

ASHTABULA COUNTY COMMON PLEAS MENTAL HEALTH COURT

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PROGRAM DESCRIPTION

TABLE OF CONTENTS

CHAPTER 1: POLICIES & PROCEDURES OF MENTAL HEALTH COURT 1
CHAPTER 2: TARGET POPULATION	.	.	.	.	.	. 5
CHAPTER 3: PROGRAM ENTRY AND CASE FLOW	.	.	.	.	.	. 7
CHAPTER 4: TREATMENT TEAM	.	.	.	.	.	. 13
CHAPTER 5: PARTICIPANT MONITORING	.	.	.	.	.	. 16
CHAPTER 6: PROGRAM COMPLETION	.	.	.	.	.	. 22
CHAPTER 7: SUBSTANCE MONITORING	.	.	.	.	.	. 25
CHAPTER 8: PROFESSIONAL EDUCATION	.	.	.	.	.	. 31
CHAPTER 9: EFFECTIVENESS EVALUATION	.	.	.	.	.	. 33

CHAPTER 1: POLICIES & PROCEDURES OF COMMON PLEAS MENTAL HEALTH COURT

Program Overview

The Ashtabula County Common Pleas Mental Health Court was established in the year 2017. The Ohio Supreme Court Specialized Docket Section was a primary contributor to the planning process and continues to be an external support to the Mental Health Court planning and enhancement process. The Mental Health Court Program was developed and continues to evolve through a collaborative and non-adversarial process focused on meeting the needs of the offender with mental illness, the courts and the community. The initial development stakeholders include Ashtabula County Common Pleas Judges, the Prosecutor, Defense Counsel, Mental Health and Recovery Services Board, local law enforcement officers, area treatment providers, associated social service organizations, adult probation and parole, the Veteran's Commission, and local educators. The Ashtabula County Mental Health Court Program is based on evidence-based practices as established by both state and national standards.

Essential program features include individualized screening and assessment that guides program placement, reporting schedule, format and intensity of services received. This individualized assessment process ensures that services provided are culturally and gender-responsive to the needs of each participant. The Ashtabula County Mental Health Court has been designed to target the nonviolent offenders with a qualifying mental health diagnosis who are in need of specialized case management services.

This is a voluntary program and requires participants to sign a program Participation Agreement. The agreement outlines core program elements, participant's rights as well as rights to be waived regarding formal hearing and immediacy of sanctions. The Mental Health Court is often assessed as an alternative to local or state incarceration and as an intermediate sanction for community control supervision. It is important to note that one's eligibility does not constitute or create a right to participate in the specialized docket. The Specialized Docket Judge has the ultimate discretion to determine admission into the program.

The structure of the Mental Health Court Program is consistent with state and national best practice models, and continues to develop under these evolving standards of practice. The overarching goal of the Mental Health Court Program is to reduce the likelihood of recidivism through intensive treatment, supervision and personal accountability. Offenders in Phase One of the program report to Mental Health Court on a weekly basis. Once transitioned to Phase Two, participants report to Mental Health Court at a minimum of bi-weekly per month. Mental Health Court sessions focus on ensuring immediate treatment and supervision compliance through didactic interaction with the Mental Health Court Judge. The Judge has been trained on the specialized issues of mentally ill offenders and is an active Mental Health Court team member. The Mental Health Court Judge spends approximately three (3) to five (5) minutes with each participant when he/she appears for Mental Health Court. The Judge

directly addresses both issues of program noncompliance and, more importantly, instances of individual success. Prior to all Mental Health Court sessions, the Mental Health Court Treatment Team (MHCTT) meets to discuss each participant in terms of successes, challenges, service needs and issues of noncompliance. The core MHCTT is made up of a representative from each participating treatment agency, an adult probation officer (Intensive Supervision), and the Mental Health Court Judge. The Specialized Docket Judge attends and chairs MHCTT meetings.

Program noncompliance is addressed immediately through targeted and progressive sanctions. A graduated sanction continuum is used to guide the Judge in determining the most appropriate sanctions for noncompliance in treatment, reporting or abstinence. All sanctions, both positive and punitive, are discussed by the entire Mental Health Court Treatment Team to ensure coordinated and unified responses based on input from all aspects of program participation. Initial sanctions include additional community service hours and progress to jail sentences ranging from three (3) to thirty (30) days in duration. The Participation Agreement signed by the participant waives the offender's right to formal hearing giving the Judge the opportunity to issue a sanction immediately upon program noncompliance. Conversely, program compliance and success are also recognized in this forum and rewarded through a targeted grid of incentives. Examples of incentives range from decreased reporting, decreased community service hours and reduction or waiver of program fees.

As participants experience periods of success, they progress through the program phases and are challenged with increased autonomy. This occurs through decreased court reporting, with Phase Two participants reporting once per month. In addition to the scheduled court reporting, a system of office and community-based supervision ensures compliance and generalization of treatment goals. Officers conduct office and community-based meetings with participants for the purpose of monitoring and following-up on case plan progress and needs. Officers conduct field contacts in the offender's home and natural social environment, thus providing excellent insight into factors that may be contributing to participant support and noncompliance.

Dependent on the participant's treatment needs, each individual is engaged in mental health treatment ranging from outpatient therapy, psychiatric services, targeted case management, crisis intervention services and residential treatment. If participants are diagnosed with co-occurring mental health and substance abuse issues, they may be placed into specialized treatment such as Substance Abuse Mental Illness (SAMII) classes and/or community support meetings (i.e. AA, NA, ALANON).

Graduation from the Mental Health Court Program is based on progress toward the individualized goals and objectives set forth in the Mental Health Court Treatment Plan, compliance with the rules and conditions of community control, as well as additional goals and objectives identified in Intensive Supervision case plans. As participants satisfy these requirements, they progress through the phases of Mental Health Court, most often with

graduation occurring between 8 and 24 months. Participants who have not responded to the continuum of sanctions will ultimately be assessed for consideration of program termination. This process is monitored by the Mental Health Court Treatment Team (MHCTT) and ultimately enforced by the Mental Health Court Judge. The MHCTT exhausts all available sanction and treatment options prior to making a determination of unsuccessful discharge. Program participants are required to pay all court costs and a \$150.00 supervision fee. Additionally, participants may be required to pay for all positive drugs tests. Restitution is a core element of the supervision, and officers and the Judge continually monitor progress in this area.

Advisory Committee

The Mental Health Court Specialized Docket Advisory Committee is attended and chaired by the Specialized Docket Judge and serves as the policy making authority for the Ashtabula County Mental Health Court.

Role of the Advisory Committee

The Mental Health Court Specialized Docket Advisory Committee is comprised of key officials, policy makers and community stakeholders that provide input on mental health specialized docket policies and operations, as well as communicate regularly with the local community. As the Ashtabula County Mental Health Court has completed all implementation responsibilities, the advisory committee is now focused on post-implementation tasks.

Post-Implementation Responsibilities

- Assess specialized docket team functionality, review policies and procedures, and assess the overall functionality of the specialized docket at minimum on an annual basis;
- Review the target population;
- Review use of graduated sanctions and incentives; and
- Review treatment sources.

Membership

Mandatory representatives on the Advisory Committee include:

- Specialized Docket Judge (attends and chairs all advisory meetings);
- Ashtabula County Prosecutor;
- Ashtabula County Defense Counsel;
- Local Licensed Treatment Provider(s);
- The Adult Probation Department;
- Adult Parole Authority; and
- Local Law Enforcement Agencies.

Additionally, the following members are invited yet not mandatory participants:

- Social Service Organizations;
- Veterans Service Commission representative;
- Mental Health and Recovery Services Board representative(s);
- Local University Educators and representatives.

Advisory Committee Members are chosen and can be removed by the specialized docket Judge.

