

FAIRBORN MUNICIPAL DRUG COURT



PROGRAM DESCRIPTION

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PROGRAM DESCRIPTION

Section 1 Planning Process

Advisory Committee-Standard 1(B); Standard 1 Recommended Practice (D), (E)

The Fairborn Municipal Drug Court Program has an advisory committee in place. The committee meets on the first Friday of the months of October and April, and any additional dates as determined by the chair. The committee is required to meet at a minimum of two times per year. Judge Beth W. Cappelli is the chairperson of the advisory committee and has to attend the advisory committee meetings. The committee is responsible for overseeing the policies and procedures in place for the Drug Court. Members of the committee are from several agencies in or around Greene County which directly work with the program. The members' responsibilities include reviewing policies and procedures of the Drug Court and ensuring that the Court is following the best recommended practices. They are also responsible for developing and regularly reviewing a community outreach and education plan and sustainability plan.

Role of the Advisory Committee- Standard 1 Recommended Practice (A) (1)

The advisory committee provides input for the policies and procedures for the Fairborn Municipal Drug Court Program. The committee assists in communication with other agencies and other officials in regard to the program. The committee members are from local agencies within the community and other community members whose participation may be beneficial for the program. The committee is the policy making authority and is responsible for developing and annually reviewing a written sustainability plan for the Fairborn Municipal Drug Court Program *Standard 1 Recommended Practice (E)*.

Responsibilities

The Fairborn Municipal Drug Court Program began planning in April of 2014. Judge Cappelli contacted several agencies and interested parties within the community to see if they would want to participate. These individuals attended the Hocking County Municipal Drug Court docket in order to learn more about this docket. Judge Moses, the presiding Judge over this specialized docket, and his staff have graciously offered to answer any questions or provide any guidance to Judge Cappelli or other advisory members in regard to the establishment and maintenance of this specialized docket. The Mental Health & Recovery Board of Clark, Greene, & Madison Counties, hereinafter referred to as “MHRB”, and TCN Behavioral Health Services, Inc., hereinafter referred to as “TCN”, began meeting with the Court and developed the advisory committee for the project. The committee utilized the Hocking County Municipal Drug Court’s format to develop additional policies and procedures in relation to the medication *Standard 1(A); and Standard 1 Recommended Practice (A)(2), (3)*. The committee will continue to meet at a minimum of two times per year to ensure policies and procedures are appropriate. During the implementation process the committee developed the written policies and procedures including the Participant Agreement and Handbook for the FMDC. **Appendix 2 & 3**. The committee identified the target population and decided the legal and clinical criteria for completion, termination, neutral discharge, and eligibility. *Standard 1 Recommended Practice (A)(1), (2)*.

The committee will review the policies and procedures for the FMDC on an annual basis. It will aid in making decisions on changes to the policies and procedures which will improve the functionality of the program. It assists in collaborations between team members and the community.

Membership- Standard 1(A)

1. FMDC Judge who chairs the committee.
2. The prosecutor

3. Practicing defense counsel
4. Law enforcement agencies
5. Representative of MHRB
6. A local council member
7. Treatment providers from TCN
8. Probation officers
9. Fire departments

Meetings with the advisory committee are held at a minimum of two times per year and more often if necessary.

Agreement of the Advisory Committee Standard 1(A)

Members of the committee have agreed to the terms of the FMDC as contained in this Program Description. **Appendix 6.**

Participant Agreement Standard 1(D) & Standard 2(D)

The committee has developed a Participant Agreement detailing the rights and responsibilities of the participants in the FMDC program. The participants are also supplied with a Handbook detailing the program and requirements. The participant has the right to this written information outlining requirements and process of the program. The Participant Agreement includes the participant's right to request attendance of defense counsel during the portion of the treatment team meeting concerning the participant *Standard 2(C)*. **Appendix 2.**

Mission Statement

The mission of the FMDC is to provide a therapeutically oriented court managed, medically assisted drug intervention treatment if appropriate and monitoring program, that assists participants with a drug dependency diagnosis in developing a sober life style through evidence based intervention and the appropriate alcohol/drug/mental health

treatment in a non-adversarial approach, as an alternative to traditional case processing.

Goals and Objectives- Standard 1(C).

Goal: Learn to live a drug and alcohol free life

Objective: Within two years of entering the Drug Program, the participant develops coping skills and recognizes relapse triggers through drug and alcohol counseling. In order to have a successful completion of the program, the participant must provide negative drug screens for a minimum of 5 months prior to successful completion.

Goal: Increase successful completions of the terms of community control/probation and develop a relapse prevention plan.

Objective: Within two years to have 60% of participants successfully complete the FMDC and 100% of the participants to develop a relapse prevention plan prior to completion of the program.

Goal: Enhance the employment or education skills of the participant.

Objective: Within two years to have 70% of graduates working full or part time, enrolled in school full or part time, or obtaining/obtain a GED or specialized certificate to improve employment opportunities.

Goal: Reduce the average days the participant would spend in jail.

Objective: Decrease the average days spent in jail by participants by at least 50%.

Goal: Obtain and utilize outside support systems.

Objective: Before completion, the participant must be able to verbalize his/her support system outside of the treatment team, which will be included in their relapse prevention plan.

