



MIAMI COUNTY COURT OF COMMON PLEAS  
MENTAL HEALTH COURT

JUDGE STACY M. WALL

PROGRAM DESCRIPTION

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## **CHAPTER I: POLICIES AND PROCEDURES**

### **Program Overview**

The Mental Health Court (“MH Court”) is an intensive probation program offering targeted treatment to offenders who have been diagnosed with a serious mental illness and whose illness was a primary factor contributing to their involvement in the criminal justice system. This program is designed to provide participants access to treatment and resources to achieve stability of mental health symptoms, bettering quality of life for participants, resulting in rehabilitation with reduced likelihood of reoffending.

This Program Description provides a comprehensive explanation of the policies and procedures of the Mental Health Court, the defined goals and objectives, the roles and responsibilities of the Treatment Team members and the Advisory Team members and includes all forms.

### **Advisory Team**

The Advisory Team serves as the policy-making authority for the MH Court. Diversity of resources is the foundation of the MH Court and such resources are essential in the Court’s success. The Committee consists of outside partner agencies in providing resources as well as representation from all positions that play a role in the criminal justice process such as the prosecutor’s and public defender’s offices and the Sheriff and the jail administration. Because all parts, i.e. housing, education, transportation, employment, treatment, are essential in a participant’s stability and success, all members of the Advisory Team were solicited for their contribution to one of these essential areas. These individual parts are essential in creating a whole partnership in supporting the strength and success of the MH Court.

The Advisory Team shall approve the MH Court Handbook (Appendix A), Participation Agreement (Appendix B), and this Program Description (Appendix C). The Advisory Team shall approve any application for certification and subsequent recertification application.

### **Advisory Team Members**

An Advisory Team member is to have a working knowledge of the MH Court and the community resources available to those suffering from mental illness, including basic needs. Advisory Team members are to be a positive voice and advocate in the community on behalf of the MH Court and its efforts. Each member must be familiar with the MH Court Handbook, Participation Agreement, the Referral Form (Appendix D) and this Program Description in order to suggest changes and/or approve each document. Each Advisory Team member shall also be familiar with Local Court Rule 23 (Appendix E), authorizing the Court.

The Advisory Team members shall meet quarterly until the MH Court receives Supreme Court certification to discuss ongoing issues relating to the specialized docket such as goals, objectives, target audience, policies, procedures, eligibility criteria, case flow and the contributions of each agency. The MH Court Coordinator shall present for review the data and statistical information at each quarterly meeting regarding number of participants in each Phase and program effectiveness. The MH Court Coordinator shall also present information on community outreach, program effectiveness and continued education efforts on behalf of the Treatment Team. After certification is received, the Advisory Team shall meet as determined by the MH Court Judge, but no less than

once per year. Every two years, the Advisory Team shall assess the Treatment Team, the overall functionality of the MH Court, and review the policies, procedures and objectives of the MH Court. The Advisory Team shall be chaired by the MH Court Judge.

Advisory Team Membership:

- Judge Stacy M. Wall, Mental Health Court Judge and Advisory Team Chair, Miami County Common Pleas Court
- Jonathan Kanet, Mental Health Court Coordination, Miami County Common Pleas Court Adult Probation
- Alexis Sheffer, Miami County Common Pleas Court Adult Probation
- Steve Bacon, Mental Health Court Referral Coordinator, Staff Attorney to Judge Wall
- Paul Watkins, Miami County Prosecutor or his representative, Assistant Prosecutor Matthew Joseph
- Joseph Fulker, Miami County Public Defender
- David Duchak, Miami County Sheriff
- Dawn Thomas, Miami County Sheriff's Office, Assistant Jail Administrator
- Family Abuse Shelter
- Community Housing
- Sara Bowers, Job and Family Services
- Terri Becker, Executive Director, Tri-County Board of Recovery & Mental Health Services
- Kimberly Skinner, Northwest Ohio Psychiatric Hospital
- Cynthia Wion, Recovery and Wellness
- Casey Jones, Vocational Rehabilitation Supervisor, Opportunities for Ohioans with Disabilities
- MonDay CBCF, Ben Sexton, Linsey Manning
- WORTH CBCF
- NAMI, Molly Helmlinger

An Advisory Team member may appoint a designee should he/she not be able to attend.

Participants must be referred to the program. Upon referral, each potential participant will be assessed to see if they are eligible for the program. If the potential participant meets the legal and clinical eligibility criteria, the Mental Health Court Judge ("MHC Judge") will determine final approval for admission.

If eligible, and after approval of the MHC Judge, the participant will be offered admission. The participant must voluntarily agree to participate in the program and must enter a plea of guilty. The participant will be ordered to complete the program and will be on intensive supervision with the Probation Department to monitor compliance with the requirements of the program.

**Mission Statement**

The Mental Health Court is dedicated to providing participants who have been diagnosed with a serious mental illness and which contributed to their involvement in the criminal justice system, with access to individual treatment specific to their individual needs and diagnosis, providing resources necessary to establish accountability, independence, and stability, ultimately decreasing

their interaction with the criminal justice system and improving overall quality of life. The Mental Health Court is a provider and conduit to the knowledge and access needed for essential needs and resources.

### **Goals and Objectives**

Goal 1: Identify offenders with behavioral health issues that are the primary contributor to the offenders being involved in the criminal justice system.

Objective: Increase court, treatment provider and community knowledge of the referral process.

