honesty to be the cornerstone of the program, participants are required to report their substance use honestly and accurately. As noted earlier, if a participant’s reporting is consistent with CAMH’s urinalysis results, they are NOT subject to sanction. The primary goals of the Preparation Phase include:

- Ensuring participants’ safety and stability.
- Addressing immediate needs related to housing, health and income support.
- Developing therapeutic rapport and assessing participants’ motivation.
- Reviewing program obligations and expectations.
- Establishing structure and routine into participants’ daily life.

Case Managers/Therapists rely on a range of therapeutic modalities for group facilitation, including Cognitive Behavioural Therapy, Motivational Interviewing/Enhancement, and Mindfulness. Psychoeducational topics include (but are not limited to): relapse prevention strategies; boundaries and communication; safe relationships; harm reduction; criminogenic thinking; stress management and emotional regulation; self-care; life skills and personal health practices. Recreation is also a key component of the Preparation Phase: participants spend parts of every Monday and Friday group exercising or playing team sports in the CAMH gym while Wednesday groups routinely involve outings (to museums, art galleries, sporting events and movies) or creative activities like painting, song-writing, and photography. Group therapy sessions are designed to create a safe and supportive space for participants to discuss the challenges and rewards of early recovery. Accordingly, group norms and expectations are reviewed regularly, and discussion topics are presented through a trauma-informed lens (with grounding strategies used as needed).

### Women's Stream and Woman's Own

Female DTC participants complete a separate but similar program to the men's program. A community advisory women and children's sub-committee exists as community support to the program. This stream uses a relationship model by focusing heavily on early participant engagement. This trauma-informed approach also gives additional consideration to trauma history, intimate partner violence, children's aid issues, sex work involvement/history and other gender based issues.

Throughout all phases of DTC Women attend the DTC Women's Group on Wednesday afternoons and meet with their therapist/case manager.

**Preparation Phase:** All women begin the program by attending groups through the Woman's Own Day Program. This is a twenty-eight day outpatient program partnership through Toronto Western Hospital. Women are required to attend three days per week, but may attend up to five days per week.

**Intensive Phase:** Individualized program. Partnerships with Salvation Army Homestead a six to ten week residential program and the Jean Tweed Centre, a three week residential program are relied on regularly.

**Maintenance/Continuing Care Phase:** Women attend the aftercare options available through their intensive phase provider and the DTC Women's Group. Women are assisted in exploring and securing work, school or volunteering options.

### Intensive Treatment Phase

All TDTC participants are required to participate in an Intensive Treatment Phase in order to progress through the program and move from the Preparation Phase into the Maintenance Phase. Intensive Treatment typically refers to full-time, inpatient programming ranging anywhere from 21 days to 6 months in length. The duration and type of treatment program a participant is referred to depends on several factors: severity and frequency of substance use; treatment history (prior to or since joining TDTC); level of program engagement; degree of stabilization in the community; participant motivation and readiness; other mental and physical health-related concerns.

#### Procedure:

- Referring a participant to another treatment centre typically involves completing their program-specific application package; providing standardized substance use assessment tool

results; and filling out two-way consent forms between TDTC and the other treatment provider.

- If a participant is referred to another program during the course of treatment in TDTC, the case manager will connect with the other treatment provider on a regular basis to determine the participant's progress. He/she will also complete progress report for the participant's court appearances. In general, he/she will liaise between TDTC program and the other treatment provider, and will deal with any problems that arise.
- The participant will continue to provide urine specimens at CAMH, unless there is an approved process in place for obtaining supervised urines at the other treatment program.

Another Intensive Treatment option available to TDTC participants is the Structured Relapse Prevention group (SRP). This treatment cycle is outpatient and offered at CAMH, outside of the regular TDTC programming. This phase consists of 2-hour group sessions, three mornings per week for three weeks. Utilizing a cognitive-behavioural perspective, participants are helped to recognize triggers to drug use, to become aware of the functions of drug use, and to develop alternative coping strategies. The consequences of drug use are explored, and participants begin to set lifestyle goals. Sessions are semi-structured, and homework assignments (i.e. weekend planning) are used throughout the phase. In some instances, participants who are progressing well (i.e. have achieved a significant period of non-use and community stability early on) are referred to SRP or other community-based day programs instead of residential treatment to meet their Intensive Phase requirement.