Agreement Among Relevant Parties

Through the planning, implementation and review process of the Mental Health Court, agreement among all mandatory parties listed above has been established. This agreement is maintained through ongoing verbal communication, periodic review and acceptance of the Mental Health Court Program Description and/or by formal Memorandum of Understanding, as in the case of external treatment providers. The mandatory representatives of the Advisory Committee have been involved in the initial and ongoing development of the Mental Health Court Program Description.

Mental Health Court Mission Statement

It is the mission of the Ashtabula County Mental Health Court to promote recovery through a court-supervised treatment program. This will be accomplished by streamlining and coordinating services to felony offenders whose crimes are substantially related to underlying mental health issues. The Ashtabula County Mental Health Court Program will increase long term stability by holding offenders accountable and ultimately reducing crimes and improving community safety.

Goals and Objectives

The overall goal of the Mental Health Court Program is to reduce the likelihood of recidivism through intensive treatment, supervision and personal accountability. The Mental Health Court Coordinator maintains a data set that assists in monitoring progress and needs relative to this general goal. Additionally, the Mental Health Court has developed specific goals and objectives to address the most pressing issues facing the current Mental Health Court population. The following specific goals and objectives guide the treatment process in Mental Health Court:

GOAL 1: Increase the number of specialized docket successful completions.

Objective 1: Seventy percent (70%) of participants will successfully complete the program.

GOAL 2: Reduce recidivism among individuals with mental health issues in the justice system.

CHAPTER 2: TARGET POPULATION

Target Population

The Ashtabula County Mental Health Court has been designed to target high risk and high need, mentally ill offenders who are in need of structured treatment, supervision and personal accountability. The Mental Health Court Docket is intended to divert mentally ill offenders from future recidivism and possible local or state incarceration. Offenders must have an established Ashtabula County residence and volunteer to participate. Legal and clinical eligibility does not create a right to participate.

Clinical Eligibility Criteria

The defendant must be diagnosed with a serious persistent mental diagnosis, not including personality disorders. He/she must have a history of mental illness prior to the commission of the underlying offense. The primary diagnosis cannot be a substance abuse disorder, developmental disability or mental retardation.

Clinical Assessment

If the potential participant is deemed eligible and agrees to participate in the specialized docket, then the potential participant is referred for formal clinical assessment. The clinical assessment confirms that the potential participant meets the specialized docket's written clinical criteria and is appropriate for inclusion in the program. The Clinical Assessment and Ohio Risk Assessment System (ORAS) both identify individual challenges, needs and beliefs to ensure that all subsequent interventions and interactions are gender responsive and culturally appropriate.

The Standards and Recommended Practices that apply to the clinical assessment are:

- The Judge shall have discretion to decide the admission into a specialized docket in accordance with the written criteria;
- All mental health and other programming assessments shall include available collateral information to ensure accuracy of the assessment;
- The potential participant is required to sign a Release of Information form to provide confidential communication about participation and progress in treatment and compliance with program requirements; and
- The potential participant receives a clinical assessment from a professional who possesses the appropriate licenses and credentials to provide the specialized docket treatment services within ten (10) business days from the time of referral.

Legal Eligibility Criteria

An individual must meet the following criteria in order to be referred to the Mental Health Court Program:

Eligible:

- Current charge is community control sanction eligible.
- Offender is charged with a felony offense of the 3rd, 4th or 5th degree. Higher level felonies may be considered on a case-by-case basis, subject to Mental Health Court Treatment Team approval.
- Offender is capable of participating in and completing the program.
- Offender demonstrates an interest in and willingness to participate in the treatment program.
- Offender would benefit from mental health treatment.
- Offender resides in Ashtabula County.
- Offender is charged with an offense that is not defined as a sex-related offense (per ORC) and there is no history of sex related offenses (to be determined on a case by case basis).
- The primary diagnosis is not a substance abuse disorder.
- The primary diagnosis is not mental retardation, nor developmental disability.
- Offender meets diagnostic criteria for mental illness:
 - a. He/she must have a history of mental illness prior to the commission of the crime.
 - b. He/she must be diagnosed with a serious persistent mental diagnosis, not including personality disorders.
 - c. Other disorders will be considered on a case by case basis.

Not Eligible:

- The charge is related to the use of a firearm or deadly weapon (to be determined on a case by case basis).
- The defendant has a consistent history of revocations, failures to appear, noncompliance issues, failed treatment experiences or a poor history of supervision.
- The defendant has out of county pending cases where a resolution is not forthcoming and would exclude participation.

Program Capacity

The general capacity of the Mental Health Court Program is ten (10) *active* participants who are attending status hearings. As not all participants attend the status review hearings bi-weekly, this allows for additional participants to be added when individuals have reached the higher phases of the program.

Results and Benefits

Maintaining mental health stability brings its own benefits, such as improved health, better coping skills and a decreased risk of involvement in criminal activity. This program provides an opportunity for early intervention and is a meaningful alternative to incarceration.

CHAPTER 3: PROGRAM ENTRY AND CASE FLOW

Referral Process

Potential participants can be referred to the Mental Health Court Program through various points of entry to include:

- Prosecutor referral
- Judge referral
- Request of defense counsel
- Treatment providers
- Probation officer
- Self-referral
- Jail-referral

Referrals can be made at any stage of the case or court process, to include arraignment, pretrial, pre-plea agreement, change of plea, intervention in lieu of conviction (R.C. 2951.041), post-plea (Presentence Investigation), sentencing, while currently under court supervision/community control, or as a result of a community control violation. The referring entity contacts the Mental Health Court Coordinator who conducts an initial eligibility screening. If an offender is deemed eligible for participation, the formal screening and assessment process is initiated.

Screening and Assessment

All offenders referred to the Mental Health Court are screened using the validated Ohio Risk Assessment System (ORAS) either during the Presentence Investigation (PSI) or upon initiation of a community control sentence. A trained officer conducts the extensive ORAS interview that evaluates offender history and needs across seven (7) functional domains: Criminal & Supervision History; Education; Employment and Finances; Family and Social Support; Neighborhood Challenges; Substance Abuse; Peer Associations; and Criminal Attitudes and Behavioral Concerns. Based on the issues identified, officers then develop an individualized case plan that identifies goals and objectives for the offender, supervising officer and case manager. Offenders who are identified with challenges in the mental

health domain are promptly assessed and referred to area treatment programs for an intensive mental health evaluation.

Mental health assessments are scheduled in a timely manner. Final diagnostic summaries are sent and reviewed within fourteen (14) days of assessment, and participants shall be placed as soon as possible in appropriate treatment services and programs. All screenings and assessments for treatment determinations are provided by programs or persons who are appropriately licensed and trained to deliver such services. The Mental Health Court Treatment Coordinator monitors the assessment process to ensure appropriate licensure and training of treatment staff. Release of Information forms are completed so that the collateral assessment agency can provide communication regarding confidential information, treatment participation and progress 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 Ohio Revised Code Sections 2151.421 and 2152.99. Most often, screening and assessment is completed during the Presentence Investigation which allows offenders to be participating in the Mental Health Court Program immediately after being sentenced. The ORAS interview assists officers in identifying individualized needs and beliefs to ensure that all services and interactions are gender responsive and culturally appropriate. All mental health, chemical dependency, and other programming assessments shall include available collateral information to ensure accuracy of the assessment.

Upon completion of the assessment, the participant immediately enters treatment per the recommendations of the treatment provider. Most Mental Health Court participants have initiated treatment prior to formally starting in the program.

Program Admission

A critical feature of the Mental Health Court Program is to initiate contact by court personnel at the earliest point possible. Upon determination of clinical and legal eligibility, a referred person is immediately admitted and begins participating in all required Mental Health Court functions, to include the status hearings. Immediately upon admission, participants begin working through a progression of program phases. Most Mental Health Court referrals are under reporting supervision with the Adult Probation Department during the referral and admission process, which ensures continuity and monitoring. Individuals not under reporting supervision at the point of referral are monitored immediately through bond reporting procedures, such as Pretrial Supervision, or during the Presentence Investigation. It is important to note that the Mental Health Court Judge has discretion to determine admission into the specialized docket in accordance with the previously stated eligibility criteria.