Measurement: The Referral Coordinator will track all cases and indicate how many were by referral vs. court order through community control or intervention in lieu of conviction.

Goal 2: Improve participants' access to and compliance with treatment and stability of medications.

Objective: Connect participants with resources for all essential aspects of life – employment, education, housing, transportation, food – that they have previously struggled with from not knowing how to access a resource.

Measurement: The Mental Health Court Coordinator will track resources that are utilized outside of treatment. The Mental Health Court will sponsor a mental health fair open to the community.

Goal 3: Reduce recidivism among offenders with serious mental illness.

Objective: Maintain a recidivism rate of less than 40% one year after graduation.

Measurement: The Mental Health Court Coordinator will track all statistics.

Goal 4: Establish stability, accountability for actions, and continued mental health.

Objective: Maintain a successful completion rate of 75% of participants admitted to the Mental Health Court by providing targeted treatment and offering resources to gain skills for long-term mental and overall health.

Measurement: The Mental Health Court Coordinator will track all statistics.

## **CHAPTER II: TARGET POPULATION**

### **Target Population**

The Mental Health Court primarily serves residents of Miami County and surrounding counties charged with or convicted of one or more felonies in Miami County Court of Common Pleas who would benefit from court-monitored treatment and other services to enhance their ability to become productive law-abiding citizens. All participants must meet the legal and clinical criteria for admission into the docket. The Mental Health Court Judge has the discretion to decide who participates in the Mental Health docket. The written legal and clinical eligibility and termination criteria do not create the right to participate in the program.

### **Referral Process**

A referral can be made by almost anyone. Judges, probation officers, case managers, attorneys, and others can refer to the Mental Health Court. The Referral Coordinator will determine legal eligibility. The Mental Health Court Coordinator will determine clinical eligibility. After legal and

clinical eligibility have been satisfied, the Mental Health Court Judge will make the final decision on admittance to the Mental Health Court.

### **Legal Eligibility**

- Charged with one or more felonies less than a felony of the second degree or otherwise under the jurisdiction of Common Pleas Court.
- An offender may be considered for admission at any stage of their charge.
- All offenders are required to enter a guilty plea as part of the program.
- If eligible, offenders may complete the program as part of Intervention in Lieu of Conviction or community control.
- Offenders eligible for judicial release may also be considered for admission.

Any one or more of the following will likely render the offender *ineligible* for the program:

- × Persistent reoffending that is unrelated to a mental health diagnosis;
- × History of serious or repetitive violence;
- × Individuals determined to be legally incompetent;
- × Certain crimes involving child victims; and
- × Certain sexually oriented offenses and violent offenses resulting in a serious injury.
- × Previous unsuccessful termination from Mental Health Court.
- × A high risk or high need ORAS score (may require further information for acceptance into Mental Health Court).

In considering the disqualifying factors, mitigating and aggravating circumstances will be taken into consideration. If previously convicted of a disqualifying offense, the age of the offense will be considered.

### **Clinical Eligibility:**

- Participants must have been diagnosed with a serious mental illness, including, but not limited to, Schizophrenia, Schizoaffective Disorder (bipolar or depressive), Bipolar Disorder, Major Depressive Disorder, Obsessive Compulsive Disorder, Panic Disorder, or Post-Traumatic Stress Disorder, as diagnosed by a licensed provider and as described in the most current edition of the DSM (Diagnostic and Statistical Manual of Mental Disorders).
- Must have the ability to understand the expectations and consequences of the program and the ability to voluntarily participate in the program.
- Must have the need for, and will likely benefit from, intensive supervision services, as determined by a licensed provider.

## **CHAPTER III: PROGRAM ENTRY AND CASE FLOW**

### **Referral Process**

A referral can be made by almost anyone. Judges, probation officers, case managers, attorneys, and others can refer to the Mental Health Court. If found to be eligible for the program, the offender must agree to participate in the program and enter a plea of guilty and sign a Participation Agreement. (App. B). If approved for intervention in lieu of conviction, the case will be stayed pending successful completion of the program. The Referral Form is posted on the Court's website and is attached as Appendix D.

### **Screening and Assessments**

Once a referral is made, the Judge will order the required screening and assessments be completed to ensure all criteria is met for admission as explained above. The clinical assessment shall be performed by a licensed and trained clinical counselor or independent social worker.

Legal eligibility will be assessed first. If legally eligible, the person will be assessed for clinical eligibility by persons designated by the Court who are properly licensed and trained to perform such assessments. The clinical assessment means that the person must meet with a psychiatrist or psychologist to discuss current symptoms and history of diagnosis and treatment. A release of information prior to the clinical assessment must be signed so that the person's treatment history can be reviewed and disclosed to the Mental Health Court Treatment Team. All clinical assessments shall be submitted directly to the Mental Health Court Coordinator. Continued failure to report for assessment may render an individual ineligible for the program.

The Release of Confidential Information (Appendix F) shall be in compliance with the provisions of relevant law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 300gg-42, as amended, and R.C. 2151.421 and 2152.99.

Once the clinical assessment is completed, the probation officer will conduct the ORAS assessment. After all steps are completed, the Judge will review the case for eligibility. The final decision of whether to admit a person to the program will be made by the Judge, however, the Treatment Team may review a case before a final decision is made by the MH Court Judge. If found to be eligible for the program on all requirements, a final decision will be rendered by the Mental Health Court Judge as quickly as possible, generally no later than fourteen (14) days after all assessments were completed.

