

The seal of Medina County, Ohio, is a circular emblem. It features a central shield with a depiction of the Old Courthouse. Above the shield, the text "Old Courthouse Public Square" is visible. Below the shield, the year "1818" is inscribed. The words "MEDINA" and "COUNTY" are arched across the top and bottom of the seal, respectively. The seal is rendered in a light gray color.

**MEDINA COUNTY
INTERVENTION PROGRAM (MIP)
(DRUG COURT)
PROGRAM DESCRIPTION**

**MEDINA COUNTY COMMON PLEAS GENERAL DIVISION
JUDGE JOYCE V. KIMBLER
93 PUBLIC SQUARE
MEDINA, OHIO 44256**

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CHAPTER 1: POLICIES AND PROCEDURES

Advisory Committee

The Medina Intervention Program (MIP) Advisory Committee was developed in the spring of 2013, to assist in the development of the Medina County Drug Court. Judge James L. Kimbler included key officials in the community to comprise a cohesive team to effectively and collaboratively reach consensus on a variety of issues inherent in the implementation of a specialized docket (**Appendix A**). Judge Joyce V. Kimbler adopted the MIP on January 1, 2015 and currently acts as Chairperson of the Advisory Committee, and as such attends and oversees the Advisory Committee meetings. Over the course of a three-month period regular meetings were held to review, implement change(s), discuss, and agree upon the following:

- Written policies and procedures, which define goals, objectives, and identify the target population, details program entry case flow, and provide the written roles and responsibilities of each treatment team member.
- Create and review the written participant agreement detailing the rights and responsibilities of the participants in the specialized docket; and
- Collaboratively develop, review, and agree upon written legal and clinical eligibility, completion, termination, and neutral discharge criteria.

Role of the Advisory Committee

The advisory committee is comprised of key officials and policy makers who provide input on the policies and operations of the Medina Intervention Program (MIP) and communicate regularly with local officials. The advisory committee also ensures that the program incorporates a non-adversarial approach while recognizing the Prosecutor's distinct role in pursuit of justice, public safety and victim's rights, and the defense counsel's distinct role to pursue the constitutional rights of the participant.

Responsibilities of Advisory Committee

The implementation and post implementation responsibilities of the Advisory Committee are defined below and agreed to by all members of the Advisory Committee (Advisory Committee Agreement). (**Appendix B**)

Implementation

- Develop, review, and agree upon the written policies and procedures which define the goals and objectives, identify the target population, detail program entry and case flow, and provide written roles and responsibilities of each treatment team member;
- Create, review, agree upon the written participant agreement detailing the rights and responsibilities of the participants;
- Develop, review, and agree upon written legal and clinical eligibility, completion, termination, and neutral discharge policies; and
- Develop, review, and agree upon changes to the program description, participant handbook, and/or any new program components.

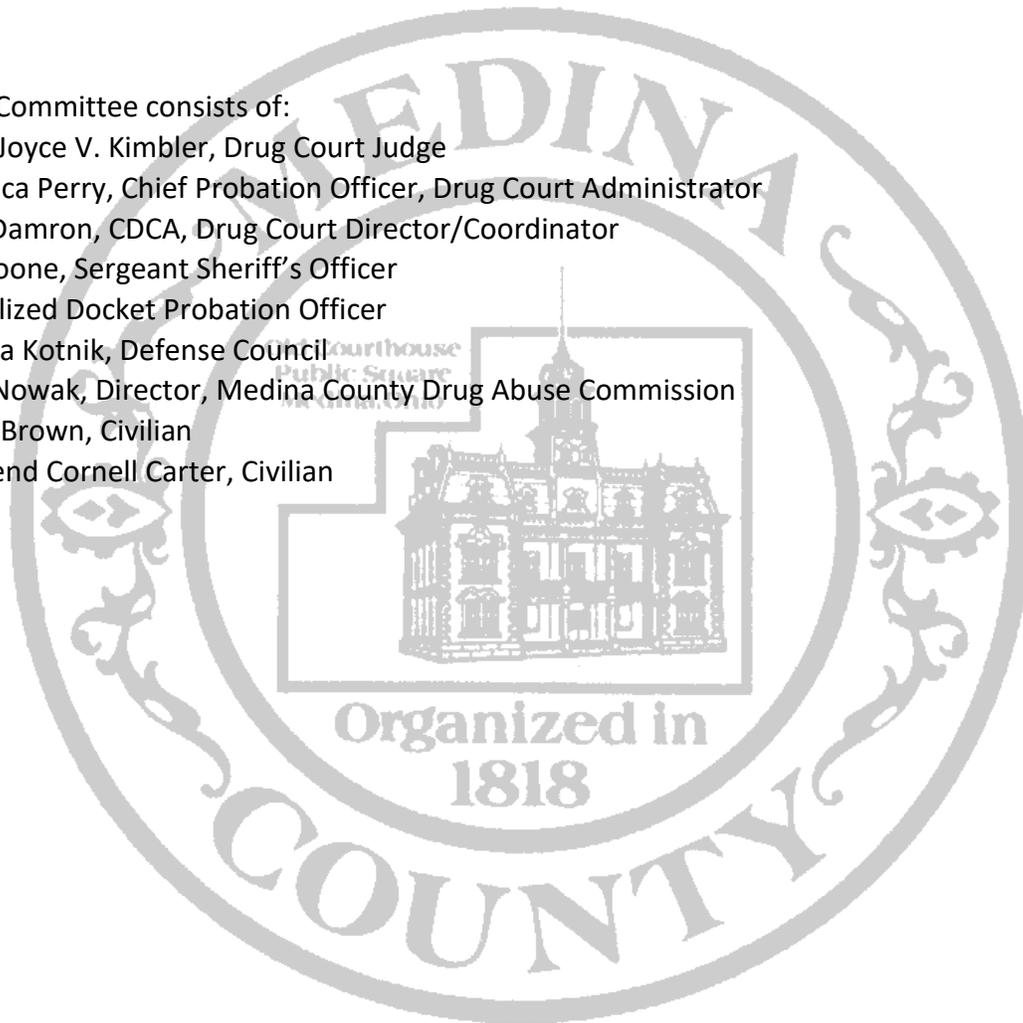
Post-Implementation

- Develop and review a community outreach and education plan;
- Develop and review a written sustainability plan;
- Assess specialized docket team functionality, review policies and procedures, and assess the overall functionality of the specialized docket annually;
- Review treatment team resources;
- Review the target population; and
- Review use of graduated sanctions.

Membership

The Advisory Committee consists of:

- Judge Joyce V. Kimbler, Drug Court Judge
- Veronica Perry, Chief Probation Officer, Drug Court Administrator
- Carla Damron, CDCA, Drug Court Director/Coordinator
- Don Boone, Sergeant Sheriff's Officer
- Specialized Docket Probation Officer
- Rhonda Kotnik, Defense Council
- Brian Nowak, Director, Medina County Drug Abuse Commission
- Gloria Brown, Civilian
- Reverend Cornell Carter, Civilian



Mission Statement

The mission of the Medina Intervention Program is to improve the overall quality of life in the community by providing a court supervised program for substance dependent offenders that will enhance their likelihood of being productive members of society, while keeping the community safe.

Goals and Objectives-Standard 1(C)

The goals and objectives of the MIP Drug Court are as follows:

Goal 1: MIP participants utilizing medically assisted treatment (MAT) will complete their MAT treatment successfully.

Objective: 50% of successful graduates will have completed their MAT treatment successfully.

Goal 2: Decrease the number of MIP participants who re-offend following completion of the MIP.

Objective: 30% of successful graduates will not be convicted of a new felony offense with in two-years of completion of the MIP.

Goal 3: Increase the number of MIP successful completions.

Objectives: Within 36-months 30% of participants will successfully complete MIP.

CHAPTER 2: TARGET POPULATION-Standard 1 (C) & 3 (A)

Target Population

The potential candidate will be screened for eligibility using the following criteria:

- Any post-conviction community control or intervention in lieu of conviction (IILOC) eligible case where alcohol and/or drug use was directly or indirectly related to the offense;
- Any pre-trial/bond eligible case where substance use was directly or indirectly related to the offense;
- At the pre-trial/bond phase, the potential candidate will be administered the Drug Abuse Screening Test (DAST)-10), and receives a severe, substantial, or moderate level of degree; and/or they score a 2 or higher on the CAGE tool;
- The potential candidate must be assessed and diagnosed with a substance use disorder by the APD In-house counselor and/or an appropriate licensed community agency treatment provider;
- The MIP program generally targets high risk population, however, will accept moderate risk for both males and females with moderate to high needs in substance use domain utilizing the Ohio Risk Assessment System (ORAS).
- The male candidate is determined to be very high, high, or moderate risk and the female is determined to be high, moderate, or low/moderate risk utilizing the Ohio Risk Assessment System (ORAS);
- The potential candidate must be mentally competent and have the developmental capacity to adhere to the participation requirements;
- The potential candidate does not have to be a resident of Medina County.