### Maintenance Phase and Aftercare Phase

After participants successfully complete Intensive Treatment they progress to the Maintenance Phase. This phase consists of 2-hour group sessions twice per week, usually Tuesday and Thursday mornings. These groups focus on maintaining positive lifestyle changes, expanding relapse prevention strategies, and goal-setting. The groups are process groups, following an interpersonal group therapy model, and provide more opportunity for exploring personal and interpersonal issues. It is common for program graduates to continue attending the Maintenance Phase groups after graduation as part of their Aftercare plan. This attendance is strongly encouraged as evidence shows that Aftercare is a strong predictor of ongoing health and stability post program-completion. For TDTC graduates, Aftercare helps to ease the transition back into the community, provides ongoing case management support, and gives participants an opportunity to support and offer informal mentorship to their TDTC peers. Ongoing Maintenance Phase/Aftercare attendance also helps TDTC graduates meet their Phase II obligations during their period of probation.

### Case Conferences and Court Reports

The case conference occurs weekly, generally on a day prior to court. This meeting involves members of core treatment team. The purpose of this meeting is for the treatment team to provide the CAMH Court Liaison with updated information on participants scheduled for court the next day. Additionally, as a team collaboratively review participants' progress and provide any relevant recommendations. This information is written on a Court Report Form (Appendix 6) and can include:

- Last court appearance.
- Reported use - substance(s) used and dates.
- Treatment Phase - Preparation, Maintenance, or Intensive).
- Attendance and punctuality for groups or appointments.
- Cancellations or "no shows" (missed groups).

- Overall engagement and progress in the treatment process.
- Emerging or ongoing concerns.
- Notes for the presiding Judge.
- Attendance at other meetings such as 12 steps which are not a formal component of the treatment program – but are recommended for additional support.
- Dates and results of urine screens and/or missed urine screens.
- Referrals to other treatment as well as any current and/or emerging issues related to family, social supports, employment, education or health.
- Recommendations regarding participant’s readiness to graduate from the program.

The treatment team also advises the court when a participant fails to comply with program expectations, but does not make recommendations for sanctions.

The treatment team can also recommend which areas of participant progress should be highlighted in court. At this meeting, the CAMH Court Liaison also provides treatment team with information about issues that arise at court and give feedback and input regarding court team discussions and decisions.

## Court

### ROLES AND RESPONSIBILITIES

#### Judge

Along with exercising the general responsibilities of a judge of the Ontario Court of Justice, the TDTC judge will have the following particular attributes:

- Consistency.
- Impartiality.
- Empathy and compassion.
- An understanding of problematic substance use and drug policy.
- Ability to listen.
- Ability to motivate TDTC participants.
- Ability to work as part of a team and provide leadership.
- Ability to ensure that the fundamental rights of the participants remain protected within the TDTC’s collaborative system.
- Knowledge of funding issues for DTCs and a willingness, where appropriate, to assist in obtaining funding for the Court.

#### **Duties Include:**

- Presiding at TDTC hearings.
- Chairing TDTC pre-court meetings.
- Participating in program development, training, education and decision-making activities for those involved with the TDTC.
- Participating in committee work, including as a member of the Community Advisory Committee and as chair of the Operations Committee (the program’s decision-making body).
- Involvement with external organizations to educate and publicize the TDTC.
- Speaking to a wide variety of groups and organizations on the TDTC and associated topics.
- Involvement in community outreach for the TDTC.

## Prosecutors

Both the Public Prosecution Service of Canada and the Ontario Ministry of the Attorney General are partners in the program. Each prosecution service strives to maintain continuity of individual TDTC prosecutors, who are specially trained for their role.