If a person is not eligible for the program or not accepted, the person will be notified immediately and the case will proceed in front of the Judge originally assigned to the case.

### **Program Admission**

The participant will go through a brief orientation with the Probation Officer/Mental Health Court Coordinator to review the general conditions of supervision and the policies and procedures of the program. The participant will sign an acknowledgement of voluntary participation in the program. If the participant has not already entered a guilty plea, a guilty plea is required to proceed with the

Mental Health Court. Upon the participant acknowledging voluntary participation, the participant will be assigned to the Probation Officer for intensive supervision for monitoring of all requirements and guidance throughout the phases.

1. The designated defense attorney will be available to address any questions the participant has about their rights while in the Program. If a participant wishes to speak to the Public Defender, they shall notify the Probation Officer and/or the Mental Health Court Judge so as to ensure the Public Defender's availability.
2. The Mental Health Court Coordinator will develop an individualized treatment plan with the Participant based upon the assessment and all information received. The Treatment Team will assist in developing and/or reviewing an individualized treatment plan, taking into consideration the recommendations contained in the clinical assessment report, and the participant will be placed in the appropriate treatment services and programs as soon as possible. The treatment plan shall be presented to the MHC Judge for review.
3. The participant will be ordered to meet with a case manager from a designated treatment provider or the participant will continue with their established case manager(s). Any treatment plan developed by the case manager and the participant shall be forwarded to the Probation Officer. All determinations regarding treatment shall be provided by agencies and medical professionals who are licensed to deliver services, according to the standards of their profession.

### **Non-Discriminatory Practices**

If a participant meets the written clinical and legal eligibility criteria for the Program, then the participant is not to be denied admission to the Program based upon race, color, religion, gender, sexual orientation, national origin, ancestry, age, citizenship, marital status, veteran's status, or any disability.

### **File Maintenance**

Participants' files will be maintained in a secure area by the Program Coordinators and the designated Probation Officer in compliance with applicable confidentiality rules and regulations, including Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality substance use disorder patient records.

## **CHAPTER IV: TREATMENT TEAM**

The program is governed by the MHC Judge and the Treatment Team. The Treatment Team is comprised of the MHC Judge, judicial staff, treatment providers, the Probation Officer (MH Court Coordinator), case managers, and others whose primary concern is each participant's mental health and overall needs. The Treatment Team is to be guided by the AllRISE Best Practice Standards. An individualized treatment plan will be developed upon the consideration of the clinical assessment and any treatment plan submitted by a provider.

Success of the Program requires stability and consistency, and as such, the Court will recommend and encourage membership of Treatment Team members in excess of two years. In addition to the daily operations, the Treatment Team agrees to work with local community leaders to ensure the best interests of the community are considered throughout the Program. The Treatment Team shall engage in open communication throughout the entirety of a participant's involvement in the Mental Health Court outside of any staffing or docket, especially with the Probation Officer, to ensure the Participants' interests and needs are being met in a timely fashion.

Each Treatment Team member who has direct contact with participants shall be responsible for providing status updates on each participant to the Probation Officer no later than the day prior to a scheduled docket. The Probation Officer will electronically distribute the status reports of each participant on the day prior to a docket. (Appendix G). The Treatment Team will meet thirty minutes before every docket to review each participants' progress and status.

Outside of Treatment Team meetings, the Referral Coordinator is the primary contact for relevant information should the Probation Officer not be available. A contact list shall be distributed to all team members to facilitate communication.

The Probation Officer will maintain a working file on each participant, consisting of a record of all court appearances, progress reports, sanctions, incentives, and other relevant treatment information. These records will not be maintained as part of the participant's criminal file, a public record. All files will be maintained in a secure manner. Any Mental Health Court reports held by the MHC Judge and staff members shall be kept outside of the Participant's criminal file.

The Treatment Team will also work with the Advisory Team to assess team functionality, review all policies and procedures, and assess the overall function of the Program. Mechanisms for decision-making and resolving conflicts among Treatment Team members are established and will be utilized.

Treatment Team members shall maintain professional integrity, confidentiality, and accountability at all times. Treatment Team members are required to comply with Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of the records of patients who have a history of drug and alcohol abuse. Recipients of any disclosures may only distribute confidential and protected information within the scope of the Release(s) (Appendix signed by each participant, pursuant to the Health Insurance Portability and Accountability Act, 42 U.S.C. 300 gg—42, as amended, and R.C. 2151.421 and 2152.99.

### **Non-adversarial Approach**

The Court utilizes a non-adversarial approach while recognizing the unique roles of the Prosecutor, defense counsel, and the Probation Department. All members of the Treatment Team are required to complete training on the non-adversarial model of the Program. The Prosecutor and Public Defender play inactive roles as they do not actively participate in the treatment needed but may provide input as needed and when requested by the Participant.

### **Specific Roles and Responsibilities of Each Treatment Team Member**

#### **MH Court Judge:**

- Chair of the Advisory Team. The Judge shall attend the Advisory Team meetings.
- Chair of the Treatment Team. The Judge shall attend the Treatment Team meetings prior to the weekly docket.
- Has discretion to determine admission to and termination from the Program in accordance with the written legal and clinical criteria set forth herein.
- Shall be knowledgeable of treatment and programming methods and limitations (including those of local resources and clinical concepts).
- Final decision-maker of all aspects of the Program, especially concerning incentives, sanctions, phase advancement, and successful completion or termination.
- Discusses progress with each participant at court hearings and addresses any concerns affecting the participant's treatment.

