

Application for the Northampton County Treatment Continuum Alternative to Prison (TCAP)

Northampton County Treatment Continuum Alternative to Prison

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About TCAP

Since 1997, Pennsylvania's Sentencing Guidelines include a mechanism by which the sentencing court may consider the use of treatment based Restrictive Intermediate Punishment (R.I.P.) as an alternative to incarceration for non-violent offenders assessed to be dependent on drugs and/or alcohol. TCAP is a grant from the Pennsylvania Commission on Crime and Delinquency, and is a funding source for Restrictive Intermediate Punishment in Northampton County. When an offender is identified as a potential candidate for TCAP, a comprehensive diagnostic assessment is conducted by the Northampton County TCAP assessor to determine the appropriateness and necessity of treatment. If approved without objection by the Judge or District Attorney, the offender may be diverted from incarceration and begins intensive drug and alcohol treatment.

The treatment process may take place at a variety of licensed residential facilities, depending on the needs of the offender. Upon successful completion of residential treatment, the offender will engage in intensive outpatient, followed by general outpatient treatment, while maintaining full time employment. Once the offender returns to the community, they are monitored by Northampton county Adult Probation to ensure compliance with the program. They are expected to provide random drug testing, and are on electronic monitoring. Case management services are also provided by the TCAP program.

Research has shown that remaining in treatment for an adequate period of time is critical for treatment effectiveness, and that treatment does not need to be voluntary to be effective. Addressing the root cause of an offender's criminality is not only proactive in reducing recidivism and insuring community safety, but RIP is also more cost effective than incarceration.

RIP/TCAP Eligibility

The Northampton County Treatment Continuum Alternative to Prison-Restrictive Intermediate Punishment is for Level 3 and 4 Sentencing Guideline Offenders with substance abuse as a causative factor.

- Offenders must be a Level 3 or 4 Sentencing Guideline Offender
- Offender must be substance dependent
- Offender must be a Northampton County resident
- Offender must plead guilty to an eligible offense
- Offender should not suffer severe mental illness which would interfere with treatment and strict supervision

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Ineligible Offenses

An offender with a current conviction or prior conviction within the past 10 years for any of the following offenses is ineligible:

Murder	Voluntary Manslaughter
Aggravated Assault	Assault by Prisoner
Assault by Life Prisoner	Kidnapping
Rape	Statutory Sexual Assault
Sexual Assault	Involuntary Deviate Sexual Intercourse
Aggravated Indecent Assault	Indecent Assault
Arson (and related offenses)	Burglary (F1)
Theft by extortion	Incest
Robbery (F1)	Escape

*Final determination of TCAP eligibility will be decided after review of all pertinent information by the assessor.

DUI Offenders

If you have been charged with 3rd offense DUI, you are required by law to have a Drug and Alcohol assessment. Please contact the **Lehigh Valley Drug and Alcohol Intake Unit** for an appointment at (610) 923-0394 for an appointment.

Please read before completing the application!

To guarantee your application will be processed in time for court, you must return this application at least 30 days prior to your sentencing date. You may contact the TCAP office at any time with question regarding the completion of the application.

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PARTICIPANT CONTRACT

1) I, _____, with a birth date of _____, have entered a guilty plea in Case Number _____. I understand that by entering into this TCAP Contract, I am bound by its terms.

2) I understand that the validity of this contract is conditioned upon my eligibility for the Northampton County Treatment Continuum Alternative to Prison Program. If at any time after the execution of this agreement and in any phase of the TCAP Program, it is discovered that I am, in fact, ineligible to participate in the program, I may be immediately terminated from the program and criminal proceedings will be reinstated. I will not be allowed to withdraw my previously entered plea of guilty unless my ineligibility is based on facts or information which should have been known to the prosecutor prior to TCAP admission, or upon Constitutional grounds.

3) I understand that if I enter this program and fail to complete it, I may be barred from future participation.

4) I understand that participation in TCAP involves a minimum time commitment of twelve months, and will include both residential and outpatient treatment, with timeframes based on my clinical needs.