Written Legal Criteria

The following written legal eligibility criteria has been collaboratively developed, reviewed and agreed upon by the advisory committee:

Cases where substance use played a direct or indirect role in the alleged offense will be offered the opportunity for pre-screening if they have an active substance use history by the program coordinator to determine if they meet initial legal criteria and eligibility for placement in the program. The pre-screening process allows needed information to be collected on all offenders prior to a referral for consideration/placement in the program. This information includes criminal history; residency; instant offense and contributing factors.

Potential participants are generally ineligible for participation in the MIP if any of the following exist, however, the Judge is the final decision maker to allow the potential participant an opportunity to participate in the MIP:

- The offender is charged with an offense for which a prison term is mandatory;
- The offender is actively working as a police informant;
- The offender is mentally incompetent and/or has a mental health disorder; which would prevent or interfere with successful completion of the program;
- The offender is an integral part of a distribution or manufacturing network or actively engaged in crimes to benefit a gang.
- Participant has a felony offense of violence and/or was a firearm related offense, or a sexually related offense.

Written Clinical Criteria

The following written clinical criteria was collaboratively developed, reviewed and agreed upon by the MIP Advisory Committee:

If the legal criteria are met, then the potential candidate must have an alcohol and drug assessment completed by an appropriate licensed professional. This includes an alcohol and drug treatment provider that is a part of the MIP treatment team, the probation departments in-house counselor, a counselor as chosen by the applicant at the applicant's expense, or if the individual is incarcerated an appropriately licensed treatment provider in the medina county jail shall conduct the assessment. If an alcohol or drug assessment has already been completed by an outside treatment provider and has been completed within the past twelve months, a release of information must be signed with the drug court treatment agency that will be providing the on-going treatment services and that treatment provider will complete an update to the existing alcohol or drug assessment. The drug and alcohol assessment shall include a diagnosis of substance dependence based on the current DSM criteria and the offender must have the developmental capacity to complete the MIP.

The assessment report shall include available collateral information to ensure its accuracy and will provide the following written information:

- History of alcohol and drug use, which includes information about current use and prescription medications;

- A history of alcohol and drug treatment that includes the facility, both in-patient and outpatient treatment, length of stay and diagnosis;
- Current diagnostic impression;
- Preliminary case plan recommendations, which may include the need to participate in the MIP. Recommendations for appropriate level of care and may include other primary and secondary services needed to include housing, GED, mental health, healthcare coverage, etc.;
- Information regarding the environment, which may include collateral contacts with family, employers and associates; and
- Offense information if needed from the arresting officer, probation, legal counsel and prior contacts with the court system.

Capacity

The MIP is designed to effectively provide services up to fifty offenders in various phases of the program.

CHAPTER 3: PROGRAM ENTRY AND CASE FLOW

Referral Process

All newly convicted cases will be reviewed by the MIP coordinator for program eligibility, appropriately licensed professional for clinical eligibility, and the probation department for legal requirements. Participant's criminal history and supervision adjustment will be taken in consideration for possible referral to the MIP.

The assigned supervising officer and/or assigned Judge may refer pending pretrial candidates, post-conviction active community control candidates, judicial release and/or candidates pending revocation by contacting the MIP coordinator.

Defense attorneys assisting an offender in the filing of a judicial release motion can make a referral by contacting the program coordinator.

Upon receipt of potential participant referrals, the program coordinator and/or defense attorney will provide the offender with a copy of the program handbook (**Appendix C**) and an application screening form (**Appendix D**) to be completed and returned to the program coordinator prior to or may be done in conjunction during the initial screening.

Screening and Assessment

Legal Eligibility Screening

Judge has discretion to decide admission into the program. The written legal and clinical criteria do not create a right to enter the program.

Once the potential participant has been identified and voluntarily wants to participate in the MIP indicated by receipt of the completed legal eligibility screening form, a referral to in-house counselor or by any other appropriate licensed professional will be made for completion of an alcohol and drug screening/assessment. Each potential participant is promptly assessed and will be referred to the appropriate services as soon as possible.

If a referral for an alcohol and drug assessment has already been submitted, or if an alcohol and drug assessment has been completed within the past twelve months, a copy of the referral or assessment and any other documents related to the case, such as a presentence investigation, motion for revocation, etc., shall be submitted to the program coordinator or in-house counselor. The program coordinator will meet with the offender to review the participant handbook.

The MIP treatment team will collectively review the offender's eligibility for admission utilizing the appropriate data:

- Presentence Investigation Report (PSI)
- Ohio Risk Assessment Score (ORAS)
- Chemical, mental health and/or other related programming assessments
- Institutional Summary Report (Judicial Release)
- High risk or (moderate) repeat offenders are considered for inclusion
- Mitigating and aggravating circumstances of current or prior court involvement are evaluated
- A forensic assessment will be completed to determine if the individual is legally competent to participate in the specialized docket if competency is in question

Clinical Eligibility Screening

Potential participants may be ordered by the Judge, referred by the defense counsel, pre-trial officer, program coordinator, or probation officer for completion of an alcohol and drug assessment if an assessment has yet to be completed. The treatment providers or persons who are appropriately licensed and trained to deliver such services according to the standards of the profession shall provide all screenings and assessments for treatment determinations. The clinical assessment will include treatment recommendations based on the appropriate level of care and in most cases, will be completed within fifteen-business days from receipt of the referral.

Potential participants are required to sign a release of information form (**Appendix E**) to provide confidential communications about participation and progress in treatment and compliance with the provisions of relevant law, including the "Health Insurance Portability and Accountability Act of 1996," 42U.S.C. 300gg-42, as amended, and sections 2151.421 and 2152.99 of the Revised Code.

All chemical dependency, mental health, and other programming assessments shall include available collateral information to ensure accuracy of the assessment. The treatment team will consider but is not obligated to follow the clinical assessment or treatment recommendations.

The Judge has the discretion to decide the admission into the MIP in accordance with the legal and clinical criteria. If the participant does not meet the criteria, the adult probation department will assign the case to the appropriate staff to proceed through the court in the traditional manner.

The potential participant and/or defense attorney in cases involving judicial release will be notified by the coordinator of the treatment team decision regarding eligibility or ineligibility via written and/or oral correspondence.

Program Admission

Once the potential participant is determined to meet both legal and clinical criteria, they will review the participant agreement outlining the requirements, program expectations, and process of the MIP with their defense counsel. After the potential participant agrees to voluntarily enter into the MIP, they will sign the participant agreement along with their defense counsel and prosecutor. Once the Judge determines the potential participant is to be offered program entry, the participant will formally enter in the program. Program entry may take place during MIP status review hearings which are held on drug court days, during the change of plea hearing, or at the time of sentencing.

Entry can occur during the pre-trial/bond phase, post-conviction, pre/post-revocation, and/or post-judicial release on the next scheduled hearing date. At this time the Judge reviews the participant agreement (**Appendix F**), confirms the participant was provided with a participant handbook and explains the expectations and possible responses to compliance and non-compliance behaviors. The Judge will also make sure the participant understands that once they volunteer to enter in the MIP, it becomes a condition of their community control to complete the program. (Added) Once the participant is formally entered in the MIP, they shall be placed immediately under reporting supervision and/or bond reporting to monitor compliance with the court requirements.

Separate Tracks

Pre-trial / Incentive Bond Phase Track

Potential participants may be awarded an opportunity to enter in the MIP at the pre-trial/bond phase of the legal process and can enter the MIP during the Incentive Bond Phase. The participant will begin the MIP at the incentive bond phase of the program. If the participant is successful in this phase, they will advance to phase one of the program at the time of change of plea or sentencing. However, if at the time of change of plea or sentencing the participant does not have a “moderate to high risk” level utilized by the ORAS tool, then the individual will be placed on general probation through the traditional manner.

When the potential participant is screened and determined to be eligible for MIP during the incentive bond phase, the court fully understands that the participant has not plead to the current charge(s), there is a presumption of innocence until proven guilty, and there has been no change of plea or sentencing on the case.

The appropriate screening and assessment of potential participants will take place and if determined to be eligible, the participant may choose to volunteer to participate in the program. At this point, the court will make the MIP a condition of bond.

There is a participant agreement that will reflect and reiterate the incentive bond conditions and court/treatment requirements that participant will be expected to follow. If there are any violations or non-compliance issues either during bond or the probationary period, the participant may be subject to a hearing violation.

This is an opportunity for the participant to begin a life of recovery, it is not an easy way out of the current situation. The treatment team seeks individuals who are motivated and honest about wanting the help and treatment that the MIP provides.

There are not pre-set timeline in the incentive bond phase and have the potential to advance to the next phase. All phase advancement will be determined by progress in treatment and compliance with supervision and the potential to advance a phase when completed.

Intervention in Lieu of Conviction (ILOC)

The program coordinator and/or in-house counselor shall screen/assess any potential participant for MIP eligibility in cases involving pending ILOC applicants who have not yet been convicted or granted ILOC status. The potential candidate must meet the risk level required by MIP utilizing the Ohio Risk Assessment Score (ORAS) which is administered during the ILOC interview.

The Medina County Adult Probation Department will assign those individuals who do not meet the legal and/or clinical eligibility and who are not accepted for placement in the MIP to the appropriate probation officer for completion of a presentence investigation and the offender will proceed through the judicial process in the traditional manner.