### **Duties Include:**

- Reviewing cases at all stages of the criminal justice process to identify potential candidates for the TDTC.
- Conducting the initial screening assessment as to whether applicants satisfy the TDTC eligibility criteria, with particular attention to public safety.
- Monitoring participants' compliance with TDTC program requirements and recommending sanctions for non-compliance where appropriate.
- Educating other members of the TDTC on relevant aspects of the prosecution function.
- Educating other prosecutors and law enforcement about the TDTC.
- Participating as a member of TDTC committees, including its governing Operations Committee.
- Generally exercising the independent Attorney General function in criminal matters.

## Paralegal

The Public Prosecution Service has assigned a paralegal to the TDTC on a full time basis. The TDTC paralegal assists the TDTC prosecutors in discharging their prosecution function in the program, and is central to ensuring continuity of the practices and policies of the TDTC Prosecution Office.

### **Duties:**

- Administering the TDTC Prosecution Office.
- Assisting the TDTC prosecutor in carrying out all legal and non-legal aspects of the prosecution function.
- Updating and maintaining the integrity of Crown TDTC files, including ensuring that TDTC prosecution packages are complete and that all application forms and crown questionnaires are filled out correctly.
- Reviewing new arrests and flagging those who are eligible to apply to the TDTC.
- Conducting legal and non-legal research at the request of the TDTC prosecutors.
- Facilitating the exchange of information between the police and the TDTC prosecution office, including working with the TDTC police liaison to ensure that officers complete the TDTC police questionnaire in a timely fashion, and requesting police input on issues such as bail.
- Working with the TDTC police liaison to facilitate effective and prompt execution of TDTC bench warrants and rescinding of warrants.
- Participating in outreach activities and training sessions to train and inform prosecutors, law enforcement and community members about the TDTC.
- Facilitating the flow of information between the TDTC prosecution office and the TDTC court, treatment, and community members.
- Assisting with waiving in charges from other jurisdictions.

## Duty Counsel

The role of the Duty Counsel is to act as defence counsel for participants in the TDTC who are not represented by private counsel. Circumstances often arise where there is conflict between the wishes of the duty counsel's client and/or duty counsel's professional responsibilities and the expectations of the multi-disciplinary TDTC team of which the duty counsel is a team member. It is

important to note that as in any criminal court, the interest and directions of any duty counsel client in the TDTC will take precedence over any team expectations.

**Duties Include:**

- Assisting unrepresented clients both in or out of custody with application process.
- Interviewing clients and providing them with legal advice about TDTC.
- Reviewing TDTC Rules and Waiver form with applicants before they decide whether to enter the program.
- Attending TDTC pre-court meeting each Tuesday and Thursday on behalf of every TDTC participant to ensure their interests are represented.
- Assisting participants with entering guilty plea(s) both upon initial entry to program and new charges incurred while in TDTC.
- Representing participants facing penalty issues of non-compliance both where the matter is a duty counsel client or where private counsel is unavailable.
- Negotiating with Crown counsel with regard to any guilty pleas to be entered.
- Assisting participants with obtaining bail variations.
- Acting as liaison between private counsel and the TDTC.
- Acting as liaison between participants and police agencies.
- Assisting participants with transfers of charges from other jurisdictions to the TDTC.
- Representing participants when they leave or face expulsion from the TDTC program.
- Representing participants for sentencing purposes at graduations, successful completion of the program or after withdrawal/expulsion from the program.

**Probation and Parole Court Liaison Officer (CLO)**

The CLO brings a Probation/Correctional perspective, participates in service delivery and, as a member of the Operations Committee, engages in program development activities and decision making processes.

