

BUTLER COUNTY CDAT PROGRAM DESCRIPTION
(COURT-DIRECTED ADDICTION TREATMENT)



COURT OF COMMON PLEAS
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PREAMBLE

The following is a *Program Description* of the Court-Directed Addiction Treatment Program (CDAT), a specialized docket adopted and administered by the General Division of the Butler County Common Pleas Court through its Office of Specialty Courts Programs under authority of Sup. R. 36.20-36.29, Specialized Docket Standards, Appendix I Rules of Superintendence, and Loc R. 10.01. The Court-Directed Addiction Treatment Judge, hereinafter Judge, shall preside over this specialized docket.

CHAPTER 1: POLICIES AND PROCEDURES

Advisory Committee

Partnerships are an essential component of the specialized docket Court model as they enhance credibility, bolster support, and broaden available resources. The specialized docket model is designed and dependent upon a strong team approach. The cooperation of multiple agencies and community organizations, otherwise known as the relevant parties, have come together to develop an agreement setting forth the terms of the specialty Court docket known as CDAT (Court-Directed Addiction Treatment). This document is the result of collaboration, development, and review of CDAT by the Advisory Committee members.

Role of the Advisory Committee

In order to have a comprehensive and collaborative Program, the Judge formed an Advisory Committee. The Advisory Committee provides input into CDAT policies and operations. The Advisory Committee is comprised of key community stakeholders who are representatives of local agencies or persons whose participation in the effort is essential. The Advisory Committee also serves as the policy-making authority for CDAT.

Responsibilities of the Advisory Committee

In 1996, key officials and policy-makers came together to develop a specialized docket which would be known as CDAT. Following a comprehensive planning process, the group collaboratively developed, reviewed, and agreed upon the following items:

- Policies and procedures which define goals, objectives, target population, Program entry, and case flow;
- Roles and responsibilities of treatment team members;
- A *Participation Agreement* detailing the rights and responsibilities of the participant;
- Legal and clinical eligibility; and
- Successful, unsuccessful, and neutral discharge criteria.

The Advisory Committee, chaired and attended by the Judge, annually reviews the aforementioned items to evaluate the functionality of CDAT. The Advisory Committee also reviews financial expenditures, a sustainability plan, and community outreach for further advancement of CDAT.

Membership

The Advisory Committee shall consist of, but is not limited to the following:

- The CDAT Judge, the FNS Judge, the SAMI Judge, and the VTC Judge;
- The Court Administrator/Chief Probation Officer;
- The Specialty Courts Program Director/Coordinator;
- Representatives from the Butler County Mental Health and Addiction Recovery Services Board;
- Representatives from Community Behavioral Health, Inc;
- Representatives from Sojourner Recovery Services;
- The Prosecutor;
- The Public Defender;
- Representatives from Law Enforcement Agencies;
- Representatives from the Talbert House; and
- Representatives from the Child Support Enforcement Agency (CSEA).

The Advisory Committee may also consist of the following:

- Probation Officers;
- Representatives from the Butler County Mental Health Board;
- Representatives from the YWCA;
- Representatives from Department of Job and Family Services;
- Representatives from the Ohio Bureau of Vocational Rehabilitation;
- Representatives from Serve City; and
- Representatives from Forensic and Mental Health Services, Inc.

Mission Statement

The mission of CDAT is to enhance public safety by preventing recidivism, while assisting participants in taking responsibility for their behavioral health issues. CDAT shall use effective, evidence-based interventions and treatments in a holistic, accountability-based, community-supported approach.

Goals and Objectives

Goal: Assist participants to lead a clean and sober lifestyle.

Objective: Participants shall abstain from abusing illegal drugs and prescription medications, which shall be monitored through random/observed drug testing.

Goal: Enhance the community and public safety by reducing recidivism.

Objective: Participants shall be supervised by the Butler County Adult Probation Department to ensure additional crimes are not committed.

Goal: Improve living circumstances of participants involved in the Program.

Objective: Participants shall obtain stable employment, stable housing, and establish pro-social relationships while in CDAT.