Goal: Stable housing.

Objective: Within two years to have 80% of participants maintain a revenue source for secure permanent housing.

Goal: Reduce recidivism.

Objective: Decrease the rate of recidivism of the participants to 25%.

The Fairborn Municipal Court has issued an Administrative Order establishing the Fairborn Municipal Drug Court in accordance with these goals and objectives. **Appendix 1.**

Section 2 Target Population

Target Population- Standard 1(C).

FMDC serves individuals charged with misdemeanors which are directly or indirectly a result of their drug use. Participants must have a drug dependency diagnosis as assessed by a licensed treatment agency and participation in the program would enhance their ability to lead a law abiding life. The program looks at individuals with multiple treatment failures and high motivation to change. The program criteria are the

minimum requirements that a person must meet in order to enter the FMDC.

Legal and Clinical Eligibility

In order to participate in the FMDC, participants must meet the legal and clinical eligibility standard. When determining eligibility criteria the advisory committee takes into consideration the following factors: a process to consider the inclusion of eligible repeat and high-risk participants, a provision to evaluate mitigating and aggravating circumstances of current or prior court involvement, careful examination of the circumstances of prior juvenile adjudications and the age of the participant at the time of the offense, the age of prior offenses, and a forensic assessment to determine if the individual is legally competent to participate in the specialized docket program, should the mental health competence of the individual be in question *Standard 3 Recommended Practice (B)(1-5)*. For a participant to be clinically eligible for the program, they must complete a drug and alcohol assessment and a mental health assessment by a licensed treatment agency.

Legal Criteria- Standard 3(A)

Potential Participants for the FMDC can be identified pre or post adjudication. They must have a misdemeanor charge which is directly or indirectly a result of drug use. The participant does not have to have a specific drug charge to be considered for the Drug Court. If the charges against the participant relate to the participant being opioid dependent, the participant would be eligible for the program. All participants enter into the program post adjudication.

Individuals with minor misdemeanors are ineligible for the FMDC. Violent offenses will be considered on a case-by-case basis. If a potential participant is already in a reporting program in Greene County or another county, they may not be eligible for the program so as not to duplicate services. FMC screens individuals to ensure they are legally eligible based on the written criteria *Standard 3 Recommended Practice (A)*.

Potential participant's criminal history will be taken into consideration for their entry into the program. Many will have a criminal history, which may include felonies or crimes of violence. Prior offenses will not exclude an individual from the program. The participant's history will be considered to assess the individual's risk toward staff and the likelihood of recidivism.

Individuals who plead guilty and are convicted of their misdemeanor charge can be entered into the program. They will fill out general conditions for their probation/community control and will be assessed for the FMDC. Their Agreement to Participate and any other case plans will become conditions of their probation/community control. Individuals can be assessed for the program pre-adjudication, but their participation must be post-adjudication. If the individual is assessed post-adjudication and is found not appropriate for the program, they will be brought back before the Judge to revisit the sentence. An individual may also be considered for the Dug Program post-adjudication and post-sentence if the potential participant has violated the terms of their probation/community control, but they still desire help in addressing their opioid dependency. Whether the probationer will be considered for the Drug Program is solely in the discretion of the Judge. If the probationer is considered for the Drug Program, the probationer will be assessed and will follow the same procedure as an individual being considered for the Drug Program at the time of sentencing.

Clinical Criteria- Standard 3(A)

For a participant to be clinically eligible for the FMVDC they must complete a drug and alcohol assessment by a licensed treatment facility. Participants must have a substance abuse dependency diagnosis of drug dependency.

Participants must also complete a mental health evaluation by a licensed agency. Both assessments will be used in making recommendations to the program and when developing an individual case plan. Individuals completing the assessments must have the appropriate licensures
Standard 4(D).

Criteria for the program can be reviewed on a continuing basis. If particular types of cases or individuals are typically being rejected from the program, are unsuccessful, or if resources become unavailable, those cases may be excluded. If a grant or other program funding is available but would require the exclusion of a particular participant, crime, or condition, the criteria can be modified as long as it does not significantly alter the impact of the program. These changes will be reviewed and agreed upon by the advisory committee.

Voluntary Participation Criteria

Participants must agree to comply with all the terms of the program. It may include medically assisted treatment wherein participants are required to have medical appointments, counseling sessions, probation appointments, and status hearings. Potential participants must be ordered into the Drug Court Program, but their participation is voluntary.

If an individual is unwilling to comply with the medication or program rules, regardless of a court order, the individual will be excluded. The program relies on the individual's willingness to receive the medication. Potential participants will not receive a harsher court penalty for choosing not to participate in the program. These individuals will be considered for other court programs as decided upon by the Judge.