Post-Conviction

The program coordinator shall screen / assess any potential participants as deemed appropriate by the court as a condition of community control for MIP eligibility in cases involving post-conviction who are pending sentencing or have already been sentenced. If the potential participant is determined to be ineligible for entry in the MIP, the Medina County Adult Probation Department will assign those individuals for placement to the appropriate probation officer.

Participants shall engage in treatment services and/or programs promptly and are placed on reporting supervision immediately following placement in the program to monitor compliance with court requirements. Under normal circumstances referrals are screened and when accepted, enter the MIP within two weeks.

Non-Discriminatory Practices

The MIP will not deny an offender admission to the specialized docket program based on race, color, religion, gender, sexual orientation, national origin, ancestry, age, citizenship, marital status, veteran's status, or any disability.

Case Flow

The following is a summary of the admission process into the MIP:

- Defendant is identified as a potential participant in MIP (pre-trial/bond, post-conviction, pre/post revocation or post judicial release).
- The MIP program coordinator will examine the legal and clinical criteria to determine eligibility for the MIP. The judge is the final decision maker to allow admission in the MIP. If legal criteria are not met, then case will proceed on the traditional docket.
- If legal criteria are met, the assigned probation officer, MIP coordinator and/or defense counsel provides defendant with the MIP handbook and screening application form and discusses MIP requirements with the potential participant.

- The potential participant is referred to one of the treatment providers approved by the MIP and who plays an active role on the MIP treatment team to complete a clinical assessment and determination regarding clinical criteria.
- If the potential participant has a diagnosis alcohol and/or opioid use disorder, they will be screened and assessed for medically assisted treatment (MAT) eligibility by the treatment provider or may be referred to the Medina County Health Department.
- When possible, clinical assessments with diagnosis and treatment recommendations are provided to the treatment team or at minimum, a summary letter including the diagnosis and treatment recommendations provided to program coordinator or specialized docket officer within a targeted time range of seven (7) to fourteen (15) business days from completion of drug and alcohol screening.
- If the potential participant meets the legal and clinical criteria, the program coordinator will notify the court and recommend the potential participant enter the MIP. treatment team is in favor, then the treatment team makes a recommendation for the potential participant to enter the MIP. The assigned judge makes the final decision to admit or deny the potential participant into the MIP.
- Once the potential participant is advised of acceptance into the MIP, the potential participant now acknowledges an understanding of the responses to compliance and noncompliance including the criteria for termination. If required forms have not been completed, such as the release and exchange of information and the participation agreement, then the participant will sign and complete required forms.
- Participant voluntarily enters program and is officially ordered into the program.
- Participant attends first status review hearing (may be done in conjunction with number 7 and 8).
- Participants will be separated during the status review hearings according to their risk levels utilizing the Ohio Risk Assessment System Tool (ORAS)

Specialized Docket File Maintenance

All treatment team members are required to comply with Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of any disclosures may only re-disclose within the scope of the signed Release of Information. The Release of Information authorizes disclosure of protected health information pursuant to the Health Insurance Portability and Accountability Act, 42 U.S.C. 300 gg 42, as amended, and sections 2151.421 and 2152.99 of the Ohio Revised Code.

The MIP coordinator/specialized docket officer will maintain the MIP files. The MIP files are stored in a filing cabinet located in the office of the Adult Probation Department and only the coordinator and Adult Probation Department staff has access to the files. Files may contain the signed Release of Information, participation agreement, weekly reports, and drug testing results, and orders and journal entries issued by the court.

CHAPTER 4: TREATMENT TEAM-Standard 1 (B)

The MIP treatment team consists of the following individuals whose primary role is to oversee the daily operations of the MIP:

- Judge Joyce V. Kimbler, Specialized Docket Judge
- Veronica Perry, Chief Probation Officer, Drug Court Administrator
- Carla Damron, Specialized Docket Director, Chemical Dependency Counselor Assistant, CDCA II

- Cristina Jolley, Licensed Professional Clinical Counselor, LPCC, Chemical Dependency Counselor Assistant, CDCA, Quality Assurance Analyst
- Kara Baird, Specialized Docket Probation Officer
- Jocelyn Stefancin, Defense Counsel
- Lauren Hase, Assistant Prosecutor
- Sherriff Terry Grice, Law Enforcement
- Traci Tober, Child Support Enforcement Agency
- Kip Erwin, Peer Recovery Support Specialist

Lorain County Alcohol and Drug Abuse Services (LCADA)

- Lisa Schaefer, Program Director, MSSA, LSW, LICDC-CS

Alternative Paths (AP)

- Krystal Gesicki, Clinical Director, MSSA, LISW-S, LICDC-GAMB, CCTP

Ohio Guidestone

- Yolanda Tolliver, Chemical Dependency Counselor Assistant, CDCA, Qualified Mental Health Specialist, QMHS, Criminal Recidivism Specialist

Bellefaire

- Laura Larabee, Clinical Director, Licensed Professional Counselor, LPC

Community Assessment and Treatment Services (CATS)

- Whitney Grimes, Program Manager, M.Ed., LPCC-S

Duties of Treatment Team Members

The treatment team (**Appendix G**) is created by invitation of the MIP judge. The Judge acts as chairperson of the treatment team and attends all treatment team meetings. The duties of the treatment team include:

1. The treatment team is responsible for the daily operations of the MIP.
2. Treatment team members will serve on the treatment team for a minimum of one year if possible.
3. Treatment team members agree to work with local community leaders to ensure the best interests of the community are considered.
4. Treatment team members should engage in community outreach activities to build partnerships that will improve outcomes and support program sustainability.
5. MIP incorporates a non-adversarial approach while recognizing the role of prosecutor and defense counsel.
6. Treatment team members engage in on-going communication including frequent exchanges of timely and accurate information about participant's overall performance.
7. The MIP maintains on-going communication with treatment team members regarding the participant's overall performance utilizing e-mail, phone calls, weekly to bi-weekly (if bi-weekly, should be done on the off weeks of drug court) progress reports, and bi-weekly team meetings.
8. Mechanisms for decision-making and resolving conflicts among treatment team members have been established and are utilized.
9. The MIP team has added quarterly brown lunch bag meetings to continue identifying, implementing, resolving any concerns or changes regarding drug court treatment and programming.

10. Treatment team members maintain professional integrity, confidentiality, and accountability.
11. CQI will observe and evaluate MIP service provider programs to ensure evidenced based practices are utilized throughout the participants treatment. If a provider already has a CQI process in place, then data will be collected on a quarterly basis.
12. The treatment team members who are also members on the advisory committee will assess the team functionality, review all policies and procedures, and assess the overall functionality of the MIP.

Specific Roles and Responsibilities

The treatment team consists of the judge, drug court administrator, program coordinator, specialized docket officer, peer recovery support specialist, licensed treatment providers, law enforcement, defense counsel, and prosecutor. Below is a list of treatment team members and their responsibilities.

Judge

- Assist in motivating and monitoring the drug court participants;
- Knowledgeable about treatment and programming methods and limitations;
- Utilize effective incentives and graduated sanctions/behavioral responses;
- Ensure a cooperative atmosphere for the treatment team and focus on the task of providing participants with treatment and rehabilitation opportunities;
- Participate as an active member of the treatment team and chair the treatment team meetings;
- Ensure the integrity of the drug court is maintained;
- Final decision maker on admittance into the drug court, incentives and graduation behavioral responses, advancement of phases, successful completion, or unsuccessful termination from the drug court;
- Monitors and discusses progress or lack of with the participant at status review hearings;
- Act as a spokesperson to educate the community about drug court; and
- Chairs the MIP Advisory Committee Board.

Drug Court Administrator

- Administrative decisions including grants, management of contracts, and program budget;
- Monitor and evaluate program director/coordinator;
- Provide necessary information to notify and implement any changes according to the national drug court best practice standards;
- Provide and make any necessary changes to criminal justice procedures that may impact the drug court program;
- Contribute to team efforts in community education and local resources; and
- Assist and provide information on the MIP Advisory Committee Board.

Specialized Docket Director/Coordinator

- Conducts the legal eligibility screening;
- Coordinates the referral and assessment process with the licensed treatment provider and to determine clinical eligibility;
- Attends and prepares schedules at bi-weekly treatment team meetings and status review hearings;
- Maintains the daily operations of the specialized docket;
- Collects and maintains statistical information and data for submission to funding sources and the Supreme Court of Ohio;

- Facilitates meetings to maintain relationships with community and treatment agencies;
- Implements necessary changes to program policies and procedures according to the National Drug Court and Supreme Court of Ohio best practice standards;
- Assist in implementing and monitoring grant operations, and will provide fiscal and statistical information as required by the funding source to ensure the ongoing operation of the drug court;
- Provides statistics related to the effectiveness of the program (including but not limited to graduations, terminations, MAT services, recidivism etc.)
- Ensures that treatment team members follow program policies and procedures;
- Informs new treatment team staff members on the program policies and procedures;
- Monitors and evaluates the drug court program and treatment when necessary to ensure adherence to best practices and standards;
- Participates in discussions about incentives, behavioral responses, phase advancement, successful completion, and termination.