Participation Agreement

A *Participation Agreement* has been created detailing the rights and responsibilities of the participants in CDAT. The participant has a right to the detailed, written *Participation Agreement* outlining the requirements and processes of CDAT. The *Participation Agreement* includes the participant's right to request the attendance of defense counsel during the portion of the treatment team meeting concerning the participant.

Participant Handbook

A *Participant Handbook* has been created detailing CDAT requirements, rules, phases, incentives, sanctions, and termination criteria. The participant shall receive a written copy of the *Participant Handbook*.

CHAPTER 2: TARGET POPULATION

Target Population

CDAT serves Butler County residents charged with a felony through the Butler County Court of Common Pleas, and for whom Court-monitored treatment and other services would enhance their ability to become productive and law-abiding citizens. A person interested in participating in CDAT must meet the legal and clinical criteria before admission into CDAT and must have not previously participated in CDAT.

Legal Criteria

Written legal eligibility criteria is collaboratively developed, reviewed, and agreed upon by the Advisory Committee. In order to participate in CDAT, the offender must adhere to the following:

- The offender is a resident of Butler County, Ohio;
- Any felony offense of the third, fourth, or fifth degree, and companion cases where the offender is determined to be a drug and/or alcohol dependent person that would benefit from treatment;
- The offender is eligible for community control;
- There is no history of violent behavior;
- Be an offender currently under a community control sanction for which the offender is under the supervision of the Butler County Adult Probation Department;
- To be eligible for Intervention in Lieu of Conviction, the offender must meet the eligibility requirements set forth in R.C. 2951.041.

Clinical Criteria

After determination of legal eligibility, clinical eligibility is considered. Written clinical eligibility criteria is collaboratively developed, reviewed, and agreed upon by the Advisory Committee. CDAT is an intensive Program reserved for offenders who require more services than traditional community control can provide. Each case is reviewed individually, and potential participants are assessed as to the risk they pose to the safety of the community. In order to participate in CDAT, the offender must adhere to the following:

- Have a substance abuse addiction as identified through Screening and Assessment referenced in Chapter 3 (Program Entry and Case Flow);
- The current and/or past criminal behavior is drug-driven;
- The offender shall demonstrate a sincere willingness to participate in a long-term treatment process;
- The offender must not currently suffer from any acute health condition; and
- If the offender has been identified as having a mental illness, then he/she must be willing to take medication as prescribed.

Capacity

CDAT can effectively monitor and treat up to thirty-six (36) offenders at any given time. Should the number of participants go over thirty-six (36), a co-facilitator would be needed.

CHAPTER 3: PROGRAM ENTRY AND CASE FLOW

Referral Process

Identification of potential participants for CDAT is the first step for an offender to enter CDAT. Once the offender has been charged with a felony through the Butler County Court of Common Pleas, a referral may be done at any time throughout the Court proceedings. The procedure may be informal and could come from probation officers, pretrial officers, pre-sentence investigators, defense counsel, the prosecutor, case managers, or the Judge.

Screening and Assessment

The Butler County Adult Probation Department shall conduct a pretrial screen of the potential participant. The screen shall serve as preliminary identification as to whether the offender meets the Legal Criteria as identified in Chapter 2 (Target Population). Specialty Courts staff shall then contact defense counsel in order for counsel to discuss CDAT with the offender. Counsel may then submit an application for CDAT. The application may be acquired through the Specialty Courts office or online through the Butler County Common Pleas website.

An offender may be admitted into CDAT through one (1) or more of the following four (4) methods:

- Plea and sentencing;
- Intervention in Lieu of Conviction;
- Probation violation; or
- Judicial Release.

Plea and Sentencing

Once the pretrial screen has been conducted, and the application has been submitted to the Specialty Courts office, the case shall be monitored until a guilty plea is entered. Once the plea has been entered, a pre-sentence investigation (PSI) shall be done. If the participant is out on bond, he/she shall be required to adhere to pretrial supervision. , A formal clinical diagnostic assessment shall be conducted by a licensed, credentialed staff member of an appropriate community treatment provider to determine the level of care needed (i.e. outpatient or residential). All chemical dependency, mental health, and other programming assessments shall include available collateral information to ensure the accuracy of the assessment.