Section 3 Entry and Case Flow Standard 1(C)

Referral Process

The potential participant can be identified pre or post adjudication. The individual can be assessed during either phase of adjudication but will only be eligible to participate post-adjudication. Potential participants can be identified at several points by law enforcement officers, jail staff, probation officers, prosecutors, defense counsel, case managers, drug and alcohol treatment providers, and the Judge. The FMC Judge will do an official entry requiring the individual to be assessed for the Drug Court Program. **Appendix 8.** This referral can be done at the initial sentencing hearing, a diversion revocation hearing, or a probation violation hearing. The prosecutor and defense attorney are present at these hearings. If the participant failed a drug screen or received a new opiate related offense, they may be referred to Drug Court due to a probation/ community control violation. **Appendix 11.**

If a participant is sentenced to Drug Court at an initial sentence or diversion revocation, they will report to the probation department to complete probation paperwork. The probation paperwork includes a release of information, a HIPAA Order, and standard probation conditions. **Appendix 6, 7, & 9.** After the probation paperwork is completed the individual will meet with the Drug Court probation officer. At this meeting the officer can request a drug screen to establish a base line for the participant's drug use. The officer then will make a referral to the treatment agency for a drug and alcohol assessment and a mental health assessment. The officer will schedule a follow up probation visit to complete the Ohio Risk Assessment (ORAS). The individual will be placed immediately on reporting probation/community control with the Drug Court probation officer and will attend weekly appointments until their assessments are complete to ensure compliance with their court orders.

If a participant is referred to the FMDC due to a probation/community control violation, the participant will immediately meet with the probation officer after the hearing. The probation/community control

conditions would already be completed and a copy would be given to the Drug Court probation officer. The officer will complete an updated release of information and confirm the participant's contact information. The participant will then be referred to the treatment agency for a drug and alcohol assessment and a mental health assessment. They will then be required to complete or update their ORAS or ORAS-MAT if needed. They will be placed immediately on reporting probation until their assessments are completed to ensure compliance with their court orders.

Screening and Assessment – Standards 3(B) &(C)

Legal Assessment- Standard 3 Recommended Practice (A)

Once a referral is made, the potential participant will be assessed to determine whether they meet the legal criteria of the program by the Judge, defense counsel, prosecutor, and probation officer. If they meet the admission qualifications for the FMDC they will then meet with the drug court probation officer. The drug court probation officer will schedule the individual for a risk assessment (Ohio Risk Assessment Screener) within the next five business days. Then the probation officer will schedule the participant with a drug and alcohol assessment and mental health assessment within ten business days. The referral is completed by the probation officer at the first or second meeting with the potential participant.

The collateral information such as participant history, positive drug screens, prior mental health assessments, and judgment entries are forwarded to the treatment agency. The assessment is typically scheduled before the participant leaves the probation office. If it is not, the officer makes sure the participant's contact information is correct and forwards it to the treatment agency. If the participant is incarcerated in the local jail the treatment agency will schedule the assessment to be completed there. The officer schedules weekly follow up appointments with the potential participant until the assessment is completed. The officer will get updates on who has completed assessments at treatment team meetings.

The probation officer ensures the participant signs a release of information so information can be shared about the participant in relevance to confidential information, participation/progress in treatment, and compliance with the provisions of relevant law, including the “Health Insurance Portability and Accountability Act of 1996,” 42 U.S.C. 300gg-42, as amended, and R. C. 2151.421 and 2152.99. *Standard 4(B)*.

As soon as the participant’s assessments are complete, they are reviewed at the treatment team meeting for possible entry into the program.

Clinical Assessment

The FMDC refers clients to TCN Behavioral Health Services, Inc. (TCN) for drug and alcohol counseling. TCN is able to provide drug and alcohol treatment to participants who may not have a pay source in Greene County.

When potential clients are referred to TCN, they sign a Release of Information for the Fairborn Municipal Court. *Standard 4(B)*. They will be prescreened and set up with an assessment as needed.

TCN will assess IV users or women who are pregnant within 1 business day of referral and other assessments will be scheduled within the next business week, if the individual is not in custody. Participants will be reviewed at treatment team meetings on the second and fourth Tuesday of each month so individuals will be placed in appropriate services as soon as possible. *Standard 4(C)*.

TCN is responsible for the drug and alcohol assessment process which abides by the standards set forth by CARF (Commission on Accreditation of Rehabilitation Facilities) and the Ohio Department of Mental Health & Addiction Services (ODMHAS). A licensed clinician of TCN diagnoses participants for substance abuse and dependency. *Standard 4 (D)*. Placement in the program is determined by the ODMHAS protocols for Level of Care. The initial assessment is approximately two and a half hours. Collateral information is gathered from significant others, family, and court records. *Standard 4(A)*. The information is used to develop a strength-based treatment plan and

includes input from the participant. These plans are reviewed every ninety days. Substance dependence and abuse are diagnosed based on the DSM IV-TR/V criteria for substance abuse disorders. Level of care is determined by assessing measures within the six dimensions of the ODMHAS Level of Care Protocols that best describe the client's current situation. After the assessment is complete, the client may be referred to other appropriate services.

TCN also performs the mental health assessments and counseling for the FMVDC. They use a diagnostic assessment that is CARF (Commission on Accreditation of Rehabilitation Facilities) and ODMHAS approved, since they are a CARF accredited agency. They use multiple treatment modalities depending on the individual need; Person Centered Techniques, CBT, Stages of Change, and Motivational Interviewing.

Once the assessments are complete, the treatment team will decide if the individual is appropriate for admission to the program. If the individual is not appropriate, they will proceed to standard case processing.