Specialized Docket Probation Officer

- Monitors compliance with community control requirements, reinforces treatment plan goals, case plans, and participation in drug court;
- Provides updates on compliance and non-compliance during treatment team meetings and status review hearings;
- Ensures that participants are getting appropriate cognitive behavioral interventions during reporting sessions;
- Gathers bi-weekly progress reports from treatment providers to reinforce skill building being addressed in treatment and will communicate with the treatment team and during office visits;
- Provide coordinated and comprehensive supervision and case management to include telephone contact, office, and home visits;
- Monitors random alcohol and drug tests a minimum of twice per week, and immediately reports the results of tests to the treatment team and ensure case plans reflect those results;
- Ensure correct and verifiable documentation of dosage hours;
- Advises of any program and/or probation violations;
- Advocate for effective incentives, behavioral responses, terminations, and graduations;
- In the absence of the probation officer at treatment team meeting and/or status hearings, appropriate documentation shall be provided on each participant to the probation officer assigned to cover the cases;
- Monitors community-based services such as peer support, health, mental health, housing, education/employment services that will provide a strong foundation for participants;
- Contribute to team efforts in community education and local resources.

Quality Assurance Analyst

- Provides quality assurance reviews of the drug court treatment team meetings and status review hearings and licensed treatment providers on a quarterly basis to ensure program adherence to best practices and standards;
- Provides written documentation from the observed quality assurance review to the drug court treatment team;
- Provides constructive feedback from observed offender-officer interactions using the EPICS model;
- Ensure that clients are getting appropriate cognitive behavioral interventions based on their needs;
- Ensure clients are being referred to appropriate resources to address individual needs.

Defense Counsel:

- Public Defender will be assigned to represent the participants and will participate as an active member of the treatment team, operating in a non-adversarial manner during status review hearings and team meetings to promote a sense of team presence;
- Assist in identifying potential participants for the drug court program;
- Represents the participant, advises, and reviews the participant agreement prior to entering drug court;
- Reviews the participant agreement with the participant and all parties sign the agreement through formal hearing;
- Communicate all the rights that the participant will temporarily or permanently relinquish by participating in the drug court;
- Review and advocate participant progress in the program and advocate appropriately for effective incentives and behavioral responses for compliance or lack of in team meetings and status review hearings;
- Contribute to team efforts in community education and local resource acquisition;
- Advocate for the participant on any legal issues and ensure procedural and due process rights are followed;
- Assist in providing training to new or replacement attorneys.

Prosecuting Attorney:

- Prosecutor will be assigned to the drug court and will participate as an active member of the treatment team staffing and status review hearings;
- Provide input about eligible participants at the drug court hearing where all parties sign the participant agreement for the participant to formally enter the program;
- Participate as a team member, operating in a non-adversarial manner during status review hearings and team meetings to promote a sense of team presence;
- Advocate for effective incentives and behavioral responses for program compliance or lack of;
- Contribute to the team efforts in community education and local resources;
- Provide feedback on ideas and suggestions as needed;
- Represent the interests of the prosecutor and law enforcement; and
- Assist in providing training to new or replacement attorneys.

Licensed Treatment Providers

- The treatment provider will participate as an active team member and will work as a partner to ensure the success for the program participants;
- Treatment provider will operate in conjunction with the treatment team for the placement of participants in the appropriate treatment level of care;
- Ensure that clients are getting appropriate cognitive behavioral therapy based on their individualized needs;
- Must be appropriately licensed and trained to deliver services;
- Treatment providers whenever possible will maintain separate tracks for participants, if adhering to the recommended best practices;
- Conducts diagnostic assessments, provides the clinical diagnosis, and develops the treatment plan;
- Provide copy of participant's diagnostic assessment with the supervising probation officer to coordinate treatment efforts;

- Provides documentation on participants progress bi-weekly prior to treatment team meetings regarding treatment, dosage hours, compliance with treatment plans, treatment attendance,
- notification when participant is nearing completion of treatment, dates and status of MAT services, dates and results of alcohol and drug tests;
- Advocates for effective incentives and behavioral responses during team meetings;
- Attends all treatment team meetings and status review hearings;
- Treatment provider will utilize evidence base practices in their curriculum when providing individual and group counseling which is evaluated on a quarterly basis by the Quality Assurance Analyst;
- Contribute to team efforts in community education and local resources; and
- Assist in providing training to new or replacement treatment representatives.

Peer Recovery Support Specialist

- Establish a one on one relationship with participant's individually and/or in groups;
- Identify goals and strengths to help overcome barriers;
- Develop a recovery plan with the participant to obtain continuous long-term recovery;
- Models recovery;
- Provides participant with community resources and services to address needs;
- During treatment team meetings, gives treatment updates and makes recommendations regarding treatment needs;
- Participates in discussions regarding incentives, sanctions, phase advancement, successful completion, and termination; and
- Attends status review hearings if requested to be present by the judge or the participant;
- Contribute to team efforts in community education and local resources;
- Provide information to the team on assessment, basis of substance use, the impact of treatment on the participant, and the potential for relapse.

Law Enforcement:

- Assist the team in monitoring of participants and may accompany the supervising probation officer on home visits;
- Participate as an active team member at team meetings and status review hearings to provide appropriate information and insight from the law enforcement community's perspective;
- Advocate for effective incentives and behavioral responses during team meetings;
- Serve as a liaison between the court and the community and provides information to the team on community issues related to alcohol and drug use;
- Provide information and support to participants in the community, encouraging them to succeed in the MIP;
- Contribute to team efforts in community education and local resources.

Child Support enforcement Agency

- Participates as an active team member and attends team meetings;
- Utilizes a collaborated approach to advocate for the participant involved with child support enforcement agency;
- Provides information on community programming to assist participants with substance use disorders who have a felony non-support offense;
- Assts with linkage to employment resources to help maintain compliance with child support case plan and goals;

- Serves as liaison between the child support enforcement agency and the court system to help the participants succeed and meet all programming goals;
- Contribute to team efforts in community education and sustainability of programming.

CHAPTER 5: PARTICIPANT MONITORING

Treatment Team Meetings and Status Review Hearings

The MIP will monitor each participant's performance and progress during bi-weekly treatment team meetings held every Wednesday commencing at 8:30 AM at the Medina County Common Pleas Court 99 Public Square Medina, Ohio 44256. Treatment team meetings will take place the morning of the status review hearings.

Required attendees include: The judge, specialized docket coordinator, specialized docket officer, quality assurance analyst (quarterly) peer support recovery specialist, defense counsel, prosecuting attorney, treatment provider representatives and law enforcement. Although the participant is not required to attend the treatment team meetings, the participant has the right to request the attendance of their defense counsel during the portion of the team meeting concerning the participant. The active role of the defense counsel becomes the responsibility of either the public defense attorney, appointed attorney, or any attorney the participant chooses to retain. Defense counsel represents the participant upon the participant's request and may play an active role on the treatment team.

The program coordinator prepares and distributes bi-weekly treatment team schedule that indicates MIP hearings (formal entry of a participant), initial probation violation hearing, merit hearing, phase advancement, honor box recipients, and graduation. The supervising probation officer provides status updates (**Appendix H**) and alcohol and drug screen results to the treatment team during staffing's.

Status Review Hearings

The status review hearing incorporates ongoing judicial interaction with each participant as an essential component of the program. All participants are expected to appear at status review hearings as required per program phase or as instructed by the supervising probation officer. In addition, having a significant number of participants appear at a single court session gives the opportunity to educate all the participants as to the benefits of court compliance and consequences of noncompliance. Frequent status review hearings establish and reinforce policies and ensure effective and efficient supervision of the participant.

During the status review hearings, the court will make every effort to conduct separate tracks for the participants according to their risk levels utilizing the Ohio Risk Assessment Tool (ORAS). Participants with a risk level of very high to high will be held at 10:30 AM until the completion of the status review hearing participants with a risk level of moderate to low moderate will be held immediately following the conclusion of the very high to high risk track. There may be times that risk levels may be mixed during status review hearings such as, group projects/tasks, graduation(s), honor box ect.

All participants entering the MIP during the incentive bond phase, will also have a separate track since those participants have not plead or been sentenced. These participants will attend status review hearings upon completion of the other tracks and expected to commence at 11:45 AM.

Participants are required to appear at each status review hearing as instructed by the supervising probation officer and/or depending on their progress through each phase. Review hearing frequency is determined by compliance in treatment and phase participation:

Incentive Bond Phase:	Bi-weekly status review hearings (Duration of bond until sentencing)
Phase I:	BI-weekly status review hearings (Acute Stabilization / 90 days)
Phase II:	Bi-weekly status review hearings (Clinical Stabilization / 90 days)
Phase III:	Monthly status review hearings (Pro-social Habilitation / 90 days)
Phase IV:	Monthly status review hearings (Adaptive Habilitation / 90 days)
Phase V:	Monthly status review hearings (Continuing Care / 90 days)

Status review hearings will take place before the judge every other Wednesday at 10:30 AM until conclusion at the Medina County Common Pleas Court 93 Public Square, Medina, Ohio 44256.