Prior to sentencing, the CDAT team shall review the case (using the PSI and the clinical diagnostic assessment) to determine if the offender is appropriate for CDAT. The CDAT Judge shall have discretion to decide admission into the Program. The written legal and clinical eligibility as identified in Chapter 2 (Target Population) does not create a mandatory right to participate in CDAT.

Information shall then be sent to the sentencing Judge stating whether the offender is appropriate for CDAT and if any special conditions are required.

At the time of sentencing, the offender (with counsel) will review and sign the CDAT *Participation Agreement*.

The offender shall sign an authorization for release of information form to provide for communication of 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 sections 2151.421 and 2152.99 of the Revised Code.

The offender shall be given a copy of the *Participant Handbook* and begin treatment as soon as possible.

Intervention in Lieu of Conviction

Once the pretrial screen has been conducted, a signed (by the sentencing Judge and the applicant) application has been submitted to the Specialty Courts office, and a Motion for Intervention in Lieu has been filed with the Clerk of Courts, a pre-sentence investigation (PSI) shall be done. If the participant is out on bond, he/she shall be required to adhere to pretrial supervision. A formal clinical diagnostic assessment shall be conducted by a licensed staff member of an appropriate community treatment provider to determine the level of care needed (i.e. outpatient or residential). All chemical dependency, mental health, and other programming assessments shall include available collateral information to ensure the accuracy of the assessment.

Prior to the Intervention in Lieu plea, the CDAT team shall review the case (using the PSI and the clinical diagnostic assessment) to determine if the offender is appropriate for CDAT. The CDAT Judge shall have discretion to decide admission into the Program. The written legal and clinical eligibility as identified in Chapter 2 (Target Population) does not create a mandatory right to participate in CDAT.

Information will then be sent to the sentencing Judge stating whether the offender is appropriate for CDAT and if any special conditions are required.

At the time of the Intervention in Lieu plea, the offender (with counsel) shall review and sign the CDAT *Participation Agreement*.

The offender shall sign an authorization for release of information form to provide for communication of 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 sections 2151.421 and 2152.99 of the Revised Code.

The offender shall be given a copy of the *Participant Handbook* and begin treatment as soon as possible.

If the offender successfully completes CDAT, has paid all Court costs, restitution (if applicable), and supervision fees, and has complied with all requirements under R.C. 2951.041, then an entry which dismisses the Indictment shall be filed with the Clerk of Courts.

Probation Violation

If the offender has been referred as a result of a probation violation, an application is to be submitted to the Specialty Courts office. The assigned probation officer and sentencing Judge shall be notified that an application for CDAT has been submitted. A formal clinical diagnostic assessment shall be conducted by a licensed staff member of an appropriate community treatment provider to determine the level of care needed (i.e. outpatient or residential). All chemical dependency, mental health, and other programming assessments shall include available collateral information to ensure the accuracy of the assessment.

Prior to the probation violation hearing, the CDAT team shall review the case (using the PSI and the clinical diagnostic assessment, and the probation violation report) to determine if the offender is appropriate for CDAT. The CDAT Judge shall have discretion to decide admission into the Program. The written legal and clinical eligibility as identified in Chapter 2 (Target Population) does not create a mandatory right to participate in CDAT.

Information shall then be sent to the sentencing Judge stating whether the offender is appropriate for CDAT and if any special conditions are required.

At the time of the probation violation hearing, the offender (with counsel) shall review and sign the CDAT *Participation Agreement*.

The offender shall sign an authorization for release of information form to provide for communication of 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 sections 2151.421 and 2152.99 of the Revised Code.

The offender shall be given a copy of the *Participant Handbook* and begin treatment as soon as possible.