5) I understand that during the entire course of the TCAP program, I will be required to attend treatment sessions, submit to random drug testing, abstain from using alcohol or other substances, and remain free from all criminal activity. I agree to abide by the rules and regulations imposed by TCAP and Northampton County Adult Probation. I understand that if I do not abide by these rules and regulations, I may be sanctioned or terminated from the program.

6) I understand that sanctions may include time in custody; additional residential treatment episodes, increased testing, and such other sanctions as may be deemed appropriate by TCAP or Northampton County Adult Probation. If I am terminated from the TCAP program, I understand that I may be re-sentenced on my original charges, and that any time served prior to my termination may not count as time served.

7) I agree to cooperate in an assessment/evaluation for the purpose of planning an individualized drug treatment program based on my clinical needs. I understand that my treatment plan may be modified by the treatment provider or TCAP as circumstances arise, and I agree to comply with the requirements of any such modifications.

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8) I understand that I will be tested for the presence of drugs in my system on a random basis according to procedures established by TCAP, Probation, and/or treatment provider. I understand that I will be given a location and time to report for my drug test. I understand that it is my responsibility to report to the assigned location at the time given for the test. I understand that if I am late for a test, miss a test, or submit a test which results as "diluted", it will be considered positive for the presence of substances and I may be sanctioned.

9) I understand that substituting, altering or trying in any way to change my body fluids for purposes of testing will be grounds for immediate termination TCAP.

10) I understand that participating in TCAP requires me to abstain from the use of alcohol and other substances at all times. I will not possess drugs (including marijuana) or alcohol, or drug or alcohol paraphernalia. I will not associate with people who use or possess drugs, nor will I be present while alcohol or other drugs are being used by others.

11) I agree to be drug/alcohol tested at any time by a police officer, probation officer, treatment provider, or at the request of the court of any agency designated by the court.

12) I understand that I may not possess any weapons while I am involved with TCAP. I will dispose of any and all weapons in my possession, and disclose the presence of any weapons possessed by anyone else in my household. Failure to dispose and/or disclose may result in termination from TCAP and possible prosecution for any illegal possession of any weapon.

13) I agree to inform any law enforcement officer who contacts me that I am involved with the Northampton County TCAP.

14) I may not be eligible for TCAP if I am currently an affiliated gang member.

15) I will inform all treating physicians that I am a recovering addict, and may not take narcotic or addictive medications or drugs. If a treating physician wishes to treat me with narcotic or addictive medications or drugs, I must disclose this to my treatment provider and get specific permission from TCAP to take such medication.

16) I agree to be responsible for what goes into my body that may affect drug test results. Before taking medication of any kind, I will check with the pharmacist to ensure that it is non-narcotic, non-addictive and contains no alcohol. I will pre-register any and all medications, prescribed or over-the-counter, with my treatment provider and with TCAP.

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17) I agree that I will not leave any treatment program without prior approval of my treatment provider and TCAP. _____

18) I understand that I may dispute positive test results, but that re-testing will be at my expense, and that I may face more severe sanctions for a re-test that is still positive. _____

19) I understand that my individual course of treatment may include residential treatment, education, and/or self-improvement courses such as anger management, parenting or relationship counseling. _____

20) I understand that during the early phases of treatment and recovery, I may be precluded from working or from gaining employment. I further understand that within the time directed by TCAP, I will seek employment, job training and/or further education as approved by TCAP, and that failure to do so may result in sanctions or termination. _____

21) I agree to keep TCAP, Probation, treatment provider and any other law enforcement liaison, if any, advised of my current address and phone number at all times and whenever changed. My place of residence is subject to TCAP approval, and I will not leave Northampton County without prior approval from TCAP. _____

22) As a condition of participation in this program, I agree to the search of my person, property, place of residence, vehicle or personal effects at any time with or without a warrant, and with or without reasonable cause, when required by a probation officer or other law enforcement officer. _____

23) I understand that my failure to successfully complete and graduate from TCAP will result in re-instatement of criminal proceedings against me. I understand that my failure to complete TCAP cannot be a basis for withdrawing my previously entered guilty plea. _____

I have read the above contract and I understand what I have read. I am willing to enter into this agreement with the Northampton County Treatment Continuum Alternative to Prison Program.