#### **Probation/Mental Health Court Coordinator:**

- The Program shall have a dedicated probation officer.
- Monitors compliance with supervision plan.
- Conducts random alcohol and drug tests in accordance with these written policies, and reports the test results to the treatment team.
- Monitors sanctions.
- Visits the participant at home, school, or other locations.
- Attends Treatment Team meetings and court hearings.
- Informs the Treatment Team on whether treatment plan, supervision plan, and court orders are followed.
- Advises of any specialized docket violations.
- Provides progress reports and recommendations to the Treatment Team.
- Participates in discussions about incentives, sanctions, phase advancement, successful completion, and termination.

- Collect and maintain statistical information and other confidential records concerning participants, and create reports.

**Prosecutor:**

- The Court recognizes the Prosecutor's role in pursuing justice and protecting public safety and victim's rights.
- The Prosecutor has an inactive role, but may provide input regarding a participant's acceptance into the Program.
- The Prosecutor is present for all termination hearings.

**Designated Defense Attorney:**

- A designated Public Defender or private defense attorney shall attend all termination hearings.
- Defense counsel assists with recommending participation in the Mental Health Court docket.
- Defense counsel is involved in the initial acceptance to the Program, including explaining to the participant what rights are waived by entering the Program and the criteria and effect of termination.
- The Program promotes a non-adversarial approach while recognizing the defense attorney's distinct role in protecting the constitutional rights of each participant.
- Defense counsel is present any time a Participant makes the request.

**Referral Coordinator (Staff Attorney to the MH Court Judge):**

- Facilitate the Program in accordance with written policies and procedures.
- Assist with identifying potential participants.
- Participate in legal eligibility screening.
- Assist in tracking completion of phases and ensuring all documents have been properly executed for participants.
- Ensure Treatment Team members follow program policies and procedures.
- Coordinate specialized docket team professional education.
- Attend all Treatment Team meetings and court hearings.
- Participate in discussions regarding incentives, sanctions, phase advancement, successful completion, and termination.

**Treatment Providers:**

The treatment providers involved in the Program are the participant's therapists or counselors. All treatment providers involved in the Program are appropriately licensed. The duties of the treatment providers are as follows:

- Conduct diagnostic assessments, provides the clinical diagnosis, and develops the treatment plan in accordance with the written policies of this Program.
- Provide documentation on a participant's progress in treatment and compliance with treatment plans, including treatment attendance and result of alcohol and drug tests to the Probation Officer for treatment team reports.
- Provide designated members to attend Treatment Team meetings and court hearings.
- During Treatment Team meetings, give treatment updates and make recommendations regarding treatment needs.
- Participate in discussions regarding incentives, sanctions, phase advancement, successful completion, and termination.

The designated treatment providers will include the primary treatment agencies for the area, including Recovery & Wellness. The Treatment Team shall assess other agencies based upon Participants' needs and services. The treatment providers agreeing to participate in the Mental Health Court agree to commit to the Mission Statement and follow all policies and procedures of the Court by executing a Memorandum of Understanding. (Appendix I).

## **CHAPTER V: PARTICIPANT MONITORING**

Each participant must complete four phases of the program in order to be eligible for graduation. The four phases are:

- (1) Orientation and Compliance;
- (2) Stabilization;
- (3) Community Reintegration; and
- (4) Growth, Development, and Maintenance.

The final step upon completion of all phases is graduation. Progress throughout the program is based upon each participant's performance and compliance with their individual treatment plan. The program phases are **not** based on a set timeline. The average time of the program is 18 months to 2 years. Treatment will begin as soon as possible after admission to the program. Failure to follow the rules of the Court or failure to follow your treatment plan may result in a longer period of program participation.

### **Participant Attendance Policies**

The Mental Health Docket incorporates ongoing judicial interaction with each participant as an essential component of the Program. Each participant shall appear before the MHC Judge at every docket held every two weeks during Phases 1 and 2 of the Program to review the participant's status. Thereafter, each participant shall regularly appear, based upon the participant's individual development and growth, as determined by the MHC Judge, to review the participant's progress. Regardless of which phase, each participant must appear at a minimum once every six weeks.

Requiring a participant to appear more frequently may be appropriate to reinforce the Program's policies and ensure effective supervision of the participant.

The Mental Health Court strives to provide a supportive and educational environment and encourages participants to learn from one another. Participants are required to remain in the courtroom for the entire duration of the docket to promote support and learning throughout the Program. The Mental Health Court encourages and supports peer support.

### **Summary of Treatment Planning**

Treatment planning is an ongoing, collaborative process between participants and Treatment Team members. The following are the policies and standards relating to the treatment plans:

- Each participant in the Program will participate in the creation of an individualized treatment plan and be provided services based upon their individual needs. Services will incorporate evidence-based strategies.
- Treatment plan development will be a collaboration between the participant, treatment providers, and the Treatment Team. Treatment plans will be discussed with the Judge for approval.
- The treatment plans shall implement a trauma-informed, gender-responsive, and culturally-aware approach, and shall effectively address those with co-occurring disorders.
- Participants shall have prompt access to a continuum of approved treatment and rehabilitation services.
- Treatment plans and record of activities will be maintained.
- Treatment plans shall be consistently reviewed and adjusted based upon the participant's progress and according to the individual needs of the participant.
- All treatment will be provided by licensed and trained programs and persons who are authorized to deliver such services according to the standards of their profession.