The treatment team and other appropriate agencies will develop a comprehensive treatment plan for the participant. The participant will be assigned a drug and alcohol counselor, who may also act as a case manager, and a mental health counselor. They will review services the participant may be eligible for and what would be beneficial in their programming. The treatment team will incorporate other appropriate recommendations into the participant's case plan as needed. The team members will ensure participants have access to other approved treatment centers and rehabilitation services. *Standard 9(A)*.

Acceptance into FMDC

The participant must be willing to participate in the program and agree to attend required individual or group sessions. There is a list of protocols and safety topics that the individual has to execute before acceptance into the program. **Appendix 16**. The participant must also not verbally or physically threaten or assault treatment staff or team members.

Once the participant has completed the appropriate assessments they will go before the Judge. The Judge will make the final determination on whether the individual will enter the program. When the participant is accepted into the FMDC they will be explained the rules and given the Participant Handbook which outlines the rules for compliance, completion, and termination *Standard 6(E)*. **Appendix 3**. The participants will sign an Agreement to Participate in the program and the Participant Rules. **Appendix 2 & 10**. Once the participant is entered into the program they are required to attend all required status hearings and court appointments as outlined in their case plan.

All assessments will be completed promptly and the potential participant will be given access to a continuum of approved treatment and other rehabilitation services within 14 business days from the assessment date. *Standard 9 (A)*

Discretion of the Judge

Participants receive the legal and clinical criteria outlined in their Participant Handbooks. Although an individual may be legally and clinically eligible to participate in drug court, it does not create a right by the potential participant to enter the FMDC program *Standard 3(C)*. The Judge has discretion over the admission or termination from the program based on the written eligibility criteria *Standard 3(B)*.

Case Flow Standard 1(C) Appendix 15

1. The participant is referred to FMDC by the Judge at the time of sentencing, probation/community control violation, or diversion revocation. At this point the potential participant meets the legal criteria to enter the program.
2. The participant is placed on probation/community control or with the Drug Court probation officer if already on probation/community control to be further assessed. Client is considered to be on supervised/reporting probation during this time.
3. After completing probation/community control paperwork, the participant then meets with the Drug Court probation officer to complete an ORAS or ORAS-MAT assessment, if not already completed. The ORAS or ORAS-MAT will be completed in the next five business days.
4. After the ORAS is complete, the probation officer will contact the case manager or treatment facility to schedule the participant for a drug/alcohol and mental health assessment. The participant will be scheduled within ten business days. The treatment facility will forward to the probation officer the referral follow-up report, the individualized Service Plan, and/or any progress reports. **Appendix 14.**
5. After the assessments are complete and a case plan has been established, the treatment team will review clinical criteria for the potential participant and make a recommendation to the Judge based for placement or alternative programming.
6. The Judge will decide if the participant enters the Drug Court Program. If the participant is accepted into the Drug Court Program, the probation officer will then schedule the intake with the Program i.e. provide to the participant a copy of the Handbook, sign participation agreement and Participant Rules, and set their appointment times. **Appendix 3, 2, & 10.**
7. The probation officer will then forward the participant referral information to the appropriate counseling and case management staff. The counseling agency will follow through with the participant's treatment plan.
8. The participant meets with the Judge and enters the program in the appropriate phase and follows the Handbook according to the phase guidelines.

9. Appointment times with probation, case managers, and court must be on separate days due to the drug testing schedule.

Specialize Docket File Maintenance

The probation officer for the FMDC will keep an individual file, separate from the public court file, for each participant. Files will include a release of information, the Participant Agreement, probation/community control conditions, status hearing reports, drug screen reports, assessments, and other relevant court orders or entries. Other information pertaining or relating to the participant may be kept in the file. No others shall have access to the information in the file, unless it is an individual listed on the release of information. The participants must have a signed release for a significant other, family member, or friend if they wish for them to have information regarding their programming. A treatment plan is kept by the license treatment agency and updated every ninety days. The plan will be added to the client's individual file and a record of that participant's attendance and activities will be maintained. *Standard 9(B)*.

Section 4 Treatment Team- Standard 1(B)

Duties of the Treatment Team Members

1. The treatment team is responsible for the daily operations of the FMDC. *Standard 1 Recommended Practice (B)*.
2. The treatment team members agree to serve on the treatment team for a minimum of one year. *Standard 1 Recommended Practice (C)*.
3. The treatment team members agree to work with local agencies and community leaders to ensure that the best interests of the community are considered. *Standard 1 Recommended Practice (D)*.
4. The treatment team members should engage in community outreach and build partnerships in order to improve outcomes and support sustainability of the FMDC. *Standard 1 Recommended Practice (D)*.

5. The FMDC incorporates a non-adversarial approach. The FMDC recognizes the distinct role of the prosecutor and defense counsel. *Standard 2(B) Standard 2(A).*
6. The treatment team engages in on-going and frequent communication in order to ensure accurate information about each participant. *Standard 6(C).* The treatment team communicates daily by phone and email and at treatment team meetings.
7. Disagreements and conflicts among the treatment team members are resolved by the Judge. *Standard 6 Recommended Practice (B).*
8. The treatment team members maintain professional integrity, confidentiality, and accountability. *Standard 6 Recommended Practice (B).*
9. The treatment team members should have confidence in services provided and understand the treatment and programming process. *Standard 9 Recommended Practice*
10. The treatment team works through issues with the advisory committee to assess functionality and the policies and procedures. *Standard 11 Recommended Practice (B).*

Specific Roles and Responsibilities of the Treatment Members Standard 1(B).