Participant's Signature

Date

Witness

Date

Terms Regarding Housing & Employment

Upon discharge from Residential Treatment, you will be required to reside in Northampton County until you have completed treatment. The probation officer assigned to TCAP clients will pre-approve your living arrangement and place of employment.

I understand and agree to these terms.

X

Signature

X

Witness

Northampton County Treatment Continuum Alternative to Prison

AUTHORIZATION TO RELEASE INFORMATION

Client's Name: _____ D.O.B.: _____

This form authorizes Northampton County TCAP (Treatment Continuum Alternative To Prison) to obtain and release information concerning me or my participation from/to:

- Keenan House Gaudenzia-Concept 90 Riverside Care Recovery
Revolutions
- Eagleville Hospital Other

The information to be released included:

- Attendance Urine Screen Results Prognosis Progress Evaluations/Assessments
 Referral Discharge Summary

The information is to be supplied for the purpose of:

- Fulfilling probation/parole stipulation or requirements Fulfilling Court Order Referral
 Treatment Planning

I understand that if my participation is mandated, my progress, attendance, urine screening results, evaluations, and any recommendations or content relevant to my mandated participation will be shared as deemed necessary with the agency or representative of the agency. I also understand that the professionals involved in my participation may be required to testify to the facts surrounding my participation. Additionally, because I am mandated to participate, this agreement to release information cannot be revoked until my legal status has changed.

Client Initials: _____

I understand that this authorization to release information will remain in effect for one year from the date of my signature. I may revoke this authorization in writing, except that the information has been disclosed prior to my revocation or in mandated situations. A copy of this document may be used instead of the original. I understand the contents of this release.

Client

Signature: _____ Date: _____

Witness

Signature: _____ Date: _____

A copy of this document was offered to me and was:

- Accepted Declined

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AUTHORIZATION TO RELEASE INFORMATION

Client's Name: _____ D.O.B.: _____

This form authorizes Northampton County TCAP (Treatment Continuum Alternative to Prison) to obtain and release information concerning me or my participation from/to:

- | | |
|---|--|
| <input type="checkbox"/> Northampton County SCA | <input type="checkbox"/> Northampton County Pretrial Services |
| <input type="checkbox"/> Northampton County Office of the Public Defender | <input type="checkbox"/> Lehigh County Adult Probation |
| <input type="checkbox"/> Northampton County District Attorney's Office | <input type="checkbox"/> Lehigh County Prison/Department of Corrections |
| <input type="checkbox"/> Northampton County Adult Probation | <input type="checkbox"/> Lehigh County Office of Children and Youth Services |
| <input type="checkbox"/> Northampton County Office of Children and Youth Services | <input type="checkbox"/> Lehigh Valley Drug and Alcohol Intake Unit |
| <input type="checkbox"/> Northampton County Prison/Department of Corrections | <input type="checkbox"/> Lehigh County Single County Authority |
| <input type="checkbox"/> Pennsylvania Board of Probation and Parole | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Northampton County Court Administration | |

The information to be released included:

- | | | | | |
|-------------------------------------|---|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Urine Screen Results | <input type="checkbox"/> Prognosis | <input type="checkbox"/> Progress | <input type="checkbox"/> Evaluations/Assessments |
| <input type="checkbox"/> Referral | <input type="checkbox"/> Discharge Summary | | | |

The information is to be supplied for the purpose of:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Fulfilling probation/parole stipulation or requirements | <input type="checkbox"/> Fulfilling Court Order | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Treatment Planning | | |

I understand that if my participation is mandated, my progress, attendance, urine screening results, evaluations, and any recommendations or content relevant to my mandated participation will be shared as deemed necessary with the agency or representative of the agency. I also understand that the professionals involved in my participation may be required to testify to the facts surrounding my participation,. Additionally, because I am mandated to participate, this agreement to release information cannot be revoked until my legal status has changed.

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Client
Signature: _____ Date: _____

Witness
Signature: _____ Date: _____

A copy of this document was offered to me and was:

- Accepted Declined

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