### **Phases of the Program**

Phases of the Program are the steps in which each participant's performance and progress are monitored. The following are the policies and procedures governing phase advancement:

1. Progression through the specialized docket is based on the participant's performance in the treatment plan and compliance with the Program's phases.
2. Advancement is not based upon predetermined timelines, but is based upon performance and risk assessments, as examined by the Treatment Team, and with final decision made by the Judge. Advancement through the Program is determined by the participant's

sobriety, mental health status, progress of treatment, compliance with treatment and court orders, payment of costs, and recommendations of the Treatment Team.

3. The Program implements ongoing judicial interaction as an essential component. All participants begin by appearing before the Mental Health Court Judge every two weeks.
4. Based upon risk assessments, should a high-risk or high-need participant require increased contact with the Judge, the participant may be required to attend on an as needed basis at any time in the Program, particularly in the initial phase. Frequency of attendance shall be determined by the Treatment Team based upon risk assessments and the participant's individual needs.
5. After advancing from the initial phase, each participant shall appear regularly before the Judge and not less than once every six weeks. Under certain circumstances, residential treatment may be required. In this event, the Mental Health Court will work closely with the treatment agency to obtain regular reports on the participant's progress, should the participant be unable to appear for scheduled court hearings.
6. Time between each court hearing is increased or decreased based upon the participant's progress and compliance with treatment protocols. Advancement shall be decided by the Treatment Team, but the final decision of promotion or demotion shall be made by the Judge in accordance with these written policies.

### **Phase Descriptions and Graduation**

Once a participant is accepted to the Program, the participant is required to complete four phases in order to be eligible for graduation. These four phases are comprised of an orientation phase and three treatment phases: Orientation and Compliance, Stabilization, Community Reintegration, and Maintenance. Each phase contains certain treatment objectives, rehabilitative activities, therapeutic aspects, and the requirements for advancing to the next phase.

#### **Phase 1: Orientation and Compliance Phase**

The goal of the initial phase is to help the participant understand all parts of the program. This phase familiarizes the participant to the expectations and requirements of the program. During this phase, the participant has the most contact with the Court by attending scheduled court hearings every two weeks. The goals of this phase are to ensure the participant understands the requirements of the program and adheres to the rules of the program and the law.

The following will be completed in Phase 1:

- Review and sign all agreements and releases of information required for voluntary participation in the Program.

- Become familiar with each Treatment Team member, Probation Officer, clinician, case manager, and any other member, to familiarize the participant with the team.
- Meet with service providers and address any issues of transportation.
- Meet with Probation Officer, designated case manager(s) and treatment providers to create an initial treatment plan, which will be presented to the Judge and Treatment Team members.
- Determine frequency of random drug and alcohol screenings, which shall be determined on a substance abuse assessment.
- Develop and implement plan for medication compliance.
- Attend scheduled meetings with Probation Officer, case managers, and treatment providers.
- Attend court hearings every two weeks as scheduled.
- Abide by all rules of the Program, probation, and the law.

### **Phase 2: Stabilization Phase**

The primary goal of this phase is to stabilize the participant and attain consistent compliance with the requirements of the program. The participant will continue to have regular contact with the court by attending all court hearings and meetings on time and as scheduled. The participant will also have intensive contact with their probation officer, case manager, and treatment providers. The Treatment Team will assist the participant in addressing needs that directly impact their success, including housing, healthcare, clothing needs, recovery services, and legal issues.

- Meet all court obligations, including developing a plan for payment of fines, costs, and restitution.
- Determine frequency for continued medication compliance and monitoring.
- Attend court hearings as ordered by the Judge.
- Attend meetings with case manager, probation officer, and other treatment team members.
- Cooperate with random home visits by probation officer, case manager, and others.
- Submit to all drug and alcohol screenings as ordered, with negative results.
- Obtain housing and create a plan for maintaining stable housing.
- Abide by all rules of the program, probation, and the law.
- Remain medication compliant and create a plan for stabilization of mental health symptoms, behavioral issues, and (if applicable) substance use.
- Identify long-term goals.
- Obtain Sponsor.

Phases 1 and 2 may be combined at the discretion of the Judge when the participant's ORAS is low risk.

### **Phase 3: Community Reintegration**

After obtaining stability in the previous phase, the participant may progress to the Community Integration phase. This phase is intended to address the issues that compelled the participant's involvement in the criminal justice system. The participant's required appearances at court hearings may be reduced. During this phase, the participant will demonstrate developed skills, improve relationships, and set employment, vocational, or educational goals.

The following will also occur:

- Meet probation requirements.
- Continue random drug and alcohol testing, as ordered, with negative results.
- Identify long-term goals and implementation plan.
- Begin solidifying support network and recovery support system.
- Improve familial relationships.
- Begin to develop plans for employment, education, and social activities.
- Make referrals to ancillary services not yet addressed.
- Continue attending all required court hearings and appointments, including treatment sessions and activities.
- Maintain stable housing.
- Continue to cooperate with home visits.
- Continue to abide by the rules of the Program, probation, and the law.
- Address factors that contributed to the participant's involvement with the criminal justice system.
- Identify and connect with any outstanding service agencies pertinent to the participant's individual treatment plan.