Progression of Phases

Phases are the steps in which a participant's performance and progress through the specialized docket are monitored. The following general principles apply to the phase system:

1. Phase advancement is not solely based on preset timelines, rather, it is based on treatment plan progression and program compliance.
2. At a minimum, the participant shall appear before the Specialized Docket Judge at least twice monthly in the initial phase.
3. Utilizing risk assessments, high need high risk participants appear at status review hearings weekly in the specialized docket initial phase.
4. In subsequent phases, the participant shall appear regularly before the specialized docket Judge to review the participant's progress. After the initial phase, the phase description includes the participant's attendance requirement (bi-weekly, monthly, etc.) at status review hearings.
5. Time between the status review hearings is increased or decreased based upon compliance with treatment protocols and observed progress. General criteria for phase advancement may include a participant's mental health status, progress in treatment, compliance with court orders, payment of court fees, and team recommendation.

Phases of the Mental Health Court Program

Orientation Phase

The goal of the orientation phase is to ingrain a thorough understanding of the aspects of the specialized docket requirements to assure the highest level of function and success within the program.

- Meet with participant to review and complete the Participation Agreement and Release and Exchange of Confidential Information forms.
- Review the participant's handbook.
- Attend initial specialized docket status review hearing.
- Introduce the participant to the members of the Treatment Team: Specialized Docket Coordinator; Probation Officer; Clinician(s); Case Manager(s); and any other team members.
- Familiarize the participant with the location and addresses of service providers, address any issues of transportation, and ensure the participant has the physical ability to access services.

- Complete and review the participant's individualized treatment plan.

Compliance Phase (Phase 1 – Initial)

This phase stabilizes the participant and assures participant compliance with the specialized docket program requirements. During this phase, the participant has the most contact with the court by attending scheduled status review hearings. This is also the most intense phase for the participant's case manager and/or probation officer.

Tasks for the Compliance Phase include the following:

- Ensure court obligations are met, such as developing payment schedules for fines, court costs, and victim restitution.
- Determine frequency of random alcohol and drug testing at a minimum of two times per week.
- Complete other assessments and inventories determined necessary by the Treatment Team.

Participant Requirements for the Compliance Phase include the following:

- Attend required status review hearings at a minimum of at least twice monthly;
- Attend treatment sessions and activities;
- Attend meetings with Case Manager, Coordinator and Probation Officer;
- Submit to random alcohol and drug testing;
- Cooperate with random home visits by Probation Officer, Case Manager and others;
- Engage in a sober support community; and
- Abide by rules of the specialized docket, probation and laws.

Program Engagement Phase (Phase 2)

After the participant obtains stability in the Compliance Phase, the participant will begin to address the issues that brought the participant into the specialized docket. During this period, the participant will begin to develop skills, improve family relationships, and set employment, vocational, or educational goals. Based on the participant's progress, required appearances at status review hearings may be reduced.

Tasks for the Program Engagement Phase include the following:

- Ensure probation requirements are met;
- Continue random alcohol and drug testing at a minimum of two times per week;
- Identify long term goals;
- Begin to develop plans for employment or educational opportunities;
- Continue linking the participant with housing, educational, vocational and employment opportunities; and
- Make referrals for other ancillary services not yet addressed.

Participant Requirements for the Program Engagement Phase include the following:

- Attend required status review hearings;
- Continue to attend treatment sessions and activities;
- Continue to cooperate with random home visits by the Probation Officer, Case Manager, and others;
- Continue to attend meetings with Coordinator, Case Manager and Probation Officer;
- Continue to submit and provide negative results to random alcohol and drug testing at least monthly;
- Participate in a sober support community;
- Continue to abide by rules of the specialized docket, probation and laws; and
- Engage with housing, educational, vocational and employment service agencies.

Growth and Development Phase (Phase 3)

This phase is focused on developing self-sufficiency. The participant will begin to utilize skills learned in treatment and programming, continue to improve family relationships, and begin to make long term employment, educational, or vocational plans. This phase is key as the participant puts into practice everything learned in the first two phases and will be able to demonstrate on-going stability.

Tasks for the Growth and Development Phase include the following:

- Complete probation obligations;
- Identify long term goals with implementation strategy; and
- Continue to improve family relationships.

Participants Requirements for the Growth and Development Phase include the following:

- Attend required status review hearings;
- Continue to attend treatment or programming sessions and activities;
- Continue to cooperate with random home visits by Probation Officer, Case Manager and others;
- Continue to attend meetings with Coordinator, Case Manager and Probation Officer;
- Continue to submit and provide negative results to random alcohol and drug testing at least monthly;
- Continue to abide by rules of the specialized docket program, probation and laws;
- Continue to participate in a sober support community;
- Obtain and maintain employment or consistently participate in other vocational activities; and
- Obtain stable housing.

Maintenance/Aftercare

This post-graduation period is focused on the participant maintaining the stability obtained in the earlier phases. By the time the participant graduates, they have successfully and faithfully adhered to treatment or programming requirements. The participant may have also integrated structure into the participant's life by obtaining permanent housing; maintaining employment or regularly participating in other vocational activities; maintaining a functional support system; and avoiding additional involvement with the criminal justice system.

File Maintenance

- A. All records pertaining to the Ashtabula County Mental Health Court Program are in the custody of the Ashtabula County Adult Probation Department.
- B. All case files are confidential. Only staff, Judges, and auditors shall have access to the files.

Non-Discriminatory Practices

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

CHAPTER 4: TREATMENT TEAM

The Mental Health Court Treatment Team (MHCTT) or “Treatment Team” is created and members are invited by the Mental Health Court Judge for the purpose of coordinating the day-to-day operations of the Mental Health Court Program. Each Treatment Team member plays a critical role in ensuring adequate support and accountability for the Mental Health Court participant.

Duties of Treatment Team Members

1. MHCTT is responsible for the daily operations of the Mental Health Court Docket.
2. MHCTT members agree to serve on the Treatment Team for a minimum of one year, yet they may serve a term of unlimited length at the pleasure of the Mental Health Court Judge.
3. MHCTT members agree to work with local community leaders to ensure the best interests of the community are considered in all treatment and supervision activities.
4. MHCTT members shall engage in community outreach activities to build partnerships that will improve outcomes and support specialized docket sustainability. Examples of this outreach include court representation at treatment community meetings.
5. The Ashtabula County Mental Health Court incorporates a non-adversarial approach while recognizing the unique role of prosecutors and defense counsel. The Ashtabula County Prosecutor and Defense Counsel are represented on the Mental Health Court Advisory Committee. In addition to this advisory role, the prosecutor and defense counsel may have daily interaction with the MHCTT for the purpose of discussing the eligibility and treatment plan of referred defendants. The underlying goal of all interactions is the successful program completion of the defendant, thus minimizing the adversarial nature of the attorney relationship.
6. MHCTT members engage in on-going communication including frequent exchanges of timely and accurate information about the participant’s overall performance. In addition to the MHCTT meetings, members may communicate daily through the use of email, telephone and in-person conferences. These contacts ensure immediacy of response to challenges and successes of Mental Health Court members. The Mental Health Court Judge is always available for interim support and guidance.
7. MHCTT members maintain professional integrity, confidentiality, and accountability, as contemplated under applicable rules of professional and ethical conduct.
8. The MHCTT works closely with the Advisory Committee to assess the team functionality, review all policies and procedures, and assess the overall functionality of the

Mental Health Court Program. MHCTT members attend the biannual Advisory Committee meetings to provide input as to process and program related issues. MHCTT members note the recommendations of the Advisory Committee and to the extent possible, integrate recommendations.