Summary of Treatment

The MIP adopted the following policies and procedures for treatment services that are being provided to the participants:

1. Participants will be promptly assessed and placed as soon as possible in appropriate treatment services and programs.
2. Participants will receive a treatment plan based on their individual needs and provided services that will incorporate evidenced-based strategies and address co-occurring disorders.
3. Treatment plans will take into consideration services that are gender responsive, culturally appropriate, and effectively address co-occurring disorders.
4. Provided services including case plans are appropriate and clinically necessary to the degree that available resources allow.
5. Participants shall have prompt access to a continuum of approved treatment and rehabilitation services.
6. Maintains a current treatment plan and a record of activities. Treatment plans continue to develop throughout the specialized docket to reflect the participant's changing needs based on program progress.
7. All treatment and programming will be provided by appropriately licensed and trained programs or persons to deliver such services according to the standards of their profession.

The MIP has partnered and collaborated with the following agencies to provide services to participants: Lorain County Alcohol and Drug Abuse Services (LCADA), Community Assessment and Treatment Services (CATS), and Lorain/Medina County Community Based Correctional Facility (CBCF), Ohio Guidestone, Alternative Paths, and Bellefaire JCB that will provide and conduct alcohol or drug and mental health assessments, residential treatment, day treatment, intensive out-patient treatment, development of treatment plan, case management, group therapies, individual treatment sessions, relapse prevention plans, aftercare plans, and pharmacological services to address those who have been diagnosed with chemical dependency diagnosis and co-occurring disorders, and medically assisted treatment (MAT) services. The probation department and this agency will collaborate with other community agencies to provide ancillary services including:

- Educational and vocational training;
- Employment;

- Transportation;
- Housing;
- Domestic violence/trauma programming; and
- Physical, mental, and dental health.

Prior to placement into the program, an appropriately licensed professional, in-house counselor, or other appropriate licensed substance abuse treatment agency will conduct an evaluation of each participant drug and/or alcohol issues, and only those individuals with a diagnosis of substance dependence will qualify for admission.

By requesting placement in the program, each participant agrees to enter and complete the recommended treatment curriculum contained in the written evaluation submitted to the court by the treatment agency and to possibly pay the treatment provider for costs not paid by governmental or other sources.

Treatment may consist of day treatment and intensive outpatient treatment through any privately insured treatment center covered by participant's insurance, or other suitable agency, residential programming at a Community-Based Correctional Facility (CBCF), Community Assessment Treatment Services (CATS), or halfway house. If the participants insurance does not cover the expense of treatment, the specialized docket coordinator and treatment provider can screen the participant for eligibility to utilize grant funds. The MIP currently has a drug court enhancement grant through the Bureau of Justice Association (BJA) and has collaborated with LCADA treatment agency. There is also the Addiction Treatment Program (ATP) grant through Ohio Mental Health & Addiction Services (OMHAS). If the participant has a diagnosis(s) of Alcohol or Opioid Use Disorder and is deemed to be eligible to receive MAT services, they are eligible to utilize funds through the ATP grant to assist with the cost and expense of behavioral health services and other financial burdens.

Some form of individual outpatient and/or aftercare treatment will be required as an extension of the programming received by those individuals completing inpatient/residential treatment may include individual counseling sessions and attendance of twelve-step program meetings, such as alcoholics and/or narcotics anonymous or other self-help groups.

All participants are required to comply with the treatment recommendations of the appropriate treatment agency. Participants must report as scheduled for all treatment sessions and participate in all activities of the treatment program.

The Specialized Docket Quality Assurance Analyst will conduct random and observed evaluation(s) with each treatment provider during outpatient group settings to ensure evidenced based curriculum is being utilized and adhering to the best practices and standards of drug court.

The following is a brief description of the possible treatment options and programming for participants:

Residential: Community Assessment Treatment Services (CATS), The Key Residential Program (LCADA-Females) and Community Correctional Based Facility (CBCF) are the three residential treatment programs the MIP typically uses. The treatment varies in length depending upon the specific facility's programming, but typically is designed to be completed in three to six months, followed by a period of halfway housing and/or sober living along with outpatient treatment as designated by the participant's individual treatment plan. The length of the programming at a community-based correctional facility is up to six months, and participants may be given credit for any time served in a CBCF program. During the initial 30 days, a CBCF participant is usually on "house restriction" status, and unable to leave the premises, except under specific circumstances.

Halfway Housing (3/4): Participants in need of halfway housing may be referred by the probation department or the treatment provider who has contracts or can collaborate with housing. This includes but is not limited to Road to Hope, Safe Harbor, M & S Recovery, Oriana House, and Beacon House (females). The participants in a halfway house program will typically be restricted to the premises of the facility for the first 30 days but may be permitted to attend certain outside obligations and appointments, such as Twelve-Step program meetings, if accompanied by staff or other program participants.

Partial Hospitalization (Day Treatment): Intensive outpatient day treatment four-five times per week and two-three hours per session utilizing an evidenced based practice curriculum. LCADA facilitates day treatment at different locations including, Medina County, Lorain County, and Erie County. The facilities are staffed with credentialed treatment counselors and case managers.

Intensive Outpatient Treatment (IOP): Intensive outpatient program three days per week and three hours per session. LCADA, Bellefaire, Ohio Guidestone, CATS, and Alternative Paths all facilitate outpatient treatment programming and counseling for any participant referred to their agency. The facility is staffed with credentialed treatment counselors whose goal is to assist the participant in recognizing and coping with his or her substance abuse problem, and in learning the necessary skills to make lifestyle changes necessary to avoid future criminal activity and maintain a life of recovery.

Aftercare: The length and frequency of aftercare will be determined by the treatment provider and the participants progress. Aftercare may consist of individual counseling and/or case management to provide a coordinated network of support to help the participant maintain and build on the progress made in other phases of treatment.

Peer Recovery Support: Assists the participant in developing a long-term recovery plan and identify goals and skills to help overcome barriers, provide community resources and services to address on-going needs, develop a healthy support system in the recovery community, and engage in prosocial activities in the community.

The Decision Points: The program is an integrated, cognitive behavioral change program for male offenders that includes cognitive restructuring and social skills for male adults which is facilitated by certified officer's in the Adult Probation Department. Individuals with a moderate risk level meet up to two hours per week for a total of ten weeks and for individuals with a high/very high-risk level meet up to two hours per week and can take anywhere from eight to fifteen weeks to complete depending on the participants progress in the program.

Cognitive Behavioral Therapy (CBT) A cognitive behavioral treatment curriculum for female adults facilitated by the Adult Probation Department that educates the participant about perception, thoughts, feelings, and outcomes of situations with a heavy focus on recognizing, avoiding, coping, and evaluating high risk situations, places, persons, and things in a group setting. Individuals meet up for an hour and half once per week for a total of sixteen weeks.

Recovery Center of Medina County (RCMC) Offers a variety of programming and prosocial events to support the recovery community which includes but not limited to:

- Serenite' – Culinary work and training program
- Peer recovery support and skill building
- GED and employment workshops

- Credit clean up classes / Budgeting
- Parenting groups
- Child support and family law
- Health and well-being groups and activities
- Self-support groups
- Family and community events

Although a participant’s initial treatment plan may not include residential or inpatient programming, more intensive treatment, a change in the level of care may be needed and ordered at any time during the MIP, based upon the recommendation of the treatment team. If a participant is non-compliant with the treatment program, the court may utilize a review hearing to impose appropriate sanctions from a wide range of enforcement and treatment tools, which are addressed more completely on page 20-21.

Phases

The MIP is comprised of five (5) phases which may include the Incentive Bond Phase. Phases are the steps in which a participant’s performance and progress through the specialized docket are monitored.

1. Progression through the program is based on the participant’s performance in their treatment program and compliance with requirements in each phase.
2. Phase advancement is not solely based on preset timelines.
3. At a minimum, the participant shall appear before the judge at least one time bi-weekly during the incentive bond phase, phase one, and phase two and/or as instructed by the court.
4. The participant shall appear before the judge at least one time monthly during phases three, four, and five and/or as instructed by the court.
5. If the participant is in residential treatment, they do not have to appear before the judge until the residential treatment program has been completed.
6. Time between status review hearings are increased or decreased based upon compliance with treatment protocols and observed progress.

General criteria for phase advancement includes the participant’s honesty, regular attendance, and engagement in treatment, office visits with probation officer, sobriety days, mental health, compliance with court orders, and team recommendation.

The MIP consists of the following phases (*Appendix I*)

Incentive Bond Phase	(Length of time – duration of bond and until sentencing)
✓ Court bi-weekly	
✓ Assessed for Medically Assisted Treatment (MAT) eligibility if appropriate	
✓ Comply with treatment recommendations	
✓ Submit to random, frequent, and observed drug and alcohol testing	
✓ Report to probation officer as instructed	
✓ Random home visits by probation officer	
✓ Review and address appropriate housing	
✓ Address medical and dental needs	
✓ Change people, places, and things	
✓ Follow all other bond conditions as ordered by the court	

If the participant is uninsured, the court will pay for treatment services, including MAT, transportation, housing, residential, utilities etc. while waiting insurance approval.

If the participant completes the Incentive Bond Phase, he/she will be able to advance phases at the time of their change of plea or sentencing if they meet a moderate and or high-risk level utilizing the ORAS upon completion of bond phases.