### **Phase 4: Growth, Development, and Maintenance**

This phase is focused on continued structure and discipline developed throughout the program. To arrive at this phase, the participant must have successfully adhered to psychiatric treatment requirements, maintained the prescribed medication schedule, obtained permanent housing, be actively pursuing employment and/or volunteering, participating in educational opportunities, developing a support system, abstaining from using illegal substances and alcohol, and avoiding any additional involvement with the criminal justice system.

The requirements for this phase are as follows:

- Complete probation obligations.
- Engage in implementation plan for previously identified long-term goals.
- Utilize sober support network and recovery support system.
- Continue to attend all court hearings as scheduled.

- Continue with treatment programs, probation reporting, case management, and other appointments.
- Continue with medication compliance.
- Obtain employment or secure disability benefits.
- Obtain permanent housing.
- Develop and submit a treatment plan for post-graduation.
- Demonstrate positive mental health treatment response and reduction/management of symptoms.

### **Completion of All Phases: Graduation**

Each participant must have successfully completed all four phases of the program in order to be eligible for graduation. Any exceptions must be approved by the Judge. The participant must be nominated for graduation by a Treatment Team member, and the final determination is subject to approval from the Judge.

If the participant is approved for graduation, a graduation ceremony will take place. Family members, friends, and others of the participant's choosing may attend the graduation ceremony. All participants of the program are encouraged to attend. This is an opportunity to recognize the accomplishments and self-sufficiency of each participant as they transition out of the program.

## **INCENTIVES AND SANCTIONS**

### **Incentives**

A participant who complies with the rules of the program and their treatment plan may receive graduated incentives. Incentives are individualized according to the specific treatment plan and are directly related to the participant's achievements as certain milestones of the treatment plan are achieved. Incentives are tracked to ensure that the participant is rewarded on a progressive basis.

Incentives for the Program will be given for the following behaviors:

- Attending required court appearances.
- Attending required treatment appointments.
- Maintaining close and productive contact with case management.
- Reaching individual treatment objectives.
- Abstaining from alcohol and drugs, as evidenced by negative alcohol and drug screenings.
- Securing stable housing.
- Accomplishing milestones identified by the Treatment Team.
- Advancing through the Program phases.

Incentives may include the following:

- Encouragement and praise from the Judge.
- Aspirational items.
- Tokens to increase participation in positive activities that the participant enjoys, such as writing, artwork, or other positive hobbies.
- Assistance with purchasing care items, clothes, or household items.
- Vouchers.
- Decreasing frequency of court hearings.
- Reduction in fines and court costs.
- Increasing or expanding other privileges.

### **Sanctions**

Immediate, graduated, and individualized sanctions are used when there is noncompliance with the program rules. Sanctions are a deterrent to negative behavior, as well as encouragement for future compliance by helping the participant conform their behavior to the requirements of the program. Sanctions are crafted in an individualized and creative manner, as well as in a progressive style based upon the specific violation. Sanctions are issued for noncompliance with both the program's protocols and the treatment plan. Sanctions may include increased treatment and shall be based solely on the interest of the participant, as determined by the Probation Officer and/or the Treatment Team dependent on the severity of the offense and the immediacy of action needed.

Sanctions will be imposed for noncompliance with the rules of program and for the following behaviors:

- A positive drug or alcohol test.
- Noncompliance with drug or alcohol testing.
- Failure to attend court hearings as scheduled and on time.
- Intentional failure to take prescribed medication.
- Failure to improve troublesome behavior.
- A new criminal conviction or criminal conduct.
- Failure to attend scheduled appointments with probation, case managers, or treatment team members.

Sanctions are to be directly related to the violation and may include the following (sorted based on severity):

- ✘ Warning and admonishments from the Judge.
- ✘ Imposition of requirements from an earlier phase.
- ✘ Increasing frequency of drug and alcohol screenings.
- ✘ Community service.
- ✘ Increasing frequency of court hearings.
- ✘ Increased monitoring.

- × Preparation of essays or reading assignments, which allow the participant to reflect upon their behavior.
- × Imposition of suspended fines or costs.
- × Escalating periods of jail or out-of-home placement.
- × Filing a community control or probation violation.
- × Ankle monitor and/or house arrest.
- × Termination of ILC.
- × Extension of phase.
- × Termination from the program.

## **CHAPTER VI: PROGRAM COMPLETION AND TERMINATION**

### **Written Criteria for Successful Completion**

Written successful completion criteria are the guidelines used to identify how participants can successfully complete the Mental Health Court program. Successful completion criteria and the process to determine successful completion are provided in this chapter. Participants must be compliant and have accomplished certain objectives to successfully complete the Program.

Compliant behavior may include, but is not limited to, the following:

- Demonstrated independence with ability to take prescribed medication for a minimum period of 90 days prior to completion.
- Demonstrated period of abstinence from alcohol and drugs, evidenced by submitting negative alcohol and drug screens, a minimum of 90 days prior to completion.
- Attended all required MH Court sessions.
- Active member in support groups and helps others obtain support.
- Displayed changes in thinking, attitude, beliefs, confidence, and self-sufficiency.
- Successfully completed treatment and programming.
- Demonstrated ability to identify and eliminate criminal thinking patterns.
- Completed any community service hours and other probation obligations.