Judicial Release

At the discretion of the sentencing Judge, an application is to be submitted to the Specialty Courts office. The offender must be amenable to community control (i.e. not serving mandatory time). A formal clinical diagnostic assessment shall be conducted by a licensed staff member of an appropriate community treatment provider to determine the level of care needed (i.e. outpatient or residential). All chemical dependency, mental health, and other programming assessments shall include available collateral information to ensure the accuracy of the assessment.

Prior to the Judicial Release hearing, the CDAT team shall review the case (using an updated PSI the clinical diagnostic assessment, and a conduct report from the Ohio Department of Rehabilitation and Corrections) to determine if the offender is appropriate for CDAT. The CDAT Judge shall have discretion to decide admission into the Program. The written legal and clinical eligibility as identified in Chapter 2 (Target Population) does not create a mandatory right to participate in CDAT.

Information shall then be sent to the sentencing Judge stating whether the offender is appropriate for CDAT and if any special conditions are required.

At the time of the Judicial Release hearing, the offender (with counsel) shall review and sign the *CDAT Participation Agreement*.

The offender shall sign an authorization for release of information form to provide for communication of 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 sections 2151.421 and 2152.99 of the Revised Code.

The offender shall be given a copy of the *Participant Handbook* and begin treatment as soon as possible.

Non-Discriminatory Practices

No offender shall be denied admission to CDAT based on race, color, religion, gender, sexual orientation, national origin, ancestry, age, citizenship, marital status, veteran’s status, or any disability.

Program Admission

The sentencing Judge shall have final discretion to decide admission into CDAT. Should the sentencing Judge order CDAT as a condition of community control, the offender shall sign the *Participation Agreement*, be directed to the Butler County Adult Probation Department to review the Conditions of Supervision, and placed under reporting supervision to monitor compliance with Court requirements.

The offender shall then sign the release of information, be given a *Participant Handbook*, and begin treatment as soon as possible. The offender shall be placed on the next available review Docket to appear before the CDAT Judge.

Specialized Docket File Maintenance

The Specialty Courts office shall maintain the CDAT files electronically on a secured network for the Butler County Court of Common Pleas. The CDAT files are to be accessible to Common Pleas Court employees that are part of the CDAT team.

All treatment team members are required to comply with Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records. Recipients of any disclosures may only re-disclose within the scope of the signed Release of Information. The Release of Information authorizes disclosure of protected health information pursuant to the Health Insurance Portability and Accountability Act of 1996.” 42 U.S.C. 300gg-42, as amended, and sections 2151.421 and 2152.99 of the Revised Code.

CHAPTER 4: TREATMENT TEAM

Duties of Treatment Team Members

1. The treatment team is responsible for the daily operations of CDAT.
2. Treatment team members agree to serve on the treatment team for a minimum of one (1) year.
3. Treatment team members agree to work with local community leaders to ensure the best interests of the community are considered.
4. Treatment team members should engage in community outreach activities to build partnerships that will improve outcomes and support CDAT sustainability.
5. CDAT incorporates a non-adversarial approach while recognizing the distinct role of the prosecutor and defense counsel.
6. Treatment team members engage in on-going communication including frequent exchanges of timely and accurate information regarding participant compliance. CDAT maintains on-going communication with treatment team members through e-mail, phone calls, faxes, weekly status reports, and weekly team meetings.
7. Mechanisms for decision-making and resolving conflicts among treatment team members have been established and are utilized. The Judge/Magistrate serves as the final decision-maker and shall resolve all conflicts.
8. Treatment team members shall maintain professional integrity, confidentiality, and accountability.
9. Treatment team members should make reasonable efforts to observe CDAT provider programs in order to have confidence in services provided and to better understand the treatment and programming process.
10. The treatment team works with the Advisory Committee to assess the team functionality, review all policies and procedures, and assess the overall functionality of CDAT.

Specific Roles and Responsibilities

The treatment team consists of the CDAT Judge, Magistrate, assistant prosecuting attorney, defense counsel, probation officers, licensed treatment providers, case managers, and the Specialty Courts Director/Coordinator.

Below is a list of treatment team members and their responsibilities.