The treatment team for the FMDC consists of the Judge, counselors, case managers, and probation officer. *Standard 1 Recommended Practice (B) (1)-(12).*

Judge

- chairs the treatment team meeting, attends the treatment team meetings, and reviews the progress of each participant during status hearings;
- chairs the advisory committee;
- decides on incentives, sanctions, phase advancements, admission, and successful completion or termination from the program. *Standard 3(B) and Standard 7 Recommended Practice (B).*

Probation Officer

- responsible for ensuring participant compliance in the program;
- monitors each participant and conducts regular office visits;
- conducts home visits and drug screens as appropriate;
- tracks phase advancements as well as incentives and sanctions;
- participates in discussion regarding incentives, sanctions, advancements, successful completion, and termination;
- maintains participant file;
- provides information to the treatment team on whether participant is following court orders;
- maintains court statistics and data concerning participants;
- collects data from service providers;
- creates reports for review and submission to funding sources.

Treatment Provider

- licensed treatment provider who conducts assessments;
- must maintain appropriate licensure; *Standard 9(C)*.
- provides information on clients progress in treatment and compliance with treatment plan;
- conducts individual and group sessions with participants;
- develops realistic, effective, and measurable treatment plans;
- uses multi-dimensional modalities to help the individual or group meet their treatment goals;
- participates in discussions regarding incentives, sanctions, advancements, successful completion, and termination;
- completes referrals or applications for other services in the community or rehabilitation facilities;
- completes a relapse prevention plan with participant;
- tests for drug and alcohol use to ensure abstinence;
- links other team members with the treatment provider.

Case Manager

- meets with participants on a regular basis;
- conducts home visits;
- assists participants with housing, education, employment, medical care, family issues, or other applications;

- provides documentation to treatment team on progress;
- participates in discussions regarding incentives, sanctions, advancements, successful completion, and termination.

Non-Adversarial Approach

The FMDC incorporates a non-adversarial approach. The treatment team works together to identify needs of each participant. The Court recognizes the prosecutor's distinct role in pursuing justice and protecting public safety and victim's rights. *Standard 2(A)*. The prosecutor helps identify potential participants for the FMDC, but is not on the treatment team.

The Court recognizes the defense counsel's distinct role in preserving the constitutional rights of the drug court participant, the participant's right to request the attendance of defense counsel during the portion of the treatment team meeting concerning their participation, and the participant's right to a detailed, written Participation Agreement and Participant Handbook outlining the requirements and process of the Drug Court. *Standard 2(C)*. The defense counsel is not an active member of the treatment team unless requested by the participant. This information is also included in the Fairborn Municipal Drug Court Handbook.

The FMDC does not deny admission based on race, color, religion, gender, sexual orientation, national origin, ancestry, age, citizenship, marital status, veteran's status, or any disability. The treatment team consults a doctor on the participant's medical needs and whether that client would be appropriate for the medication.

The treatment team members are; Judge Beth W. Cappelli, Coordinator/ Probation Officer Lynzy Campbell, TCN Therapist Rachel O'Diam, TCN Caseworker Casey Steckling, and TCN Director Chris Pinkelman or other designee.

Section 5 Participant Monitoring

Treatment Team Meetings

The FMDC treatment team meets every second and fourth Tuesdays of the month. The treatment providers, case manager, and probation officer meet at the courthouse at 9:30 a.m. The Judge has discretion to modify this dates and times as needed. The probation officer provides status hearing progress reports for the Judge about each participant's progress. **Appendix 5.** The treatment team including the Judge, probation officer, treatment providers, case manager meet in the law library to discuss all of the participants scheduled for a status hearing and to discuss sanctions, incentives, and advancements. The treatment team meeting is held at 1148 Kauffman Ave., Fairborn, Ohio 45324. *Standard 6(A).*

Dedicated Docket

There is a dedicated docket scheduled on the second and fourth Tuesdays of each month for FMDC cases at 10:30 a.m., at 1148 Kauffman Ave., Fairborn, Ohio 45324. It is a separate docket from the court's other dockets and when necessary the participants could be divided into separate tracks. The Fairborn Municipal Court does not currently have any other specialized dockets. *Standard 9 Recommended Practice (B).*

Status Review Hearings-Standard 6(B)

Participant compliance and noncompliance is addressed at status hearings. Participants are required to attend these hearings as outlined by their court calendar and will attend hearings with other participants scheduled the same day. *Standard 6 Recommended Practice (A).* In Phase I and II the participant is required to attend status hearings two times per month. *Standard 7 Recommended Practice (A).* In Phase III and Phase IV the participant is required to attend status hearings once a month. *Standard 7 (B)(1), (2).* Individuals scheduled to have a status hearing will come into court together and each participant will be called

up individually to speak with the Judge regarding their progress.
Standard 7(A).