In order to advance:

Regular attendance at treatment

Office visits

BEING HONEST

Clean time minimum of 14 consecutive days

Phase One – Acute Stabilization

Minimum 90 Days

- ✓ Court bi-weekly
- ✓ Assess for Medically Assisted Treatment (MAT) eligibility if appropriate
- ✓ Comply with treatment recommendations
- ✓ Submit to random, frequent, and observed drug and alcohol testing
- ✓ Report to probation officer weekly or as instructed
- ✓ Random home visits by probation officer
- ✓ Review and address appropriate housing
- ✓ Address medical and dental needs
- ✓ Change people, places, and things

If the participant is uninsured, the court will help pay for treatment services, including MAT, transportation, housing, residential, utilities etc. while waiting insurance approval.

In order to advance:

Regular attendance at treatment

Office visits

BEING HONEST

Clean time minimum of 14 consecutive days

Phase Two – Clinical Stabilization

Minimum 90 Days

- ✓ Court bi-weekly
- ✓ Assess for Medically Assisted Treatment eligibility if appropriate
- ✓ Comply with treatment recommendations
- ✓ Peer recovery support meetings
- ✓ Submit to random, frequent, and observed drug and alcohol testing
- ✓ Report to probation officer weekly or as instructed
- ✓ Random home visits by probation officer
- ✓ Continue addressing medical and dental needs
- ✓ Begin to focus on support and recovery groups (12 step / peer support groups)
- ✓ Begin to focus on pro-social activities
- ✓ Maintain appropriate housing
- ✓ Begin to address finances
- ✓ Demonstrate changing people, places, and things

If the participant is uninsured, the court will help pay for treatment services, including MAT, transportation, housing, residential, utilities etc. while waiting insurance approval.

In order to advance:
Engage in treatment
Compliance with supervision
BEING HONEST
Clean time minimum of 30 consecutive days

Phase Three – Pro-Social Habilitation

Minimum 90 Days

- ✓ Court monthly
- ✓ Continue with treatment recommendations
- ✓ Continue peer recovery support meetings
- ✓ Submit to random, frequent, and observed drug and alcohol testing
- ✓ Report to probation officer monthly or as instructed
- ✓ Random home visits by probation officer
- ✓ Continue addressing medical and dental needs
- ✓ Engage in support and recovery groups
- ✓ Engage in Peer Recovery Support
- ✓ Engage in pro-social activities
- ✓ Maintain appropriate housing
- ✓ Continue to address finances
- ✓ Demonstrate change people, places, and things
- ✓ Begin criminal thinking program (if appropriate)
- ✓ Establish pro-social activity / recovery network, ***(including but not limited to, attend programming at Recovery Center of Medina County RCMC, participate in community give back opportunities, participate in recovery events).***

If the participant is uninsured, the court will help pay for treatment services, including MAT, transportation, housing, residential, utilities etc. while waiting insurance approval or experiencing financial hardship.

In order to advance:
Engage in treatment
Compliance with supervision
BEING HONEST
Clean time minimum of 45 consecutive days

Phase Four – Adaptive Habilitation

Minimum 90 Days

- ✓ Court monthly
- ✓ Continue with treatment
- ✓ Continue peer recovery support meetings
- ✓ Continue addressing medical and dental needs
- ✓ Demonstrate a change in person, places, and things
- ✓ Submit to random, frequent, and observed drug and alcohol testing
- ✓ Continue participation in pro-social activities
- ✓ Report to probation officer monthly
- ✓ Random home visits by probation officer
- ✓ Maintain a recovery network/pro-social activity
- ✓ Job, parenting/family support, vocational training (as deemed appropriate)

If the participant is uninsured, the court will help pay for treatment services, including MAT, transportation, housing, residential, utilities etc. while waiting insurance approval or experiencing financial hardship.

In order to advance:
 Engage in treatment
 Compliance with supervision
BEING HONEST
Begin to address job / vocational training
Clean time minimum of 60 consecutive days

Phase Five – Continuing Care

Minimum 90 Days

- ✓ Court monthly
- ✓ Continue with treatment
- ✓ Continue peer recovery support meetings
- ✓ Continue addressing medical and dental needs
- ✓ Demonstrate a change in person, places, and things
- ✓ Submit to random, frequent, and observed drug and alcohol testing
- ✓ Report to probation officer monthly
- ✓ Random home visits by probation officer
- ✓ Maintain a pro-social / recovery network
- ✓ Development of a continuing care plan
- ✓ Maintain job, parenting/family support, vocational training (as deemed appropriate)

If the participant is uninsured, the court will help pay for treatment services, including MAT, transportation, housing, residential, utilities etc. while waiting insurance approval or through financial hardship.

In order to graduate:
 Engage in treatment
 Compliance with supervision
 Maintain pro-social/recovery network
 Maintain job/school
BEING HONEST
Begin to address job / vocational training
Clean time minimum of 90 consecutive days

Incentives

The MIP utilizes rewards and incentives as an important component for success in making lasting changes in behavior. Such incentives and rewards demonstrate acknowledgement of the difficult changes the participants are making in their lives. Immediate, graduated and individualized incentives shall govern the responses to a participant’s compliance.

Examples of conduct when incentives are awarded include but are not limited to:

- Demonstrating a period of abstinence as evidenced by consistent negative alcohol/drug screens;
- Successful completion of treatment program or case management program;
- Maintaining consistent employment;
- Completion of community service hours;
- Engaged in self-help/support groups

- Engaged in pro-social activities in the community;
- Demonstrating a change in thinking, attitudes and beliefs;
- Demonstrates the ability to change people, places, and things'
- Obtaining GED or diploma; and/or
- Advancement to next phase in the program.

Examples of incentives include but are not limited to:

- Encouragement and praise from the bench;
- Announcement to other participants/recognition;
- Certificate of achievement or completion;
- Other tangible items such as nominal gift cards, vouchers, journals, etc.
- Increasing or expanding privileges;
- Reduction of community service hours;
- Waiver of drug testing fees or court costs;
- Letter of support;
- Reduction in scheduled supervisions/sessions with probation officer/case manager;
- Transportation assistance;
- Advancement to next phase in program;
- Community Control term reduced.

Incentives are awarded according to the participant's progress in the phases of the program and are designed to encourage and reward positive behavior.

Sanctions/Behavior Modifications

The MIP uses immediate and graduated sanctions to help a participant conform behavior to program requirements. All participants are subject to behavior modifications and/or sanctions on a case by case basis by the court due to non-compliance or rule violations by the participant.

Sanctions range in severity, depending on the seriousness of the participant's non-compliance or rule violation. Immediate, graduated and individualized sanctions shall govern the MIP's response to participant's non-compliance.

The imposition of sanctions is at the sole discretion of the judge and/or the probation officer if in-house sanctions are being imposed, and sanctions may be modified based upon the facts of the individual situation and/or the recommendation of the treatment team. Judgment on any sanction-able behavior is guided by an overriding consideration of whether the participant should continue in the program.

Proximal vs. Distal Goals

Sanctions or therapeutic consequences that are a result of the participants noncompliant behavior(s) are determined based on if the behavior was a proximal goal (within the participants control, right now) or distal goal (coming later, in the distance). Examples include but are not limited to:

- Substance Dependence or Addiction

- ❖ Triggered binge patten
- ❖ Cravings or compulsions
- ❖ Withdrawal symptoms



Abstinence is distal goal

- Substance Abuse



Abstinence is a proximal goal

- *Collateral Needs*

- ❖ *Dual Diagnosis*
- ❖ *Chronic medical condition*
- ❖ *Homelessness, chronic unemployment*



Regimented compliance is proximal goal

Sanctions may include, but are not limited to:

- More frequent review hearings before the court;
- More frequent office visits with the probation officer;
- Increased alcohol or drug testing;
- Curfew;
- Loss of privileges;
- Increased group and/or meeting attendance;
- Verbal admonishment by the judge;
- Viewing dependency videos and writing essay reports;
- Financial sanctions;
- Community service hours;
- One or more days seated in the courtroom observing various hearings;
- Electronically Monitored House Arrest (EMHA);
- Transdermal Alcohol Monitoring Device Bracelet (TAD);
- Revocation of limited driving privileges;
- Local jail time;
- Returning to the beginning of the current phase of the program;
- Extended time on community control and in drug court;
- Termination from MIP;
- Revocation of community control status and imposition of prison term; and/or

The failure of the participant to attend any scheduled court appearance, treatment related appointment, or scheduled office visit with his or her probation officer may result in the issuance of a warrant for the participant's arrest, if he or she does not get prior approval.

Examples of sanction-able behavior(s) and rule violations include, but are not limited to the following:

- New felony conviction; (Proximal Goal)
- Missed status review hearing – unexcused; (Proximal Goal)
- Missed treatment session – unexcused; (Proximal Goal)
- Missed appointment with probation officer; (Proximal Goal)
- Missed, dilute, or positive substance abuse testing; (Substance Use – Distal Goal)
- Improper use of prescribed medication/use of disallowed substance without Doctor's verification;
- New misdemeanor conviction; (Proximal Goal)
- Failure to notify the probation officer of current place of residence, employment/source of income, or violation of conditions of supervision not specifically addressed by MIP requirements; (Proximal Goal)

- Non-compliance with self-help treatment objectives; (Proximal Goal)
- Failure to attend peer support and/or case management session; (Proximal Goal)
- Dishonesty; (Proximal Goal)
- Absconding; (Proximal Goal)
- Failure to comply with treatment recommendations. (Proximal Goal)

Note: Generally, a participant will not be asked to restart a phase they have already completed, however, as a sanction the participant can be sent back to the beginning of the current phase.