Judge

- Discretion to decide the admission into or termination from CDAT in accordance with the written legal and clinical criteria for CDAT;
- Knowledgeable about treatment and programming methods and limitations;
- Leader of the treatment team (chairs and attends treatment team meetings);
- Decision-maker, especially concerning incentives, sanctions, phase advancement, and successful completion or termination;
- Final decision-maker and resolves conflicts among treatment team members;

- Attends treatment team meetings, monitors treatment progress, directs Court orders at status review hearings, issues incentives and sanctions, grants phase advancement, and approves participant's successful completion of, neutral discharge, or unsuccessful termination from CDAT; and
- Discusses progress with the participant at status review hearings.

[The Judge assigned to the CDAT Docket is Judge Keith M. Spaeth.]

Magistrate

- Knowledgeable about treatment and programming methods and limitations;
- Attends treatment team meetings and monitors treatment progress;
- If the CDAT Judge is unavailable, directs Court orders at status review hearings, issues incentives and sanctions;
- In the absence of the CDAT Judge, becomes the final decision-maker and resolves conflicts among treatment team members; and
- Discusses progress with the participant at status review hearings.

Assistant Prosecuting Attorney

CDAT 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 prosecutor plays an active role in identifying eligible participants for CDAT in accordance with the CDAT written criteria. The assistant prosecutor only participates in Tuesday team meetings.

Defense Counsel

CDAT incorporates a non-adversarial approach while recognizing the distinct role of defense counsel in preserving the constitutional rights of the CDAT participant. Defense counsel plays an active role in identifying eligible participants for CDAT in accordance with the CDAT written criteria. The participant does maintain the right to request the attendance of defense counsel during the portion of the treatment team meeting concerning the participant.

Defense counsel's role includes:

- Assists with decision-making regarding participation in CDAT;
- 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 CDAT may have on the participant's case.

Probation Officers

- Meets with participants regularly to discuss individualized Program goals and progress through CDAT;
- Attends treatment team meetings and status review hearings;
- Conducts office, home, and field visits;
- Monitors compliance with Court orders, community control rules, sanctions, and individualized treatment plans;
- Informs the treatment team whether Court orders, rules, sanctions, and treatment plans are followed;
- Conducts or coordinates random alcohol and drug tests, and reports the results to the treatment team;
- Participates in discussions about incentives, sanctions, phase advancement, successful completion, and termination; and
- Provides written documentation to the Judge for a possible termination.

Licensed Treatment Providers

- Anyone providing screening, assessments, and/or treatment for CDAT must be appropriately licensed and trained to deliver services;
- Treatment providers, whenever possible, shall maintain separate tracks for CDAT participants;
- Conducts diagnostic assessments, provides the clinical diagnosis, and develops the treatment plan;
- 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, provides treatment updates and makes recommendations regarding treatment needs;
- Participates in discussions regarding incentives, sanctions, phase advancement, successful completion, and termination;
- Monitors service provider agreements and contracts; and
- Coordinates CDAT treatment team professional education.

Case Managers

- Meets with the participant on a regular basis;
- Visits the participant at home, school, or other locations;
- Assists the participant in the development, utilization, and coordination of the individualized treatment plan;
- Assists with transportation, housing, education, employment, obtaining medical care, family issues, training, and applying for government assistance;
- Makes referrals to other agencies;

- Provides documentation on the participant's progress;
- Conducts random drug and alcohol screens;
- Monitors the participant's medication compliance;
- Provides status reports for the treatment team meetings and status review hearings;
- Attends treatment team meetings and status review hearings; and
- Participates in discussions regarding incentives, sanctions, phase advancement, successful completion, and termination.

Specialty Courts Director/Coordinator

- Assists with identifying potential participants;
- Coordinates referrals and assessments as identified in Chapter 3 (Program Entry and Case Flow);
- Assists with decision-making regarding participation in CDAT;
- Maintains the daily operations of the CDAT Docket;
- Collects and maintains statistical information for CDAT;
- Gathers status reports from treatment and service providers to present to the treatment team;
- Participates in discussions about incentives, sanctions, phase advancement, successful completion, and termination;
- Creates reports for review and submission to funding sources;
- Ensures that treatment team members follow Program policies and procedures;
- Monitors service provider agreements and contracts;
- Plans and facilitates Advisory Committee meetings; and
- Coordinates CDAT treatment team professional education.