A participant may be required to come to a status hearing scheduled sooner than their phase dictates. Because there is a FMDC docket two times per month, participants are able to receive more immediate sanctions and incentives. *Standard 10 Recommended Practice (B).* FMC only has one Judge and it is the same Judge who presides over the FMDC status hearings. *Standard 7 Recommended Practice (C).*

Sanctions

If a participant is not meeting the requirements of their case plan, they may be given a sanction. Sanctions are done on an immediate, graduated scale and individualized toward each participant. *Standard 10.* They may receive additional community service, increased supervision, electronic monitoring, delay in advancement to the next phase, essay assignments or reports, house arrest, revoked driving privileges, daily reporting, second chance double or nothing, incarceration, or expulsion from the program. Adjustments in treatment services and support meetings are based upon the clinical interest of the participant. *Standard 10 Recommended Practice (A).* A participant can be sanctioned for missing required FMVDC appointments, failing to follow program rules, positive drug and alcohol screens, refusal to submit to screens, and general non-compliance with the program and treatment plan. Upon a relapse when a sanction is given, the team will revisit the individual's treatment plan and make appropriate changes. This information is included in the Participant's Handbook. *Standard 10 Recommended Practice (D).*

Incentives

1. If a participant is meeting the requirements of their case plan, they are verbally praised by the treatment team. They may be given reduction of a previous sanction, driving privileges, gift certificates, a reduction of supervision, early advancement to the next phase, and certificates and coins for advancements. When a

participant advances to the next phase, they are heard first during the status hearing and may choose to leave early from the hearing. All incentives will be immediate, graduated, and individualized. *Standard 10 Recommended Practice (C).*

Program Outline and Phases

The program is designed as a four-phase program over 12 months which includes court status hearings. After completion of the initial four phases, the participant is in a twenty-four week aftercare or monitoring phase. The phases have standard guidelines of what needs to be accomplished to advance to the next phase. Participants are informed that though there are standard guidelines in place, their case plan is individualized and they may not have the same exact goals as another participant. The phases are used to monitor progress and performance in the program. *Standard 6(D)*. Participants are also informed that though sanctions, incentives, and advancements are done at status hearings, the treatment team members do communicate on a regular basis to ensure compliance with the program. Participants are made aware that they may have to attend a status hearing sooner than their scheduled date if there is a compliance issue or positive drug screen. An individual's progress is not preset on the outlined timelines. If the participant is progressing faster than the guideline set forth, they may be able to advance before the guideline date. If the participant is progressing slower than the guidelines set forth, it may take them longer to advance before the outlined timeline.

Phase I

Phase one is 12 weeks and is the stabilization stage. The participant will have the most contact with the treatment team during this phase. During phase one the participant will be screened at a minimum of two times per week. Participants will visit with the probation officer at least one time per week, and will be seen by the chemical dependency treatment and mental health treatment providers as indicated in their treatment plans. They are required to attend status hearings with the Judge two times per month. In order to move on to Phase II the participant must attend

all required appointments with treatment providers and probation officer, provide clean drug screens for 8 consecutive weeks, remain compliant with specific court orders and other rules of probation/community control.

Phase II

Phase two is 12 weeks and the primary focus will be engaging in drug counseling and mental health counseling. Participants need to focus on issues which caused them to use drugs or problems they have had because of drug use. Participants are still screened at a minimum of two times per week. They attend weekly probation appointments and attend chemical dependency counseling and mental health counseling as indicated in their treatment plans. They are required to attend court status hearings two times per month. Before participants move on to Phase III, they should be able to identify relapse triggers and have begun developing healthy coping mechanisms. Participants must provide clean drug screens for 12 consecutive weeks, attend all required appointments with their treatment providers and probation officer, and remain compliant with specific court orders and other rules of probation/community control.

Phase III

Phase three is 12 weeks and is known as the action phase. Participants will begin having fewer appointments with the team and will use the skills they have learned from treatment. They are encouraged to find employment or enroll in school and to start making progress toward goals. These requirements vary depending on each individual's case plan and goals. Participants are screened at a minimum of one time per week. During this phase probation appointments are once every other week, depending on the participant's progress, and chemical dependency counseling and mental health counseling as indicated in their treatment plan. Status hearings with the Judge are at a minimum of one time per month. Before advancing to phase IV participants must provide clean drug screens for 12 consecutive weeks. They must attend all required appointments with their treatment

providers and probation officer, and remain compliant with all specific court orders and other rules of probation.

Phase IV

Phase four is 12 weeks and is the continuation phase. In this phase participants will continue to have fewer appointments with the treatment team and continue to make progress toward goals.

Participants are screened twice a month. Probation appointments are scheduled every three or four weeks and chemical dependency counseling is done as indicated in their treatment plan. Status hearings with the Judge are at a minimum of one time per month. Before completing this phase and going into after care, the participants must remain drug and alcohol free for the last 5 months. Participants must complete a relapse prevention plan. They must attend all required appointments with their treatment providers and probation officer, and must remain compliant with all specific court orders and other rules of probation.

Aftercare

The FMDC incorporates a six month after care phase. During this phase the participant is monitored by the probation officer monthly to ensure that the participant has transitioned appropriately out of the program. Most participants will be finished with counseling in this phase but can elect to remain involved in treatment if needed. The participant may choose to attend court status hearings, but is not required to do so.