CHAPTER 6: PROGRAM COMPLETION

Criteria for Successful Completion-Standard 3(A)

Graduation criteria are the guidelines used to identify how participants can successfully complete MIP. Criteria for successful completion demonstrating acceptable behavior and compliance include, but are not limited to the following:

Compliant Behavior:

- Completed community service hours;
- Demonstrated period of abstinence from alcohol and drugs; evidenced by submitting negative screens, a minimum of ninety consecutive days prior to completion;
- Participated in self-help treatment objectives as recommended by treatment provider;
- Display a change in thinking, attitude, and beliefs;
- Successfully completed treatment or programming;
- Obtain and/or maintain consistent employment and/or enrolled in a vocational or educational program;
- Engaged in peer recovery support services and have developed a long-term recovery plan;
- Engaged in pro-social activities in the community prior to graduation;
- Demonstrated ability to identify and eliminate criminal thinking patterns;
- Good faith effort to pay all financial sanctions demonstrated by regular payment history (if applicable), and treatment costs; and
- Completed petition to graduate packet.

Accomplishments:

- Demonstrated abstinence from alcohol and drugs as evidenced by negative screens;
- Completion of all required treatment;
- Recovery plan established and implemented;
- Participated in self-help treatment objectives as recommended by treatment provider;
- Completed MIP requirements including community service;
- Completed vocational or educational plan;
- Paid in full restitution, fines and court costs, unless otherwise determined;
- Display responsibility for his or her behavior;
- Demonstrated stability in the community; and
- The participant petitions (**Appendix J**) for successful completion.

Note: The judge has the final discretion to determine when the participant will successfully complete the program.

The process for determining when a participant has successfully completed the program includes:

- The treatment team nominates the participant for successful completion;
- The treatment team reviews the compliant behavior and accomplishments of the participant;
- The participant completes a petition to phase packet to graduate (**Appendix J**);
- The treatment team reviews the petition to phase checklist and makes a recommendation for completion;
- The judge makes the final decision to allow the participant to successfully complete the MIP.
- The participant is awarded a certificate of completion at the graduation ceremony;
- The participant enters an aftercare phase offering them three more months of peer support and case management services and to adhere to community control terms as originally ordered prior to their MIP involvement;
- If a participant demonstrates continued satisfactory progress refrains from recidivating and demonstrates abstinence from alcohol and/or drug use, a recommendation for early successful termination of his/her community control will be presented for consideration by the sentencing judge.

Upon graduation it is a possibility that a participant could be released from community control or placed on non-reporting community control if they performed exceptionally in the program. The judge will make the decision after considering the individual's progress and achievements in the program along with a recommendation from the treatment team.

Termination Classification

Unsuccessful Termination-Standard 3(A)

The judge has discretion to decide termination from program in accordance with the following program written criteria.

- Ongoing non-compliance with treatment or resistance to treatment;
- New serious criminal conviction. **A conviction for a felony offense of violence, firearm-related offense, or sexually oriented offense, will result in termination from the MIP.**
- Any serious MIP rule infraction or series of infractions; and
- A serious community control violation or series of community control violations.

If a participant is unsuccessfully terminated, they are subject to the following actions:

- A motion to revoke their community control may be filed and they will proceed through the revocation process;
- The participant may be subject to the imposition of other penalties or incarceration; and
- They will be ineligible to participate in MIP for a period of three-years.

Neutral Discharge-Standard 3(A)

Participants may receive a neutral discharge if they meet one or most of the following criteria:

- Diagnosed with a serious medical condition, which will prohibit them from continuing in the MIP;

- Diagnosed with a serious mental health condition and/or mental deficit, which prevents them from effectively participating in the program;
- The participant relocates to another jurisdiction;
- Other factors that may keep the participant from meeting the requirements for successful completion;
- Or Death.

If a participant receives a neutral discharge, they may be subject to the following actions:

- The adult probation department will assign the case to the appropriate probation officer to continue with standard community control supervision;
- If the participant relocates, their community control may be transferred to the supervising authority in the appropriate jurisdiction;
- In the event of death, the participant will be neutrally terminated from community control supervision.

Inactive or Suspension Status

If any of the following criteria apply the participant may be placed on inactive or suspension status:

- The participant is placed in a residential facility and cannot be transported for status review hearings (approximately a month after a participant successfully completes a residential program, the treatment team will review their progress and discuss phase advancement)
- The participant is in need for further assessment or evaluation to determine if MIP is beneficial to the participant and the program; and
- The participant has an outstanding warrant for non-compliance from the specialized docket where the issue has not been resolved.

CHAPTER 7 SUBSTANCE ABUSE MONITORING-Standard 8

Upon initially entering the MIP, each participant shall divulge all recent drug and/or alcohol use, including the date and approximate time of use, the amount and type of substance used, method of ingestion, and any other relevant information required by staff.

At intake, the participant may be required to submit a urine sample for testing to establish a baseline for the presence of drug metabolites in his or her system and will not be sanctioned based upon the results of the initial urinalysis. Additionally, the participant will be tested for his/her drug of choice utilizing a ten-panel UDS drug screen and/or a 16-panel instant test that tests for all street drugs including a variety of synthetic forms.

Due to the nature of cannabinoids and the time sometimes required for THC elimination from the body, a participant will be considered “clean” 30 days after submitting to the initial baseline drug screen for marijuana use.

As a condition of the MIP, each participant must agree to voluntarily report to the court, the specialized docket officer, and treatment agency staff, any violations of the program rules, including the use of alcohol, illegal or non-prescribed drugs, including, but not limited to, fentanyl, synthetic cannabinoids such as “K2” and “Spice”, inhaling or “huffing” of chemical vapors, Kratom, and the abuse of otherwise properly prescribed medications such as Adderall, Vicodin, Gabapentin, and Xanax, which contain a controlled substance.

Participants must report any prescribed medications to their treatment provider and coordinator/probation officer. They must agree to provide a verification letter to their treating doctor, dentist, oral surgeon, and surgeon prior to being prescribed any narcotic medications making them aware that the participant is on community control supervision and in drug court, including signing a release for MIP personnel to contact their doctor.

Participants are made aware that the probation officers are registered with The Ohio Automated Rx Reporting System (OARRS) to assist in quickly identifying drug seeking behaviors. An OARRS Prescription History Report assures that a participant is taking their medication as prescribed and provides the team with a current history of all medications being used by the participant.

Medications that participants are generally NOT permitted to take include benzodiazepines (Valium, Ativan, Xanax, Librium, etc.), opiates (Lortab, Vicodin, Oxycontin or Oxycodone, Tylenol 3, Percocet, Darvon, Darvocet, etc.), and amphetamines (Adderall, Ritalin, Cylert, etc.), unless prescribed by an appropriate licensed professional with prior knowledge of the participant's chemical dependency diagnosis, participation in the MIP, and that the patient is subject to drug testing which will be documented in a verification letter provided by the participant. The MIP allows participants to participate in medicated assistant treatment (MAT) through appropriate licensed agencies ONLY if that agency provides and requires participation in an intensive alcohol or drug treatment curriculum as part of the MAT program. This will include buprenorphine (Suboxone, Subutex), Dolophine (Methadone), Vivitrol, or the generic equivalents of any of these drugs.

When seeking any type of medical treatment, it is the responsibility of each participant to inform the caregiver of his or her chemical dependency issues and request non-narcotic and/or non-alcoholic medication is prescribed.

If, because of a medical necessity, a doctor prescribes medication that could yield a positive drug screen result, the participant must submit a verified letter from the physician to the court, stating he/she is aware of the participant's status as a recovering person, and that the need for this medication outweighs the possible risks to the participant. The participant must provide all documentation to their probation officer indicating all medications administered.

If a participant tests positive for a controlled substance and does not have such a letter from their doctor, they shall be sanctioned immediately. A participant must take all prescribed medications strictly as directed.

Participants must notify their probation officer and counselor prior to using any "over-the-counter" (OTC) medications.

Further, prior to the use of any over-the-counter medication, the participant is responsible for conferring with a pharmacist or other medical professional to ensure that medication is not mood altering or addictive and contains no alcohol.

Inappropriate use of any medication(s), irrespective of whether it was prescribed or purchased over the counter, could result in the participant being sanctioned and/or termination from the drug court docket.

Participants are required to submit to random, frequent, and observed urinalysis and breath tests, as well as any additional drug test that may be necessary. All urine will be collected in accordance with Medina County Adult Probation Department policies and procedures (**Appendix K**). Random test selection is monitored

utilizing the AVRYSYS software program through Averhealth which provides true random selection by allowing the probation officers to individualize alcohol and drug testing plans.