**Duties include:**

- Gathering available information on each applicant's substance use, response to community supervision, relevant correctional history, outstanding probation charges and/or current probation compliance. Presenting information at Phase III of the screening process (initial pre-court meeting). Upon request, providing information to the Crown for Phase I of the screening process (Crown screening).
- Generally participating in pre-court team discussions.
- Providing CAMH with a risk assessment for each participant.
- Liaising with participants' existing probation officers to provide information on participants' progress in TDTC and to ensure that participants' probation supervision supports their progress in the TDTC.
- Taking on case management and supervision of participants with active probation orders after 90 days in TDTC, and meeting with them outside of TDTC at least once per month.
- Supervising participants in Phase II of TDTC. Providing the court with updates, enforcing compliance and requesting variations to probation conditions where appropriate.
- Liaising with other TDTC partners regarding housing, employment, training, etc., and supporting participants' efforts to access resources such as withdrawal management beds.
- Facilitating the "Change is a Choice" anti-criminal thinking group, and providing participants with one-hour educational sessions as required by CAMH.
- Where applicable, conducting home visits.

- Organizing and participating in educational and outreach initiatives in the community, at probation offices and at detention centres.
- Participating in program development committees.

### Police Liaison

The Toronto Police Service (TPS) works in partnership with the TDTC. A designated liaison officer is assigned to perform a variety of tasks which assist the program and enhance the relationship between the TPS and TDTC.

#### **Duties include:**

- Providing information relevant to the screening of applicants and recommendations for supervisory mechanisms such as bail conditions.
- Providing information in respect to compliance with bail conditions and being alert to any criminal or concerning activity of TDTC participants.
- Ensuring effective and prompt executions of all warrants (warrants in the first instance or bench warrants) and rescinding of warrants with little interruption to treatment schedule.
- Updating police information systems and ensuring effective communication with TDTC.
- Educating partners on police procedures/concerns, organizing training sessions and preparing training materials for participating in outreach activities.
- Attending pre-court meetings and court and recording pertinent information.
- Participating as a member of the Community Advisory Committee and other TDTC committees

The police are the first contact with potential participants. Many TDTC participants are known to the police. In addition to information about criminal charges, the police often have significant information on the general background and circumstances of the participant, including health determinants. This information is helpful to the screening of TDTC applications.

Upon the arrest of an accused person, TPS officers are required to fill out a TDTC police information form. In this Form, the police provide information surrounding a TDTC applicant's history of violence, drug use and drug history, criminal activities, motivation for criminal behaviour, i.e. to support a drug habit or for some unrelated reason, etc.

### Court Clerks

Court clerks assigned to the TDTC provide administrative support to the judge and other members of the TDTC team.

#### **Duties include:**

- Collecting files for those participants appearing before the TDTC that week and having them available for the judge.
- Attending twice-weekly pre-court meetings and court sessions and performing the usual clerical and administrative duties of a criminal court clerk.

## COURT PROCEDURES

Regular court appearances are viewed as supportive to participant progress and not as punishment, as they provide an opportunity to monitor participant progress and are a forum to address issues of compliance and non-compliance. Court attendance allows:

- The program to recognize individual participants for their progress in the program.

- Participants to observe, learn and benefit from the progress of other TDTC participants.
- The court to address behaviour that may be preventing participants from progressing in the rehabilitative process.

### The Pre-court Meeting

Pre-court meetings are held every Tuesday and Thursday immediately prior to court. They are attended by the TDTC Court Team, including the CAMH Court Liaison, the judge, the prosecutor, duty counsel, paralegal, probation and parole liaison, police liaison, court clerks and Salvation Army representative. Where available, a participant's case manager and/or private defence counsel may also attend and participate.

The purpose of the pre-court meeting is to discuss the progress of current participants who are up in court that day. The CAMH Court Liaison provides progress reports on the participants. This information highlights both positive accomplishments of the participant and any issues or struggles the participant is facing. A discussion ensues whereby the TDTC team attempts to reach a consensus on next steps for the participant. The Court Team also discusses the appropriateness of any new applicants who are returnable that day, based on their application, initial treatment assessment, probation input and other information.

### Frequency of Appearances

General factors to be considered in determining the frequency of court appearances include

- The length of time the participant has been in the program.
- The stage of treatment the participant is at.
- The participant's participation and progress in treatment.