Specific Roles and Responsibilities of Treatment Team Members

Each Mental Health Court Treatment Team (MHCTT) member plays a specific and equally critical role in the administration of this specialized docket. Listed below are the MHCTT member's roles and responsibilities. In addition to these core members, additional team supports are accessed on an as needed basis specific to the needs of the current Mental Health Court population.

Judge

- The Mental Health Court Judge attends and chairs all Treatment Team sessions;
- The Judge has discretion to determine the admission into or termination from the Mental Health Court Program in accordance with the written legal and clinical criteria for the specialized docket;
- Knowledgeable about treatment and programming methods and limitations;
- Chair of the Treatment Team;
- Decision-maker, especially concerning incentives, sanctions, phase advancement, and successful completion or termination;
- Maintains contact and discusses progress with each participant at status review hearings;
- One Judge will be assigned to the Mental Health Court Docket to ensure consistency throughout the participant's term of participation.

Probation Officer/Specialized Docket Coordinator

- Facilitates the specialized docket in accordance with the written program description;
- Assists with identifying potential participants;
- Conducts the legal eligibility screening;
- Assists the participant in all phases including the orientation phase;
- Maintains the daily operations of the specialized docket;
- Collects and maintains statistical information and other confidential records concerning participants, collects data from service providers, and creates reports for review and submission to funding sources;
- Gathers progress reports from treatment and service providers to present to the Treatment Team;
- Ensures that Treatment Team members follow program policies and procedures;

- Monitors service provider agreements and contracts and monitors the services to participants;
- Monitors treatment compliance;
- Plans and facilitates Advisory Committee Meetings;
- Coordinates specialized docket team professional education;
- Coordinates random drug screens and monitors compliance with any sanctions;
- Meets with participants regularly to discuss individualized program goals and progress while the participant is in the specialized docket;
- Assists the participant in the development, utilization and coordination of the individualized case plan;
- Participates in any discussions regarding incentives, sanctions, phase advancement, successful completion and termination;
- Monitors compliance with supervision plan;
- Conducts random alcohol and drugs tests as necessary, and reports the results of tests to the Treatment Team;
- Monitors sanctions;
- Conducts field visits with participant at home, school, or other community locations;
- Attends Treatment Team meetings and status review hearings;
- Informs the Treatment Team whether treatment plan, supervision plan, and court orders are followed;
- Advises of any specialized docket violations; and
- During Treatment Team meetings, provides progress reports and recommendations to the Treatment Team.

Specialized Docket Licensed Treatment Providers

- Anyone providing treatment for the specialized docket must be appropriately licensed and trained to deliver services;
- Coordinates diagnostic assessments, clinical diagnosis, and develops and maintains the treatment plan and record of activities;
- Provides documentation on a participant's progress in treatment and compliance with treatment plans, including treatment attendance and results of alcohol and drug tests;
- Attends Treatment Team meetings and status review hearings;
- During Treatment Team meetings, gives treatment updates and makes recommendations regarding treatment needs; and
- Participates in discussions regarding incentives, sanctions, phase advancement, successful completion and termination.

Prosecutor

The Ashtabula County Mental Health Court incorporates a non-adversarial approach while recognizing the distinct role of the prosecutor in pursuing justice and protecting public safety and victim's rights. The Ashtabula County Prosecutor, or designee, plays an adjunct role on the MHCTT, and is not required to attend MHCTT meetings:

- Identifies eligible clients for the specialized docket in accordance with the specialized docket written criteria; and
- Attends Treatment Team meetings and status review hearings at the request of the Judge.

Defense Counsel

The Ashtabula County Mental Health Court incorporates a non-adversarial approach while recognizing the distinct role of defense counsel in preserving the constitutional rights of the specialized docket participant. Defense counsel plays an adjunct role on the MHCTT, and is not required to attend MHCTT Treatment Team meetings, however, may attend Treatment Team meetings upon the participant's request. Defense counsel's role is as follows:

- Assists with decision-making regarding participation in the specialized docket;
- Explains to the participant what rights are waived by entering the program;
- Explains the possible sanctions that may be imposed;
- Explains the circumstances that may lead to termination; and
- Explains the effect that termination from the specialized docket may have on the participant's case.

CHAPTER 5: PARTICIPANT MONITORING

It is essential that each individual Mental Health Court participant is continually monitored relative to program compliance, noncompliance and phase progression. Progression through the Mental Health Court Program is based on each participant's treatment plan performance and compliance with program phases. While the Mental Health Court is intended to be an eight (8) to twenty-four (24) month program, progression is not based on a timeline.

Treatment Team Meetings and Status Review Hearings

The Mental Health Court Treatment Team (MHCTT) monitors each participant's performance and progress through Treatment Team meetings and status review hearings. Treatment Team members communicate frequently between sessions to discuss imminent issues and participants' overall performance and progress towards goals and objectives.

Treatment Team meetings are held every second and fourth Wednesday of the month at 8:30 a.m. with the status hearings occurring immediately thereafter.

Status Review Hearings

The Ashtabula County Mental Health Court incorporates on-going judicial interaction with each participant. The frequency and content of this interaction is based on the individualized case plan and phase of each participant.

- Participants in the Orientation and Compliance Phases of Mental Health Court are appearing before the Judge bi-weekly at least, with pointed discussion as to accountability and expectations. Frequent status review hearings establish and reinforce the specialized docket policies and ensure effective and efficient supervision of the participant.
- The second phase, Program and Engagement, focuses on supporting the treatment objectives and ensuring compliance and sobriety. Participants report monthly depending on phase and individualized issues.
- Participants in the third phase of participation, Growth and Development, continue to interact with the Judge at least once a month with the intent of maintaining and supporting positive lifestyle changes and aftercare activities.
- Upon graduation from the Mental Health Court, participants no longer report for Mental Health Court status hearings, yet are still able to receive support and guidance from the Mental Health Court treatment providers. This transition element of the Mental Health Court program seeks to increase autonomy while still keeping former participants under the support of the treatment community.

While not all participants attend every session, a significant number of Mental Health Court participants appear at each status review hearing, so the participant is educated as to the benefits of complying with the specialized docket and consequences for noncompliance.

Summary of Treatment

Mental Health Court participants will participate in the development of a treatment plan based on their individual needs, and all services provided incorporate evidence-based strategies. Consistent with the principles of evidence-based best practices, the treatment plans shall incorporate the following requirements:

- Treatment plans take into consideration services that are gender responsive, culturally appropriate, and effectively address co-occurring disorders.
- Provided services, including case plans, are appropriate and clinically necessary to the degree that available resources allow.

- Mental Health Court participants have prompt access to a continuum of approved treatment and rehabilitation services.
- The Mental Health Court treatment provider maintains a current treatment plan and a record of activities. Treatment plans continue to develop throughout program participation to reflect the participant’s changing needs based on program progress. The treatment provider shares current treatment plans with the Treatment Team.
- All treatment and programming is provided by appropriately licensed and trained programs or persons to deliver such services according to the standards of their profession.