Accomplishments may include, but are not limited to, the following:

- Demonstrated independence with ability to take prescribed medication for a minimum period of 90 days prior to completion.
- Demonstrated period of abstinence from alcohol and drugs, evidenced by submitting negative alcohol and drug screens.
- Completion of treatment.
- Relapse prevention plan established. (if needed)
- Regular support group attendance.

- Completed MH Court docket program requirements, including community service.
- Completed vocational or educational plan.
- Displayed responsibility for behavior.
- Demonstrated stability in the community.
- Participant has petitioned the Mental Health Court for successful completion and the Probation Officer agrees.

The Judge has discretion to determine when the participant has successfully completed the Program. The process of determining when a participant has successfully completed the program includes:

- Treatment Team reviews compliant behavior and accomplishments and will nominate the participant for successful completion. Participant may be nominated for completion by any Treatment Team member.
- The Judge will decide if the participant successfully completed the program. Upon such decision, an after care plan shall be created subject to acceptance by the Judge.
- Upon completion, the participant shall participate in graduation and will be presented with a certificate of completion.
- Upon completion, the assigned Judge shall be notified.

### **Termination Classifications**

There are two types of termination criteria: unsuccessful and neutral discharge. Written termination criteria is developed and approved by the Advisory Team. As with admission to the Program, the Judge has final discretion to decide whether a participant should be terminated from the Program, in accordance with the written termination criteria.

#### **Written Criteria for Unsuccessful Termination**

The following actions may lead to unsuccessful termination from the Program:

- Ongoing noncompliance with treatment or resistance to treatment.
- New serious criminal convictions.
- A serious infraction of the rules of the program or a series of infractions.
- A serious community control violation or series of violations.

Unsuccessful termination from the program may result in the following:

- ✗ Loss of future eligibility to participate in the Mental Health Court.
- ✗ Further legal action, including revocation of community control, ILC, or judicial release sanctions.
- ✗ Depending on the circumstances, the participant may be subject to jail, prison, or other penalties.

- ✘ Upon termination, the defendant's case will proceed in front of the Judge originally assigned to the case.
- ✘ An unsuccessful termination from the program does **not** result in a discharge from any appropriate mental health, substance abuse, or other treatment available to the Participant. However, the services will no longer be provided through the Mental Health Court.

Unsuccessful termination from the program will subject the participant to a revocation hearing. Should the MH Court Judge find unsuccessful termination, the MH Court Judge shall proceed with revoking the participant's community control or ILC and sentencing if the case was originally assigned to the regular docket of the MH Court Judge. If not originally assigned to the MH Court Judge, after the termination hearing, the case will be reinstated in front of the Judge originally assigned. Sanctions for unsuccessful completion or termination may include imposing a sentence that was previously reserved pending successful completion of this program.

**Written Criteria for Neutral Discharge**

Neutral discharge means the participant has been compliant with the program, but the participant can no longer participate in the program. The following actions or events may lead to neutral discharge from the program:

- A serious medical condition resulting in the participant's inability to participate in the program and adhere to the requirements of the program.
- A serious mental health condition resulting in the participant's inability to comply with the requirements of the Program.
- Death.
- Any other factors that may keep the participant from meeting the requirements for successful completion.
- Mental illness prevents you from being able to display a change in thinking or behavior

Neutral discharge from the Program may result in the following:

- Defendant's case is sent back to the originally assigned Judge for regular case processing.
- Should the defendant wish to be admitted to the program in the future, the treatment team and Judge shall review the case closely, and the final decision of whether to readmit the defendant is with the Mental Health Court Judge.

**Temporary Suspension Status**

Participants who are placed in a residential facility and cannot participate in the MH Court docket shall be placed on temporary suspension status until release from the facility or the ability to appear is regained. The Treatment Team will make every effort to obtain periodic status updates regarding the participant during this time. The Participant will not be penalized if placed in a residential or medical facility and cannot participate.

## **CHAPTER VII: SUBSTANCE USE MONITORING**

The Program monitors a participant's substance use by random, frequent, and observed-alcohol-and-drug-testing protocols. The Program uses the Miami County Adult Probation Department for drug and alcohol testing. A positive drug or alcohol screen at admission, or drug use reported by the participant, shall result in a clearly established treatment plan that includes substance abuse treatment. Participants will not be sanctioned for an initial positive drug or alcohol screen, but the Treatment Team shall review progressive sanctions in the event such use continues and shall establish a plan to implement consistent, frequent, and random drug and alcohol screening.

Should a participant relapse at any point throughout the Program, the Judge shall institute immediate and progressive sanctions in accordance with the written sanctions policy provided in this Program Description. Relapse may also result in an increased level of care for substance abuse treatment and referral to the appropriate agency.

The following are the general policies for substance use monitoring while in the program:

1. Drug testing plans are individualized based upon the participant's substance abuse history, substance abuse assessment, previous test results, and progress throughout the program. However, to establish a baseline, it is mandatory that each participant be screened at the initial meeting with the Probation Officer.
2. The Miami County Common Pleas Adult Probation Department shall complete drug and alcohol screens in accordance with its policies. (Appendix J).
3. The Treatment Team shall modify the screening to increase or decrease the frequency based upon the participant's individual needs.
4. Drug testing may be conducted at any time as determined by the Probation Officer, the Judge, or treatment provider, at random, and may be both frequent and observed. Random drug testing requests may be made during an office visit or by telephone and will be on an unscheduled date or time. The participant will be required to submit to drug testing upon request and will be required to do so the same day.
5. The Probation Officer shall be responsible for reporting test results at Treatment Team meetings.
6. Positive drug or alcohol screens will result in sanctions, where appropriate, which are enforced and reinforced by the Judge.
7. The Judge shall be notified of a positive screen, failure to provide a sample, a missed screen, submission of an adulterated sample or diluted sample, or submission of the

sample of another. All such results shall be treated as a positive result and immediate sanctions will be imposed.