Individualized Needs and Evidence-Based Practices

There are standard guidelines for the FMDC program, but treatment goals and case plans are individualized to meet the needs of each participant. *Standard 5 Recommended Practice (A)*. The program follows evidence based practices and the key components of a drug court. Key Component #1 requires the drug courts to integrate alcohol and other drug treatment services with justice system case processing. Key Component #2 uses a non-adversarial approach. Prosecution and

defense counsel promote public safety while protecting participants' due process rights. Key Component #3 requires that eligible participants are identified early and are promptly placed in the Drug Court Program. Key Component #4 requires drug courts to provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. Key Component #5 requires that abstinence be monitored by frequent random alcohol and other drug testing. Key Component #6 requires a coordinated strategy which governs drug court responses to participant's compliance. Key Component #7 requires ongoing judicial interaction with each drug court participant as essential. Key Component #8 requires monitoring and evaluation measures to determine the achievement of program goals and gauge effectiveness. Key Component #9 requires continuing interdisciplinary education which promotes effective drug court planning, implementation, and operations. Key Component #10 requires forging partnerships among drug courts, public agencies, and community organizations in order to generate local support and enhance the drug court program's effectiveness.

Participants are placed into counseling and other required treatment services as soon as possible. *Standard 4(C)*. Treatment providers are licensed and with a licensed treatment agency. *Standard 9(C)*. TCN uses motivational interviewing techniques to find out the needs of each individual in order to better assist in developing the participant's case plan and goals. Most of the curriculum used is geared toward cognitive behavioral therapy. The services available are culturally appropriate. TCN utilizes the Criminal and Addictive Thinking for group sessions currently but is moving towards the Matrix Model and Dual Disorders Treatment approaches as their new evidence based models of care. Modalities used are MI, CBT, REBT, and Reality Therapy. Case plans for participants shall be individualized and shall take into consideration co-occurring disorders, and shall be gender responsive and culturally appropriate. *Standard 5*.

Section 6 Successful Completion or Termination

Guidelines for completion, termination, and neutral discharge are outlined in the Participant Handbook. *Standard 3 Recommended Practice (C)*. The Judge has discretion whether to admit a potential participant into the Drug Court Program and the completion status of each individual based on the written completion, termination, or neutral discharge criteria.

Treatment Completion-Standard 3(A)

In order to complete the program successfully the participant must complete all ordered community service, complete all required phases of the program, maintain sobriety for at least five months prior to graduating, complete a relapse prevention plan, and meet all treatment goals related to the Drug Court Program.

The treatment team will review the participant's progress once they complete phase IV and determine whether the participant has met the requirements for completion. The Judge has discretion on when participants successfully complete the program. If the participant is recommended to graduate, a graduation ceremony will be held for the participants completing the program to receive a certificate of completion.

Termination Standard 3(A)

A participant may be terminated from the Drug Court if they commit a violent offense while under supervision, commit a serious felony that requires state or federal prison time, or continually fails to comply with case plan requirements and participant rules. If a participant has an active warrant for more than 30 days they must be removed from the program for non-compliance. The Judge has discretion in determining termination from the FMDC program. *Standard 3(B)*.

Neutral Discharge Standard 3(A)

A participant may also be neutrally discharged from the program. Examples of reasons for neutral discharges are as follows: serious mental health condition, referral to another treatment facility where participant will be unavailable for more than 30 days, long-term medical issues or hospitalizations, moving out of jurisdiction, or death.

Section 7 Substance Monitoring Standard 8

Types of Screens

The drug screens that are conducted through the FMDC are done by instant urine testing and urine lab testing. The probation department primarily uses instant urine tests to monitor for drug use and Pacific Toxicology for lab screening. An intoxilyzer breath test is used for the screening of alcohol. The probation department has a drug testing policy in place that all participants are required to follow. *Standard 8 (A)*. **Appendix 12**. TCN uses the intoxilyzer for alcohol testing, instant urine tests to monitor for drug use, and Medtox Laboratories, Inc. for lab screening.

Witnessed, Random, Individualized Drug Screens

All drug and alcohol screens are witnessed by appropriate staff. Participants are subject to random screens. In the initial phases of the program, participants are screened at a minimum of twice per week. As the participant advances through the phases, they are subjected to less frequent screening. Participant's drug screens are random, individualized, and witnessed. Participants may be subject to more frequent screens if appropriate. Participants must submit to the screens as a part of their treatment plan. *Standard 8(B)*. If the participant tests positive they will be sanctioned. If a participant fails to submit to a drug screen, submits an adulterated screen, submits a test that belongs to someone else, or dilutes a sample the probation officer is notified immediately and it is treated as a positive test and subject to sanctions. *Standard 8(D)*. The participant will be screened for their drug of choice and other drugs that are commonly abused. *Standard 8(E)*. All participants are alcohol restricted even if alcohol is not their primary drug of choice. The alcohol tests are done by a portable breathalyzer. The tests are administered by a treatment team member or appropriate probation staff. They can be verified by the Fairborn Police Department.