Treatment Team Meetings

Treatment team meetings, commonly referred to as "staffing", shall take place weekly and shall be held at the Butler County Government Services Center, 315 High Street, Hamilton, Ohio.

Required attendees for the treatment team meeting include: CDAT Judge, assistant prosecuting attorney, defense counsel (if attendance is requested by the CDAT participant), probation officers, licensed treatment providers, case managers, and the Specialty Courts Director/Coordinator.

The Specialty Courts Director/Coordinator prepares and distributes (through e-mail) the treatment team schedule and Docket. The Specialty Courts Director/Coordinator shall make the status reports available for treatment team members.

CHAPTER 5: PARTICIPANT MONITORING

Summary of Treatment

Participants can expect to be in CDAT for a minimum of fifty-two (52) weeks. However, this does NOT guarantee the participant will complete the entire Program in one (1) year. CDAT participants shall receive a treatment plan based on their individual needs. All provided services shall incorporate evidence-based strategies. Participants shall have prompt access to a continuum of approved treatment and rehabilitation services upon admission into CDAT. The CDAT Program maintains a current treatment plan and a record of activities for each participant. Treatment plans continue to develop throughout CDAT to reflect the participants' changing needs based on Program progress. Appropriately licensed and trained individuals shall deliver services according to the standards of their profession. The CDAT treatment plans take into consideration services that are gender responsive, culturally appropriate, and effectively address co-occurring disorders. All provided services including case plans are appropriate and clinically necessary to the degree that available resources allow.

CDAT has currently partnered with the following agencies to provide services to participants: Sojourner Recovery Services, Talbert House (Serenity Hall), Community Behavioral Health Mental Health Services, Community Behavioral Health, Inc., Ohio Bureau of Vocational Rehabilitation (Opportunities for Ohioans with Disabilities), Ohio Department of Job and Family Services, YWCA, Serve City, and the Hope House. Many of these provide registration/intake, baseline alcohol and drug testing, assessment, development of treatment plans, case management, group therapy, individual treatment sessions, relapse prevention plans, aftercare plans, gender specific programming, programming to address those who have been diagnosed with co-occurring disorders, supportive housing, family therapy, and medication monitoring. These agencies shall collaborate with other community agencies to provide educational and vocational training, employment, substance abuse programming, transportation, housing, domestic violence programming, parenting classes, and mental health services.

Phases

Phases are the steps in which a participant's performance and progress through CDAT are monitored. These phases are used as guidelines that can be modified to meet a participant's specific needs. Participants are required to frequently report to the CDAT Judge and other treatment team members for compliance monitoring, assistance with treatment plans, and random alcohol and drug testing.

At a minimum, the participant shall appear before the CDAT Judge at least twice monthly in the initial phase. In subsequent phases the participant shall appear regularly, but no less than once a month. Phase advancement is based on individual performance, on a case-by-case basis, and as recommended by the treatment team. Progression through CDAT is based on the participant's performance in the treatment plan and compliance with CDAT rules. Phase advancement is not solely based on pre-set timelines. Time between status review hearings may be increased or decreased based upon compliance with treatment protocols, Program rules, and overall 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.

Residential Treatment

Drug court participants in residential treatment will still have an assigned drug court case manager; however, their treatment will take place in a general population treatment facility. Residential treatment lasts between 10 and 12 weeks, and focuses entirely on stabilization and substance use treatment. Treatment programming takes place seven (7) days a week and each patient receives intense daily programming and regular one-on-one counseling sessions.

Participant may also be required to complete treatment through the River City Correctional Center, the Monday Program, or the Community Correctional Center (CCC). Participant shall be given jail time credit for time served while in River City, Monday or CCC.