Incentive Bond Phase:	Minimum 2 times per week
Phase I:	Minimum 2 times per week
Phase II:	Minimum 2 times per week
Phase III:	Minimum 2 times per week
Phase IV:	Minimum 2 times per week
Phase V:	Minimum 2 times per week

I-Samson.net extends the supervision of participants through structured and automated daily contact and creates true random testing. Participants are required to call the AVRYSYS automated phone line daily to determine if they are selected for drug testing. Participants will be tested adequately to include their primary substance of dependence, as well as a range of common substances.

As part of the treatment agency programming, the participants will also be subject to random and frequent alcohol or drug testing as part of the protocol. All providers will make sure the drug testing is observed. If results are initially positive, a confirmation test must be ordered. Alcohol or drug testing may be individualized and reviewed on a case by case basis.

The vendors used for the probation department drug screen testing supplies are Medtox Laboratories Diagnostics. The drugs to be detected and the cut-off levels are as follows:

Drug Testing Guidelines

According to the guidelines of the National Drug Court Institute the following practical guidance is offered and is being adopted for drug testing purposes by the Medina County Adult Probation Department:

Based upon recent scientific evidence, at the 20 ng/mL cutoff concentration for the detection of marijuana in urine (using the currently available laboratory-based screening methods) it would be uncommon for a chronic marijuana smoker to produce a positive urine drug test result longer than 30 days after the last smoking episode.

For an occasional marijuana smoker (or single event usage), at the 20 ng/mL cutoff for marijuana, positive urine drug test results for the single event marijuana use would not be expected to be longer than 7 days. Consequently, due to the above, it is reasonable to permit a 30-day abstinence baseline / detection window between marijuana tests. Therefore, the participant should not test positive 30 days from their last marijuana test if they have abstained from marijuana use. Participants who continue to produce marijuana positive results beyond the established detection window maximums of 30 days (the scientific baseline) are subject to sanction for failing to remain abstinent during their probationary period.

<u>Drug</u>	<u>Approximate Drug Times in Urine</u>
AMPHETAMINES	1 - 4 days
BARBITURATES	1 - 7 days
BENZODIAZEPINES	1 - 7 days

CANNABINOIDS ** for	at 50 ng/mL cutoff: up to 3 days for single event/occasional use up to 10-30 days heavy chronic use
<i>Detailed cannabinoid detection information available in NDCI Fact Sheet - Volume IV, Issue, 2</i>	at 20 ng/mL cutoff: up to 7 days for single event/occasional use up to 21 days for heavy chronic use
COCAINE METABOLITE	1 - 3 days
OPIATES	1 - 4 days
PHENCYCLIDINE (PCP)	1 - 6 days
ALCOHOL (as ethyl alcohol) EtG/EtS	variable, usually measured in hours as alcohol metabolites. at the 500/100 ng/mL cutoff: 24-48 hours

Participants are responsible for calling the AVRSYS test line daily and must test within their selected testing window. The first window is from 8:00 am – 3:45 pm and the second window is from 1:00 pm – 6:45 pm Monday through Friday and weekends will vary. When selected for testing participants assigned are required to report to the Averhealth drug testing staff between the specified window hours the same day and provide a urine sample and/or other drug testing method if selected for testing.

Each sample will be collected by the Averhealth drug testing staff and will be tested to ensure it is the correct temperature and creatinine concentration for an undiluted, correctly submitted urine specimen. All sample collection shall be random, frequent and observed.

If a participant fails to submit a urine specimen, tampers with or dilutes a urine specimen, or if the participant fails to produce a sufficient quantity of urine needed for analysis, the participant shall be immediately sanctioned as if he or she submitted a urine sample that tested positive for substance abuse.

Should a participant deny any use when confronted with a positive drug or alcohol test result, the participant may request the sample be sent to an outside laboratory (Medtox Laboratory) for confirmation/validation testing. The participant will not be sanctioned while waiting for the laboratory results.

If the test is confirmed positive and the participant was dishonest about the use, then a more severe sanction may be imposed in addition to the use.

A participant may be ordered to submit to monitoring for alcohol consumption by a Trans Dermal Alcohol Monitoring Device Bracelet (TAD) and will be responsible for any fees associated with such a device.

Should a participant test positive, fail to submit to testing, submit an adulterated sample or the sample of another individual, or dilutes the sample, this will result in a positive test. Such acts will have an appropriate and immediate sanction will be determined with input from the treatment team and will be administered by the judge in court or by the probation officer via an in-house sanction. The treatment provider will be notified immediately of the participant's positive test result by the probation officer to allow for adjustment to treatment plans if necessary. If the participant submits a positive drug screen through their treatment provider, the provider will immediately notify the probation officer so that it can immediately be addressed with the participant.

CHAPTER 8: PROFESSIONAL EDUCATION-Standard 11

The MIP assures continuing interdisciplinary education of treatment team members to promote effective specialized docket planning, implementation and operations. Treatment team members are responsible for attending ongoing continuing education on a variety of topics such as:

- The specialized docket model;
- Specialized docket processes;
- Best practices in substance abuse and mental health services;
- The non-adversarial approach of the specialized docket model for counsel;
- Drug trends and alcohol and drug testing; and
- Training on community resources.

Treatment team members are required to attend the Supreme Court of Ohio's Specialized Dockets Practitioner Network Annual Conference where training on several of the required topics is provided. At minimum, the Specialized Docket Director and Chief Probation Officer are required to attend the National Association of Drug Court Professionals (NADCP) National Conference annually. All treatment team members will receive the Specialized Docket Newsletter and agree to keep all contact information provided to the Supreme Court of Ohio Specialized Docket Section current.

New Treatment Team Members – Standard 11 Recommended Practice (C)

Treatment team members agree to serve for a minimum of one (1) year. Assessment of the treatment team functionality is on-going, as well as a review of the policies and procedures and overall functionality of the MIP will be conducted. The MIP has prepared procedures to compensate for the transition of team members. New additions to the team are invited to observe the MIP status review hearings to provide familiarity with the operations of the aspect of the program. New team members are provided detailed information outlining their roles and responsibilities, as well as a program description and participant handbook. New team members are encouraged to attend the National Association of Drug Court Professionals Conference within the first twelve months of being appointed to the Specialized Dockets and the Ohio Specialized Docket Practitioners Network meetings. The Director of the Specialized Dockets will provide a resource/training list that include webinars and trainings offered through the Supreme Court of Ohio Specialized Dockets, National Association of Drug Court Professionals (NADCP) and National Drug Court Institute (NDCI).

Mentor Court and Yearly Site Visit

The MIP will maintain a relationship with the St. Charles Drug Court located in St. Charles Missouri. The MIP Drug Court Administrator and Coordinator attended a Mentor Court Site Visit on March, 17th, 2017 through the National Drug Court Institute (NDCI). The treatment team will review the relationship with the mentor court on a bi-annual basis to determine if the designated mentor court continues to meet the needs MIP.

CHAPTER NINE: EFFECTIVENESS EVALUATION

The Judge and treatment team will evaluate the effectiveness of the program by measuring the program goals and objectives as stated in chapter one, page two of the program description. Data will be collected and recorded by the specialized docket director/coordinator utilizing, excel case management and supreme court data collection to present and review by the Advisory Committee during its quarterly meetings to evaluate the

effectiveness and functionality of MIP, treatment team, policies and procedures and whether the program is meeting its goals and objectives.

Supreme Court Reporting Data-Standard 12(A)

The MIP will comply with reporting data as required by the Supreme Court. The data will be collected and maintained by the Specialized Docket Coordinator. The data collected will include, but is not limited to the following:

- Number of participants referred;
- Number of participants accepted;
- Number of cases terminated;
- Number of cases neutrally discharged; and
- Number of cases successfully discharged

Participant identifiers will be precluded in the collection of data to protect the confidentiality of the participants.

On-going Data Collection-Standard 12(B)

The MIP shall engage in on-going data collection to evaluate whether the program is meeting its goals and objectives. The confidentiality of the participants identifying information will be precluded. The goals and objectives of MIP are as follows:

Goal 1: MIP participants utilizing medically assisted treatment (MAT) will complete their MAT treatment successfully.

Objective: 50% of successful graduates will have completed their MAT treatment successfully.

Performance Objective: Number of graduates that successfully completed the MAT treatment vs number of graduates that have not completed the MAT treatment successfully.

Goal 2: Decrease the number of MIP participants who re-offend following completion of the MIP.

Objective: 30% of successful graduates will not be convicted of a new felony offense following completion of the MIP, with-in two-years of completion of the MIP.

Performance Measure: No new felony convictions with in a two-year period following successful completion of the MIP.

Goal 3: Increase the number of MIP successful completions.

Objectives: Within 36-months 30% of participants will successfully complete the MIP.

Performance Measure: Number of successful vs. unsuccessful or neutral discharges from the MIP.

Appendix

- A. Advisory Committee Roster
- B. Advisory Committee Agreement
- C. Participant Handbook
- D. Application Screening Form
- E. Release of Information
- F. Participant Agreement
- G. Treatment Team Roster
- H. Participant Status Report
- I. Phase Requirements
- J. Petition to Phase/Graduate
- K. Drug Testing Policy