Agencies and Services for Mental Health Court Participants

Agency	Service(s) Provided
<p>Community Counseling Center</p>	<p>Assessment, Registration/Intake, Treatment Plan Development, Case Management Services, Intensive Outpatient Treatment (individual and group treatment), Outpatient Services, Drug Testing, Relapse Prevention Planning and Support, Aftercare Planning and Support, Medication-Assisted Treatment, Sober Lifestyle Support (Recovery Club), Baseline Alcohol and Drug Testing, Substance Abuse and Mental Health Evaluation, Outpatient Treatment (Group and Individual).</p> <p>Mental Health Assessment and Treatment (Individual and Group), Psychiatric Assessment and Treatment, Medication Monitoring, Co-occurring Disorder Treatment, SAMI Group, Coordinated Case Management Services, Mental Health Court.</p> <p>Children’s Partial Hospitalization Program, Crisis Services, Supported Employment, Individual Placement & Support Services, Pharmacy, Family Therapy, Second Chance Citizen Circle Member.</p>
<p>Signature Health</p>	<p>Assessment, Registration/Intake, Treatment Plan Development, Case Management Services, Intensive Outpatient Treatment (individual and group treatment), Outpatient Services, Residential Treatment Program (Male and Female), Drug Testing, Relapse Prevention Planning and Support, Aftercare Planning and Support, Medication-Assisted Treatment,</p> <p>Baseline Alcohol and Drug Testing, Substance Abuse and Mental Health Evaluation, Outpatient Treatment (Group and Individual), Co-occurring Treatment.</p> <p>Mental Health Assessment and Treatment (Individual and Group), Psychiatric Assessment and Treatment, Medication Monitoring, Co-occurring Disorder Treatment, Coordinated Case Management Services,</p> <p>Marriage and Family Counseling, Art Therapy, Pharmacy, Lab Services, Primary Medical Care, Partial Hospitalization Program, Residential Facility (Bridgeview Manor), Second Chance Citizen Circle Member.</p>

Any Other Agencies	Glenbeigh, APMC, Windsor Laurelwood, VA Mental Health Services
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Phases

As previously reported in the program description, the Ashtabula County Mental Health Court is structured with three distinct phases of program participation. Progression through the Mental Health Court Program is based on the participant’s performance toward the treatment plan and compliance with the specialized docket phases. Phase advancement is not solely based on preset timelines, rather on specific accomplishments and progress toward individualized treatment and case plan goals.

Based on the Ohio Risk Assessment System (ORAS), high need/high risk participants appear at status review hearings weekly in the specialized docket initial phase. In subsequent phases the participant reports less frequently, yet at least once a month through Phase 3. Within the general phase structure, the time between status review hearings is increased or decreased based upon compliance with treatment protocols and observed progress. General criteria for phase advancement may include a participant’s sobriety, mental health, progress in treatment, compliance with court orders, payment of court fees, and team recommendation.

Sanctions and Incentives

An individualized, progressive and immediate system of program incentives and sanctions is a critical element to the Mental Health Court Program. While violations will be addressed immediately to ensure a high level of accountability, it is also crucial to recognize an incentive program and personal successes.

Incentives

Incentives are individualized according to the specific treatment plan and directly related to the participant’s achievements as certain milestones of the specialized docket treatment plan are attained. Incentives are also tracked to ensure that the participant is rewarded on a progressive basis. Incentives are issued on an immediate, graduated and individualized basis to ensure maximum benefit of positive reinforcement for program compliance.

The following are examples of behaviors that may result in earning an incentive:

- Attending required court appearances;
- Attending required treatment appointments;
- Maintaining close and productive contact with Case Manager;
- Reaching individual treatment objectives;

- Abstaining from alcohol and drugs, as evidenced by negative test results;
- Engaging in vocational or educational activities;
- Securing stable housing;
- Advancing in specialized docket phases; and
- Accomplishing any other milestone identified by the team.

The following are examples of incentives that may be offered:

- Encouragement and praise from the Judge;
- Ceremonies and tokens of progress, including advancement in specialized docket phases;
- Reducing supervision contacts;
- Decreasing frequency of court appearances;
- Reducing fines and fees;
- Increasing or expanding privileges;
- Encouragement to increase participation in positive activities the participant finds pleasurable, such as writing, art work, or other positive hobbies;
- Gifts of inspirational items, including books, pictures and framed quotes;
- Assistance with purchasing clothing for job interviews;
- Gift cards for restaurants, movie theaters, recreational activities, or personal care services;
- Gifts of small personal care items, hobby or pet supplies, plants or small household items;
- Dismissing criminal charges (if intervention in lieu of conviction) or reducing the term of community control;
- Reducing or suspending jail, prison, or detention days;
- Graduating from the specialized docket; or
- Any other reward deemed appropriate by each Officer/Supervisor.

***Incentives should be given at 4:1 ratio (4 rewards for every 1 sanction)**

Sanctions

Likewise, it is imperative that program noncompliance is addressed and sanctioned immediately to ensure high levels of accountability and responsiveness. Immediate, graduated, and individualized sanctions govern the Mental Health Court's responses to the participant's noncompliance. Graduated sanctions are used to help the participant conform behavior to program requirements. Sanctions are crafted in an individualized and creative manner, as well as in a progressive manner, based on the infraction. Sanctions are issued when there is noncompliance with both program

protocol and the treatment plan. Sanctions are a deterrent to negative behavior as well as serving the intent to encourage future compliance.

The following are common infractions that may result in a sanction:

- Failure to attend court appearances and treatment appointments;
- Failure to follow Mental Health Court rules and rules of Community Control;
- Failure to keep scheduled appointments with the Probation Officer, Case Manager or any other team member;
- Noncompliance with other requirements of the treatment plan;
- Noncompliance with random alcohol and drug screens or testing positive for alcohol or drugs;
- Failure to improve troublesome behaviors;
- Failure to meet employment or vocational goals as determined by the Treatment Team; or
- Failure to keep other appointments as scheduled, such as those for public benefit aid, health care benefits, housing assistance, social security applications, etc.

The following are a continuum of sanctions for noncompliance:

- Warnings and admonishment from the Judge;
- Increasing frequency of alcohol and drug testing;
- Increasing court appearances;
- Refusing specific requests, such as permission to travel;
- Denying additional or expanded privileges or rescinding privileges previously granted;
- Increasing supervision contacts and monitoring;
- Individualized sanctions such as writing essays, reading books, or performing other activities to reflect upon unacceptable behavior;
- Imposition of suspended fines and costs;
- Requiring community service or work programs;
- Escalating periods of jail or out of home placement;
- Filing of community control violation; or
- Termination from the specialized docket.

Sanctions shall be imposed by the Court as a result of noncompliance or a rule violation by the participant. Sanctions are immediate and may range in severity depending on the seriousness of the participant's noncompliance or rule violation. The supervising Mental Health Court Officer communicates to the participant potential responses to program compliance and noncompliance on an ongoing basis. In addition, the Mental

Health Court Judge provides summation of these responses to the participants in the Mental Health Court sessions.

CHAPTER 6 – PROGRAM COMPLETION

Criteria for Successful Completion

Successful completion criteria are the guidelines used to identify how Mental Health Court participants can successfully complete the program. While program completion is based on a relatively standard set of expectations, each case is assessed individually and the Judge makes the final determination of successful completion.

In general, the following indicate positive accomplishment to be considered for successful completion (graduation):

- Completed community service hours;
- Demonstrated period of treatment compliance:
 - Evidenced by submitting verification of treatment attendance; and
 - Medication regime compliance as reported from Counseling Center.
- Displayed a change in thinking, attitude and beliefs;
- Successfully completed treatment or programming or continues to be actively engaged in treatment process;
- Maintained consistent employment and housing;
- Demonstrated ability to identify and eliminate criminal thinking patterns;
- Paid in full fines, court costs, restitution (if applicable), and treatment costs (inability to pay costs in full does not necessarily prevent successful completion).

Accomplishments may include:

- Medication regime compliance;
- Demonstrated abstinence from alcohol and drugs as evidenced by negative screens (as relevant);
- Completion of treatment or continued engagement in treatment;
- Aftercare plan established;
- Completed specialized docket program requirements including community service;
- Completed vocational or educational plan;
- Paid in full restitution, fines and court costs, unless otherwise determined, through payment plan, community service credit, or waiver;

- Displayed responsibility for his or her behavior;
- Demonstrated stability in the community.

The Mental Health Court Judge has discretion to determine when the participant will successfully complete the program.