More specific factors include the following:

- During the 30-day assessment period, participants generally appear at court every Tuesday and Thursday. This continues until the court and treatment feel reduction is appropriate.
- Reduction in frequency of court appearances is recommended by treatment and is related to the participant's progress in the program. Participants in the intensive phase of the program generally attend once per week.
- Reduction in frequency of court appearances is done on a gradual basis, initially from twice per week to once per week and then further to a minimum of once per month.
- As a supportive measure for the participant, if treatment is concerned that he or she is struggling with recovery, they may recommend increased frequency of attendance and the court may then require the participant to attend more frequently.

Participants are welcome to attend court even on days when they are not scheduled to appear.

Participants are expected to remain in court while other participants are appearing before and after addressing the judge.

### Commendations, Sanctions and Admonishments

Compliance and/or progress in the program results in commendation and rewards from the court, and non-compliance results in admonishment or sanctions.

The court recognizes performance not only to assist the participant in progressing in the program but also as a motivator for other participants. As such, the court is conscious of the following factors:

- Both compliant and non-compliant behaviour are acknowledged by the court.
- Sanctions, admonishments and commendations are imposed as relevant to the behaviour being addressed.
- Changes in participant performance after specific issues of compliance or non-compliance are also addressed.

Incentives/rewards can include, but are not limited to:

- Commendation by the judge.
- Less frequent court appearances.
- Certificates of achievement.
- Early leave list.
- Movie passes, coffee cards etc.
- Other incentives as developed by committees or subcommittees of the TDTC.

Sanctions can include, but are not limited to:

- Increased court attendance.
- Admonishment by the judge.
- More frequent urine screens.
- Community service hours.

Particularly serious violations of the TDTC bail may also result in bail revocation, though this should be seen as a criminal justice system response to the violation of a court order rather than as a program sanction for non-compliance.

### New Charges and Suspensions

TDTC participants sometimes pick up new criminal charges while they are in the program. When a new charge is for a comparatively minor offence, it is usually added to the participant's TDTC bail (with or without a plea of guilty, depending on the circumstances) and the participant continues with the program.

When a new charge is for a more serious offence (including offences that would not ordinarily be accepted into the TDTC) or is part of a pattern of new charges that might ordinarily be accepted into the TDTC individually but which cumulatively raise an increased public safety concern (such as a series of shoplifting offences where each one arises shortly after the participant's release on bail for the one before it), then the Crown may choose not to accept the new charge into the program. When that happens, the participant has the option of being suspended from the program, being placed on a non-TDTC bail, and dealing with the new charge outside of the TDTC.

Where a suspended participant is acquitted of the new charge, then he or she is ordinarily readmitted into the TDTC. Where the participant is convicted of a serious new charge—including after a guilty plea—then he or she is ordinarily not readmitted into the TDTC. Where the new charge is less serious, the program may be more flexible even where there is a conviction.

## Graduation

Graduation from the TDTC is initiated by the completion by the participant of an Application for Graduation form (Appendix 5). Treatment then recommends graduation if they are satisfied that the participant is ready. At this point the participant will generally have been in the program for at least 12 months. The Court Team will discuss each applicant before a decision is made. The criteria for graduation include, but may not be limited to:

- Participation in the program for a minimum of 12 months.
- Completion of and compliance with all phases of treatment.
- Securing of stable and supportive housing.
- Formal involvement in some type of social reintegration (work, school or volunteering).
- Abstinence from all illicit substances and from misuse of prescription medications for a period of at least 3 months prior to graduation.
- No new criminal convictions for a period of at least 3 months prior to graduation.
- Having an aftercare plan.
- Having a demonstrated commitment to recovery.

At graduation the graduate will be sentenced for the charges they entered guilty pleas to, and will receive a non-custodial disposition (typically a suspended sentence and a period of probation).

### “Successful Completion”

On an exceptional basis, there may be TDTC participants who have made significant progress in the program and have substantially completed its requirements. On recommendation by their case manager and agreement by the TDTC team, these participants may exit the program and receive a non-custodial sentence and a Certificate of Successful Completion.