Positive Screens Prior to Entering Program and Relapses

The treatment team understands that participants may be positive for substances upon entering the program. When participants are referred to the program they are provided a time line to get clean. When appropriate, the participant may be given time to go to a detoxification facility or meet with a medical doctor to assist in their detoxification. Participants are not sanctioned for use prior to entering the program. The use is addressed at the participant's initial status hearing and the Judge reinforces the time line given to be clean. Upon a relapse the individual will be immediately sanctioned at the next status hearing. Along with the sanction the individual's treatment plan will be revisited and appropriate adjustments will be made. *Standard 8(C)*.

Drug Testing Process

The drug tests are done by urine samples. They are administered by a treatment team member or appropriate probation staff and witnessed. The participant may be required to wash their hands before providing a urine sample, to remove large bulky items of clothing that block the observer's view, to empty their pockets of any items, to squat in front of the observer to ensure they did not bring in a sample that does not belong to them, or to provide another sample if the sample is insufficient in quantity, or fails a dilution test strip. The FMDC utilizes urine screens and allows for laboratory confirmation testing. The participant is asked before their screen whether they will test positive for any substances. If a participant tests positive they may contest the result and have the sample sent to a lab for screening. The Defendant will be required to pay for the cost of a lab confirmation test. While a lab is pending the Judge will be notified, but there will be no sanctions imposed until receiving the lab results. If the lab results are positive for drugs or alcohol, the participant is subject to a more severe sanction. All the laboratories used for the FMDC are SAMHSA certified. Results of drug and alcohol testing will be documented by a drug screen results form and provided at all treatment team meetings. **Appendix 13.** Treatment agencies will contact the probation officer immediately upon receiving a positive result for a participant. The Judge will be notified of all screen results. The participant will be immediately sanctioned for positive results and treatment plans will be reassessed. All participants

are required to comply with the probation department's drug screen policy. **Appendix 12.**

Home Arrest and Alcohol Monitors

The FMDC utilizes home arrest monitoring and alcohol monitoring through Ultimate Protection Incorporated. Not all clients are ordered to be on home arrest or alcohol monitoring system, but it is possible as ordered by the Judge as a part of sentencing or as a sanction option. Participants are able to be hooked up on the monitors on site by the probation staff. These monitoring methods are utilized in helping to monitor participants.

Section 8 Professional Education Standard 11

The FMDC assures a continuance of interdisciplinary education of the treatment team members to promote effective planning, implementation, and operations. Counselors and case managers are required to maintain licensures with the appropriate boards. Probation officers are required to obtain 20 hours of continuing education hours a year. Judges are required to obtain 40 hours of continuing legal education (CLE) every two years. Team members should make efforts to attend all of the specialized docket service provider programs they can in order to better understand the treatment and programming process. *Standard 9 Recommended Practice A.* Team members may be required to attend other trainings as required by the committee or by the Judge. *Standard 11 Recommended Practice A.*

Practitioner Network Annual Conference

All team members are encouraged to attend the Supreme Court of Ohio's Specialized Docket Practitioner Network Annual Conference. The Judge and the probation officer agree to participate in the Supreme Court of Ohio Specialized Docket Practitioner Network and attend the Supreme Court of Ohio's Specialized Docket Practitioner Network Annual Conference. The treatment team will utilize training events through the Supreme Court of Ohio as their schedules allow. The FMDC agrees to submit data and other information as requested by the Supreme Court. *Standard 11 Recommended Practice (F).*

New Team Members

New treatment team members will meet with the probation officer to review the FMDC program. They will be given a copy of the program description and a Participant Handbook. They will be required to attend trainings, maintain certifications, and qualifications through their agency. New team members will be given the opportunity to observe the treatment team meetings and status review hearings before beginning. When possible they will observe with the person they are replacing. *Standard 11 Recommended Practice (C).*

The FMDC will have the policies and procedures reviewed at least yearly by the Advisory Committee to assess the functionality of the program. A program year will be assessed from April through December and the review will take place in April. Data and information will be provided by the probation officer. *Standard 11 Recommended Practice (B).*

Section 9 Effectiveness Evaluation Standard 12

The FMDC will collect data related to the effectiveness of the program. The FMDC will report data to the Supreme Court as required, including information about compliance with the standards of being a specialized docket. The FMDC will collect on-going data in order to evaluate whether the goals and objectives of the program are being met. *Standard 12(A)*.

The probation officer will compile data from the treatment members that is relevant to the program goals and objectives. Data collected will include, but is not limited to, drug screen results, community service, positive social activities, arrests, sanctions, incentives, successful completions, terminations, referrals and admissions, and days served in jail. Other information will be compiled as needed for grant and funding opportunities. *Standard 12(B)*.

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Appendix

1. Administrative Order (SupR. 36.02(A)(1))
2. Participant Agreement (SupR. 36.21(A)(3), Standard 1 (D))
3. Participant Handbook (SupR. 36.21(A)(3), Standard 1 (D))
4. Memoranda of Understanding with Relevant Parties (Standard 1(A))
5. Status Hearing Progress Reports (Standard 6)
6. Release of Information (Standard 4 (B))
7. HIPAA Order
8. Judgment Entry
9. Probation Conditions
10. Participant Rules
11. Probation Revocation
12. Drug Testing Policy (Standard 8 (A), (B))

13. Drug Screen Results Form (Court & TCN)
14. TCN Referral Form, Individualized Service Plan & Progress Report
(Standard 6)
15. Case Flow Chart
16. Safety Topics Sheet