In general, the process for determining when a participant has successfully completed the program includes the following steps:

1. **Nomination:** The participant and/or a member of the Treatment Team offer a nomination of a participant for successful completion.
2. **Treatment Team Review:** The Treatment Team conducts a review of compliant behavior and accomplishments, to include drug testing results, violations/sanctions, incentives, treatment compliance and aftercare activities.
3. **Treatment Team Recommendation:** The Treatment Team then makes a formal recommendation to the Mental Health Court Judge.
4. **Judicial Decision:** The Judge determines that the participant successfully completed the Mental Health Court Program.
5. **Graduation Ceremony:** Each graduate has a formal graduation ceremony in which they are presented with a certificate of completion and addressed by the Treatment Team and participants. The Mental Health Court Judge makes a formal statement indicating the accomplishments of the graduate, thus reinforcing expectations for other participants.
6. **Aftercare Components:** The participant is then transferred to the aftercare component of the program in which he/she is supported by the Recovery Coach and established recovery community.
7. **Final Disposition:** Depending on case type, the underlying case is closed, or in cases implementing intervention in lieu of conviction, the underlying case is dismissed.

Termination Classifications and Criteria

There are two types of termination criteria, unsuccessful and neutral discharge. These criteria have been developed by the Mental Health Court Treatment Team and Specialized Docket Advisory Committee. The Mental Health Court Judge has ultimate discretion in determining termination from the specialized docket.

Unsuccessful termination

The following are examples of unsuccessful termination reasons:

- Ongoing noncompliance with treatment or resistance to treatment;
- New serious criminal convictions or charges;
- A serious specialized docket infraction or series of infractions; or

- A serious community control violation or series of violations.

In the event of an unsuccessful termination, the following may occur:

- Loss of future eligibility for the specialized docket;
- Further legal action including revocation of Intervention in Lieu of Conviction, probation or parole violation; or
- Depending on the circumstances, the participant may be subject to jail and other penalties.

Neutral Discharge

There may be circumstances in which the participant is discharged from the Mental Health Court through a neutral discharge status. This status is accessed in situations where the participant has reached maximum benefit for various possible reasons:

- A serious medical condition;
- Cognitive impairment;
- Serious mental health condition;
- Death; or
- Any other factor that may keep the participant from meeting the requirements for successful completion.

Inactive Status

There may be circumstances that necessitate a participant being placed in “inactive status,” whereby they are not formally discharged from the program, yet are not actively participating. Examples of situations warranting this status include participants who are:

- Placed in a residential facility and cannot be transported for status review hearings;
- Charged with new crimes pending adjudication and/or a final disposition for sentencing;
- In need of further assessments or evaluations to determine if the Mental Health Court is beneficial to the participant and the program;
- Unable/unwilling to comply with the program requirements in a timely manner as directed; or
- Have an outstanding warrant for non-compliance from the specialized docket and the issue has not been resolved.

CHAPTER 7: SUBSTANCE MONITORING

Substance use monitoring for Mental Health Court is based on individual drug testing plans maintained within the individual treatment and case plans. The Mental Health Court monitors participant substance use by random, frequent, and observed alcohol and drug testing protocols. The use of eight (8) and twelve (12) panel drug screens ensures adequate monitoring of the participant's drug of dependence, as well as other common substances of abuse. Substance testing is the last supervision and monitoring tool that is decreased as the participant progresses through the program. The specialized docket in this chapter explains its substance monitoring program in terms of randomness, frequency, and observation.

The Mental Health Court Treatment Team has clearly established plans for addressing participants who test positive at intake or who relapse during program participation. If a participant tests positive at intake, the test will determine the level of treatment services required as well as establish future testing expectations. If a participant relapses, these plans include increasing the level of treatment, increasing the frequency of testing, and other sanctions determined by the Mental Health Court Judge.

The Specialized Docket Judge ensures that the random alcohol and drug testing plans and subsequent sanctions are enforced and reinforced to the participant. The Specialized Docket Judge is notified of positive drug test results immediately and at the Mental Health Court Treatment Team meeting. The following acts are treated as positive tests and will be immediately sanctioned:

1. Failure to submit to testing
2. Submitting an adulterated sample
3. Submitting the sample of another individual
4. Dilution of sample

Drug Testing Procedure

The participant agrees to submit to random, frequent, and observed alcohol and drug screens. The participant is required to be available for contact by the Probation Department Monday through Friday between 8:00 a.m. to 12:00 p.m. to find out if he/she is required to submit a urine screen from 9:00 a.m. to 4:30 p.m. that day. The participant is to submit to testing if requested by their treatment provider, the Probation Department, or the Judge. All testing results will be shared with the Judge and the other members of the treatment team. Testing positive will result in a sanction. The Probation Department will utilize Redwood Technology's random automated system to determine the participants who will be tested.

The participant will be tested with an instant urinalysis drug screen. The participant agrees to travel to the testing location at their treatment provider or the Ashtabula County Probation Department during the hours indicated for testing. The participant agrees to arrive at the testing location to produce a sample within a certain period of time. If the participant

fails to produce the sample during that time, it will be, the same as a positive test and immediately sanctioned. If the participant fails to provide a urine sample when requested, it will be the same as a positive test and immediately sanctioned. A diluted sample is considered a positive test and will be immediately sanctioned. Should the participant tamper with or adulterate the urine sample, including submitting the sample of another individual, it will be considered a positive test and the participant will be immediately sanctioned.

If the participant tests positive, the participant may request that the sample be retested for confirmation. With the request for confirmation test, the participant will be required to provide the testing fee. If the participant is found indigent, they will not be denied confirmation testing. If the participant fails to make a timely request and pay the fee, he/she cannot later request confirmation testing of the same sample. If the confirmation testing returns positive the participant will be sanctioned.

In addition to sanctions for positive tests, the Judge and treatment team may require a change in the participant's treatment plan. The Judge and treatment team understand the difference between relapses in the beginning of treatment versus later on in the program and treatment and/or sanctions are used when appropriate and enforced by the Judge.

The participant shall also submit to testing of his/her breath, hair follicle or blood as required by the Mental Health Court Team.

Obtaining Urine Sample During Office Visit

The urine sample shall be obtained from the client as follows:

- A. The probationer/participant will be escorted to the bathroom.
- B. The supervising officer or monitor shall personally watch the probationer and the specimen bottle or cup.
- C. The probation officer or monitor shall personally watch the probationer to ensure that he/she submits an unaltered urine sample in the specimen bottle provided by witnessing the probationer urinating into the bottle. Probationers should be asked to leave purses/bags or briefcases outside the bathroom.
- D. If the probationer submits a sample, and there is a reason to suspect that the sample may have been tampered with, the monitor or probation officer shall request another sample from the probationer.
- E. If the probationer is unable to provide a urine sample immediately, he/she shall be told to remain until he/she is able to provide a urine specimen. After a lapse of ninety (90) minutes, it shall be considered a refusal to submit the specimen.
- F. Once the sample is obtained, the probation officer will monitor and obtain the results.

- G. If verification of the results is required, the probation officer shall immediately label and place the sample in the “drug test” refrigerator. The sample shall remain in custody of the probation department until transported for testing.
- H. If the test comes back positive, the probationer shall be asked to admit or deny their drug use, in writing. If the probationer denies drug use, and pays a \$25 fee per substance, their sample will be sent to Redwood Technologies for verified results.

Assigned Monitor

- A. A probation officer will monitor the urine sample. When an officer is unavailable, the Chief Probation Officer or designee will assign a staff person to perform this function.

Transport

- A. In situations in which tests/samples need verified results, the Adult Probation Department shall send the sample to Redwood Technologies by mail. The probationer’s name, social security number and date the sample was taken shall be attached to the sample. A chain of custody form must also be completed.
- B. Probation officers shall inspect container(s) prior to transporting.