## Phase II – Post Graduation

TDTC graduates who are placed on probation will return and appear in the TDTC on a monthly basis—ordinarily on the first Tuesday of each month—and report to the court about their recovery. The probation liaison will monitor their compliance and liaise with treatment to provide the court with a complete picture of the graduate. If the graduate is experiencing difficulties in remaining clean and sober, the court has the authority to vary the terms of the probation order to provide additional supports, including enhanced treatment and more frequent court attendance.

Upon completion of their term of probation, the graduate will receive a further commendation from the TDTC and a Certificate of Completion of Phase II.

Participants who violate the terms of their probation and do not make efforts to remain engaged may be charged with the offence of failure to comply with probation.

## Governance and Community

### OVERVIEW

The TDTC is a partnership between the Ontario Court of Justice, the Public Prosecution Service of Canada (PPSC), the Ontario Ministry of the Attorney General (MAG), and the treatment provider,

CAMH. Funding is received by CAMH from the Federal Department of Justice through the provincial Ministry of the Attorney General. CAMH is the designated treatment provider and is accountable to the Ministry of the Attorney General. The treatment program is accountable through the Program Manager to the CAMH Acute Care Program Clinical Director and Vice President.

There are three main bodies that provide the TDTC governance structure and/or act in an advisory capacity: the Community Advisory Committee (CAC); the Operations Committee; and the TDTC staff as a whole through discussions at TDTC Retreats. The TDTC program depends on the collaboration, consultation and support it receives from the CAC, the Court Team, the Treatment Team and the Operations Committee to ensure responsive service delivery to participants and successful outcomes.

### Community Advisory Committee

In order to broaden its scope and services for participants, the Community Advisory Committee was formed to bring together stakeholders and service providers to enhance service, provide advice and serve in partnership/collaboration roles. The CAC membership represents a wide range of interested parties including, but not limited to, substance use treatment, mental health supports, housing providers, income support, employment support, government, public health, Crown prosecutors, duty counsel, the private criminal defence bar, correctional services, justice representatives, self-help groups, harm reduction representatives, police services, court chaplaincy, policy advisors, advocates, gender-based services, and alumni. The CAC functions as a vital link between the TDTC program and community partners. The CAC also provides support to the TDTC and makes recommendations to the Operations Committee. The CAC strikes working sub-committees to deal with specific issues that arise. These sub-committees have their own Chairpersons and membership which may or may not be members of the CAC.

### Operations Committee

The Operations Committee is responsible for primary decision-making about policy and procedures, government relations, funding initiatives, communications and strategic directions. Membership includes the TDTC judge (chair), prosecutors from both the PPSC and MAG, a Duty Counsel representative, the CAMH Program Manager, the Probation and Parole CLO, the Police Liaison, the Chair of the CAC, and alumni.

### Retreats

All staff from the court and treatment teams meet to discuss day-to-day operations, policy and procedure changes/enhancements, and program and justice updates, and to engage in cross-training and build collaboration. Retreats are attended by all direct service providers on the treatment team and is open to supervisors.

### TDTC Alumni Association

The TDTC Alumni Association is led by the TDTC Peer Support Worker. Participants who successfully complete the program are invited to join as a way of maintaining contact and support, discussing plans and goals, and looking at ways to give back to the program. The alumni have developed the following mission statement:

We share the belief that having been through the program ourselves, we are in a unique position to offer support and education to others who might be thinking of entering the program, as well as those who are in the program now. We can provide examples of what life would be like without drugs. We can offer an outlet to help graduates reintegrate into society. We are a way to give something back.

Representative members of the Alumni Association may actively participate in the Community Advisory Committee or sub-committees, provide speaker services, and assist with program events.

## Appendices

1. TDTC Application Form
2. TDTC Crown Questionnaire
3. TDTC Rule and Waiver forms
4. TDTC standard bail conditions
5. TDTC Application for Graduation or Successful Completion form
6. Re-application form.
7. Community Advisory Committee Terms of Reference.
8. TDTC Commitment to Diversity Value Statement.