8. The Probation Department has internal policies setting forth the protocols for obtaining and testing samples, which ensure the reliability and validity of the test results. If a participant chooses to contest a positive instant drug screen, the participant may do so by making a request for laboratory confirmation testing and paying the laboratory costs for the testing. No sanctions will be imposed until test results are obtained.

### **CHAPTER VIII: PROFESSIONAL EDUCATION**

The Program is committed to promoting continuing education of Treatment Team members. The continuing education plan ensures effective specialized docket planning, implementation, and operations. As a collaborative and interdisciplinary program, it is essential that all members have an understanding of the following areas:

- ❖ The Specialized Docket model
- ❖ Specialized Docket processes
- ❖ Best practices in substance abuse and mental health services
- ❖ Drug trends and alcohol and drug testing
- ❖ The non-adversarial approach of the Specialized Docket model
- ❖ Training on community services
- ❖ The ALLRISE Best Practices

Treatment Team members will communicate training opportunities throughout the year to address these topics. In addition to training provided at the local level, continuing legal and clinical education opportunities at the state, regional, and national levels shall be encouraged.

To ensure effective implementation and operation of the Program, the following practices shall be implemented:

1. Attorneys involved in the Program shall be trained in specialized docket processes.
2. At least once every two years, the Program shall assess team functionality, review all policies and procedures, and assess overall functionality.
3. The Mental Health Coordinators and Probation shall be responsible for orientation of new Treatment Team members. A new member shall be provided with the policies and procedures for the Program and be required to observe all aspects of the Court. The Coordinators shall review the policies and procedures, establish responsibilities, and provide mentoring opportunities to new members.

4. The Mental Health Court Judge shall be involved in or aware of the discussions, trainings and updates from Ohio's Specialized Docket Committee.
5. The Mental Health Court Team shall be encouraged to observe other specialized dockets, including drug court, veterans' court, and other mental health courts, regionally.
6. The Mental Health Court Team shall participate in the Ohio Specialized Dockets Practitioner Network by attending sub-network meetings, trainings, and the annual conference. The Mental Health Court Team shall make every effort to utilize and attend as many of these meetings, events, and conference as possible each year.

## **CHAPTER IX: EFFECTIVENESS EVALUATION**

The Mental Health Court Judge is committed to providing best practices to the Mental Health Court. The Court shall engage in ongoing data collection in order to evaluate whether it is meeting its goals and objectives and to assess compliance with the Standards set forth by the Supreme Court. The following are the Court's data collection and reporting policies and procedures:

### **Supreme Court Reporting Data**

The Mental Health Court shall comply with any and all requests for reporting and maintaining data for the Supreme Court of Ohio. The Program Coordinators shall be primarily responsible for collecting, maintaining, and reporting data to the Supreme Court. All Treatment Team members shall provide specific data to the Program Coordinators in a timely manner to ensure ongoing and accurate collection and retention.

### **Ongoing Data Collection**

In addition to maintaining the requisite reporting and data requirements set forth by the Supreme Court of Ohio, the Mental Health Court will maintain data for internal purposes and for reporting to the Advisory Team. The data will be reviewed by the Advisory Team. The data will include the following:

- Number of participants admitted to the program.
- Number of participants graduated from the program.
- Number of participants terminated from the program.
- Number of participants neutrally discharged from the program.
- Eligible diagnosis of participants.
- Total number of defendants referred to the program.
- Substance abuse history.

- Length of participation for each participant in the program.
- Demographic data of each participant.
- Offenses charged and potential sentence.
- Classification of participant (ILC, judicial release, CCS).
- Recidivism rates.
- Disability benefits/employment.
- Track reasons for admission or denial (legal, clinical, etc.)
- Track probation violations and new charges.

Data will be maintained by the Referral Coordinator and/or Mental Health Court Coordinator in a confidential manner. All data will be identified, where appropriate, so that the identity of the participant is protected.

### CONTACT INFORMATION

Referral Coordinator:

Steve Bacon (Staff Attorney) (937) 440-6022

Probation Officer and Mental Health Court Coordinator:

Jonathan Kanet (937) 440-6065

Alexis Sheffer (937) 440-3556

Defense Attorney:

Joseph Fulker (937) 440-3956

Treatment Providers and Resources:

1. Recovery and Wellness (937) 423-3432

2. Tri-County Board of Recovery & Mental Health Services (937) 335-7727  
Beth Buchanan, LSW

**APPENDICES TO THE PROGRAM DESCRIPTION**

- A. Participation Handbook
- B. Participant Agreement
- C. Program Description
- D. Referral Form
- E. Local Court R. 23
- F. Release of Confidential Information
- G. Sample Status Report
- H. Confidentiality Agreement for Treatment Team Members and Providers
- I. Memorandum of Understanding

Approval Date by Advisory Team: 2022, Revised 2026