Confirmation Testing/Reliability & Validity

In general, urine dip tests have approximately a 97% reliability and validity rate. In the event of a questionable result, the sample will be processed by Redwood Technologies. In the event of a confirmed/substance detected result, the participant will be sanctioned accordingly and responsible for all costs associated with the testing.

Notification of Positive Test Results

The Mental Health Court Coordinator or designee shall advise the Mental Health Court Judge and the Mental Health Court Treatment Team of positive drug test results or noncompliance with testing protocol (failure to report, alteration of sample, attempts to dilute or alter a sample, or submitting the sample of another individual). Immediate notification of positive results or testing noncompliance is provided to the Judge via phone, email or in-person conference. These issues will also be addressed in the Mental Health Court Treatment Team meeting and subsequent hearing.

Supervision

- A. Probation officers shall notify the Mental Health Court Coordinator when a person tests positive for illicit drugs or refuses to submit a sample. The officer shall inform the Mental Health Court Judge and Treatment Team of the nature of the positive or refusal and state that the person will be re-tested and/or a violation hearing requested for continued use.

Verification of Drug Interactions

A probation officer or Mental Health Court Coordinator shall investigate and verify any prescription or over the counter drug use that could affect test results. If there are doubts about drug effects, the probation officer or supervisor shall contact Resource Center or local pharmacist and obtain information as to effects of certain drugs.

Confrontation of Probationer

- A. The probationer shall be confronted with any positive test results. He/She will be asked for an explanation or admission of use. The outcome of the interview shall be noted in the officer's field book/case management system.
- B. If not arrested, the probationer shall be afforded the opportunity to be referred to an appropriate program for education, assessment, or treatment services. This shall be documented in the officer's field book/case management system.

Urinalysis Safety Precautions

Risk of Infections

- A. Employees who handle urine samples have some risk of infections for the following diseases: hepatitis, syphilis, and HIV.
- B. The risk in handling urine samples is primarily due to the presence of blood in samples. To become infected, the contaminated blood must enter your blood stream through typical routes such as cuts, eyes or mucous membranes. It is almost impossible to tell whether samples contain blood. It is impossible to know which samples are from persons with potentially dangerous infections.
- C. All urine samples shall be presumed to contain blood and be infected.
- D. Never handle contact lenses or touch eyes, nose or mouth while working with bodily fluids.

- E. Cover any and all broken skin before testing.
- F. Time must be given to employees to use the routine precautions described herein, employees adhering to these precautions substantially reduce their risk of contracting infections from handling urine samples.

Personal Precautions

A. Gloves

- a. Employees handling urine samples or performing a task in which there is some risk that they will come in contact with urine or other bodily fluids must wear gloves.
- b. Employees handling urine samples or other bodily fluids in a situation where there is some risk of a glove tearing must wear two pairs of gloves.
- c. Gloves shall be disposed of in the trash after each use. The Adult Probation Department will provide gloves for this purpose.

B. Hand washing

- a. The most effective way to prevent infection is for the employee to wash hands frequently. Hands should always be washed after removing gloves and after any contact with a potentially infectious agent (urine samples).
- b. An anti-microbial soap for use in a hospital setting will be provided for employees performing urine monitoring or testing.

Non-Cooperative Clients

When probation officers foresee that a specific probationer may present a problem, (i.e. noncompliant, belligerent, mental health problems), the probation officer shall inform the Mental Health Court Coordinator of the specific problems with the probationer. The assigned probation officer, Mental Health Court Coordinator and Mental Health Court Judge will then decide what action to take (violation report, arrest, etc.).

Probationers Unable to Submit a Sample

Clients unable (or unwilling) to submit a sample are those who most frequently cause difficulty for the probation officer. Probationers unable to submit a sample will be told by the

probation officer to wait until they are able to submit a sample, or the probation officer leaves for the day.

Infected Clients

Probationers known to be infected with non-airborne contagious disease (hepatitis, syphilis, HIV) shall be required to submit to urine testing. The nature of the infections and whether they are verified or unverified shall be noted.

Pregnant Employees

Employees who become pregnant shall not monitor, test or otherwise have contact with bodily fluids.

Employee Exposure to Infectious Agents

Employees exposed to infectious agents on skin or clothing shall immediately wash skin with disinfectant and remove soiled clothing. Employees shall inspect skin for cuts or abrasions. If there are no cuts, abrasions or contact with mucous membranes, disinfecting of skin and removal of soiled clothing should be sufficient. The employee shall be afforded the opportunity to seek medical treatment if they desire. If treatment is sought, the Chief Probation Officer shall be notified and an incident form must be completed.

Employees who have an accidental exposure to potentially infectious agents through broken skin, eyes, or mucous membranes must:

- a. Immediately wash infected area (not eyes) with disinfectant.
- b. The employee shall then notify the Chief Probation Officer.
- c. Report the incident to the safety/loss control manager.
- d. Go directly to the Center for Occupational Medicine or the nearest emergency room for an evaluation.
- e. An incident report must be completed the following workday.

Vaccines

Officers employed by the Ashtabula County Adult Probation Department are encouraged to obtain immunizations (hepatitis, T.B.) at the Ashtabula County Health Department. All costs will be paid by the Probation Department.

Exceptions

Exceptions to this policy may only be authorized by the Mental Health Coordinator, Mental Health Court Judge or designated supervisor in the absence of the Judge.

Breath Testing

Probation Officers shall use the Intoxilyzer S-D2 for for breath testing. Only probation officers trained in administering the Intoxilyzer S-D2 shall use this equipment. The training officer shall ensure that the device is calibrated every month. Malfunctions or operational problems shall be reported to the Chief Probation Officer or training officer immediately.

All breath testing shall be administered according to manufacturer's instructions.

A. Who to Test:

- a. Probation Officers may randomly test anyone they suspect of alcohol use/abuse. Because of tolerance levels, alcohol levels may be much higher than is apparent by behavior.

B. Reaction to a Reading over .08

- a. In the State of Ohio, breath reading over .08 is considered to be illegal intoxication for driving purposes only. A decision to arrest, refer to detox center, or send home a probationer with reading over .08 shall be made with the Chief Probation Officer with reference to probationers current behavior, whether he/she will operate a motor vehicle, and normal arrest criteria. Under normal circumstances, all probationers who blow a reading over .08 shall be arrested and transported to the Ashtabula County Jail for their own personal safety.

CHAPTER 8: PROFESSIONAL EDUCATION

All Mental Health Court Treatment Team members participate in annual training to ensure understanding and application of current best practices in the field of mental health services/substance abuse treatment and supervision. All probation officers receive a minimum of twenty-four (24) hours of annual training relative to changing offender behavior. Additionally, Mental Health Court officers attend specialized training relative to supervision and administration of Mental Health Court programs.

Annual training topics include, yet are not limited to:

- the specialized docket model
- specialized docket processes
- best practices in substance abuse and mental health services
- drug trends and alcohol and drug testing
- training on community resources

Attendance at Training Programs by Mental Health Court Practitioners

a) Subject Matter of the Training Programs to be Attended: Members from the Mental Health Court Team will be attending local and statewide trainings and conferences relative to the treatment, supervision and management of offenders with severe mental illness and comorbid disorders. Examples of topics include Treatment Compliance, Medically-Assisted Treatment, Incentives and Sanctions, Long-Term Recovery, Co-Occurring Disorders, Recovery Support, Research Directions for Mental Health Courts, Evaluation and Outcome Assessment, Current Trends in Drug Use and Treatment, and Information specific to Mental Health Court Judges.

b) List of the Mental Health Court Team members who will attend the Trainings and Conferences: It is our intent to have the following team members attend particular Specialized Docket Trainings/Conferences:

- i) Mental Health Court Judge
- ii) Mental Health Court Coordinator/Probation Officer

c) Explanation of How the Trainings/Conferences will benefit the Mental Health Court Program:

It is of utmost importance that our Mental Health Court Team be surrounded by other professionals in the field to obtain and share ideas and resources. While at some point, more specific and specialized training programs would be appropriate for this team, at the current state of program development, we feel that it is critical to gain broad exposure to the emerging and evidence-based trends in the field. Trainings/conferences will also allow each team member to interact directly with colleagues performing the same functions in their home courts.

d) Description of the Intended Follow-Up after the Training Events: Upon return from the training/conference, the Mental Health Court Coordinator will compile a summary of resources and information gained from the training sessions. Each member of the Mental Health Court Team will share knowledge gained from his or her experience. The team will discuss elements to consider for possible inclusion in the Ashtabula County Mental Health Court Program. Additionally, the Mental Health Court Team may present to the Ashtabula County Bar Association during the annual substance abuse CLE presentation.

Mentor Courts & Specialized Docket Practitioner Network

Members of the Ashtabula County Mental Health Court Treatment Team and Advisory Committee maintain contact with numerous area Mental Health Courts and practitioners to compare and contrast program structure and effectiveness. Additionally, the Mental Health Court Coordinator participates in the Specialized Docket Practitioner Network roundtables and annual conference hosted by the Ohio Supreme Court.

CHAPTER 9: EFFECTIVENESS EVALUATION

The Ashtabula County Mental Health Court is committed to continuous program improvement and thus, continually collects, aggregates and analyzes program effectiveness measures. The Mental Health Court Judge reports data as required by the Supreme Court of Ohio, to include assessment with standards compliance. Additionally, the Mental Health Court Treatment Team engages in ongoing data collection to best evaluate whether the docket is meeting the outlined goals and objectives.

Supreme Court Reporting Data

The Ashtabula County Common Pleas Court submits statistical reports to the Ohio Supreme Court. This data is collected by the office of each Judge, compiled and communicated to the Supreme Court.

CourTools Performance Measurement

The Common Pleas Court attempts to implement aspects of the CourTools Performance Measurement System to assist in enhancing access to justice while providing increasingly efficient and evidence-based services. CourTools was developed by the National Center for State Courts and has been promoted and sponsored by the Ohio Supreme Court. The following are the ten performance measurement areas the Court attempts to evaluate annually:

1. Access and Fairness
2. Clearance Rates
3. Time to Disposition
4. Age of Active Pending Caseload
5. Trial Date Certainty
6. Reliability and Integrity of Case Files
7. Collection of Monetary Penalties
8. Effective Use of Jurors
9. Court Employee Satisfaction
10. Cost per Case

Ongoing Data Collection

The Mental Health Court Program is currently analyzing data for a variety of performance enhancement goals. Currently all information related to client level performance and outcome data is collected and manually entered into statistical spreadsheets by the Mental Health Court Coordinator and the Adult Probation Department Office Manager. The information is then reported to the Mental Health Court Officer who presents all relevant data and outcomes to the Treatment Team. Recent enhancement programming includes the development of a Management Information System (MIS) that will automate the process of data collection, aggregation and analysis. The MIS will be tracking the following data sets:

Performance Measures

- a) Target Population:** Participant demographic data will be collected and analyzed, to include personal characteristics, conviction history, primary substance of abuse, and the nature and severity of the substance abuse issue. Through use of MIS, this data will be used for direct comparative analysis to a similar offender group not participating in the Mental Health Court Docket.
- b) Screening and Assessment:** The MIS will track information relative to referral data, intake and assessment procedures and timelines, results of screening instruments for each participant and individual characteristics of program participants and offenders not accepted into the program. Mental Health Court acceptance and participation rates will be monitored, to include offender refusal to participate and cases that are denied by the prosecutor or presiding Judge. Detailed explanations will be tracked relative to these refusal reasons.
- c) General Case Processing:** Data is collected to assess the point of program entry (pre or post-conviction) and general timelines associated with each.
- d) Program Length:** Data is collected and analyzed to determine average length of program participation, to include correlative analysis of program length to program and individual success. Furthermore, we will be analyzing the exit point of offenders by time period and circumstances to determine if there are patterns of program disengagement. Characteristics of program graduates and unsuccessful discharges will also be maintained.
- e) Testing for Substances of Abuse:** Data is collected as to the frequency, type and process of urinalysis and breath testing. Percentages of positive tests and the substance for which tested positive will also be monitored. A breakdown of the percentage of participants who have tested positive and for what substances they tested positive for will provide valuable data as to trends of use.

f) Ancillary Service provision: Data is collected regarding ancillary services provided to participants, to include the source and nature of services offered. A breakdown of internal and external referrals for service will be tracked, as to the end result of linkage.

g) Sanctions and Incentives: Detailed data will be entered regarding the nature, reason and impact of sanctions and incentives issued by the court. Impact data will be used to guide future sanction and incentive grids to ensure the most effective use of this system.

h) Judicial Supervision: Participant contact with the Mental Health Court Judge is tracked through the various program phases.

i) Unsuccessful Discharge: Data is collected regarding the criteria for discharge and follow-up data regarding offender challenges post discharge.

j) Treatment Team and Program Coordination: Data regarding Treatment Team meeting frequency and stakeholders.

k) Program Retention Rates: The issue of treatment and program engagement will be tracked for both the court and treatment providers. Data relative to early termination or withdrawal will be tracked as the primary reason for termination of services. The general characteristics of successful and unsuccessful terminations will be analyzed, to include possible treatment and personal gains for individuals who did not complete services. Data will be gathered to determine if there are key points in participation that experience disengagement.

l) Impact on Criminal Behavior: Data relative to legal infraction and violation of court conditions will be tracked throughout program tenure. New arrests/charges during and post program participation will be analyzed on a follow-up schedule of at least six (6) and twelve (12) months.

m) Impact on Substance Abusing Behavior: Data relative to drug testing frequency and outcomes will assist in monitoring these shifts. Of particular interest is determination of frequency, severity and duration of relapse incidents.

n) Impact on Life Circumstance: Data from the ORAS will be evaluated pre and post program participation to determine positive or negative impact of intervention.

Outcome Evaluation Data

o) Recidivism: Follow-up data will be collected on six (6) and twelve (12) month schedules to determine recidivism rates for both program graduates and individuals that unsuccessfully terminated program services. Data relative to technical probation violations will also be tracked to include the nature of each violation. Data as to total number of days of incarceration will be collected.

Management Information System (MIS):

While the Ashtabula County Mental Health Court is currently tracking various data sets, a systematic system is not in place to efficiently collect, aggregate, analyze and report on the data gathered. While the MIS will assist in monitoring and reporting on grant services, it will also assist program coordinators in evaluating services to ensure effective and high quality service delivery while identifying possible gaps in the service continuum. Additionally, an integrated MIS system will assist the Court and partner agencies in providing valuable information to service partners and the community as to program accomplishments, fiscal responsibility and maintaining transparency in court process and operation. Information to be tracked within the MIS will include:

a. Program referral data: This will include total number of referrals, demographic indicators, geographic indicators, primary referral reason/source and referral outcome; accepted, pending, denied. Information will also be collected regarding reason for service refusal/denial.

b. Screening and Assessment Results: The MIS will be used to track participant screening and assessment results for the purpose of tracking program utilization and gaps in service, as well as monitoring outcome measures for participants.

c. Services Assessed: Internal and external resources accessed by the participants during program participation and aftercare.

d. Satisfaction Survey Results

e. Relapse Data: Of particular interest in this area is the concept of identifying some of the incremental steps of recovery. While a participant may not be completely drug free over a twelve (12) month period, we would like to assess and report on the frequency and severity (duration and life consequence) of relapse.

f. Program Completion and Follow-up: The MIS will be tracking program completion status (successful, unsuccessful), reason for unsuccessful discharge and six (6), twelve (12), and twenty-four (24) month follow-up data on all prior participants.