Phase I (Initial Phase)

Phase I will consist of intensive outpatient treatment or a partial hospitalization level of care based on their individual diagnosed needs. This is an intense stabilization phase focusing strongly on their individual substance use disorder needs. There is a minimum of four (4) hours per group, five (5) groups per week and one individual counseling session every week. This phase will focus intensely on stabilization and sobriety. During this phase the participant will be required to attend status review hearings with the court at least twice a month. While transition through phases is based on individual needs and success, this phase is developed to last approximately four to six (4-6) weeks.

Participant requirements for Phase I compliance include:

- Attending treatment sessions, appointments, and other activities as scheduled;
- Attending status review hearings at a minimum of twice monthly;
- Attending meetings with case managers and/or probation officers;
- Submitting to alcohol and drug testing at a frequency determined by the treatment team, at a minimum of two (2) times per week;
- Taking prescription medication as directed;
- Cooperating with random home visits;
- Engaging in a sober support community and obtaining a sponsor;
- Obtaining employment;
- Abiding by the rules of CDAT, the CDAT *Participation Agreement*, community control, and the laws; and
- Committing no new criminal offenses.

Phase II

Phase II will focus on the next level of behavioral progression for the participants. During this time the participant will continue to work on their sobriety and they will also engage in treatment services that more broadly address their individual identified criminogenic needs. Working toward re-establishing relationships, greater sober support networks and developing educational, vocational and employment skills is high priority during this phase. Participants will continue to have group counseling four (4) days per week for two hours and fifteen (2:15) minutes per group and one individual counseling session every two weeks. Again, while progressing through each phase is based on individual performance, this phase is estimated to last approximately twelve to sixteen (12-16) weeks.

Participant requirements for Phase II compliance include:

- Attending treatment sessions, appointments, and other activities as scheduled;
- Attending status review hearings at a minimum of once monthly;
- Attending meetings with case managers and/or probation officers;
- Continuing to submit negative alcohol and drug testing samples at a frequency determined by the treatment team, at a minimum of two (2) times per week;
- Taking prescription medication as directed;
- Cooperating with random home visits;
- Engaging in a sober support community and obtaining a sponsor;
- Maintaining employment;
- Abiding by the rules of CDAT, the *CDAT Participation Agreement*, community control, and the laws;
- Committing no new criminal offenses; and
- Identifying long-term education, employment, and housing goals.

Phase III

Phase III is a time where the participant can start putting into practice what they have learned in their previous treatment programming. This phase is designed to assist the participant in reintegrating into society and finding employment. Group counseling will be held two (2) days per week for two (2) hours per group and one individual counseling session every two weeks. These groups will help the participant process the struggles they are having and slowly step them back towards being self-sufficient. This phase will last approximately twelve (12) weeks.

Corrective Thinking

Once in Phase III, the participant shall also attend Corrective Thinking one (1) day per week for one (1) hour and thirty (30) minutes. The Corrective Thinking Program shall aid the participant in developing skills to assist in functioning more effectively within the

community. The program addresses judgment skills, problem solving techniques, communication skills, boundaries, thinking errors, difficulty dealing with stress, problems with health and wellness, and financial management issues.

Participant requirements for Phase III compliance include:

- Attending treatment sessions, appointments, and other activities as scheduled;
- Attending status review hearings at a minimum of once monthly;
- Attending meetings with case managers and/or probation officers;
- Continuing to submit negative alcohol and drug testing samples at a frequency determined by the treatment team, at a minimum of two (2) times per week;
- Taking prescription medication as directed;
- Cooperating with random home visits;
- Engaging in a sober support community and obtaining a sponsor;
- Abiding by the rules of CDAT, the CDAT *Participation Agreement*, community control, and the laws;
- Committing no new criminal offenses;
- Paying Court costs, fines, and probation supervision fees on a regular basis;
- Obtaining a GED or High School Diploma; and
- Maintaining long-term employment and housing.

Phase IV

Phase IV is the final phase and will focus on maintaining self-sufficiency and relapse prevention. During this phase the participant should become self-sufficient and should maximize their own personal potential. Groups will be held one day a week for two (2) hours and one individual counseling session every two weeks. Again, these groups will focus on problem solving and processing their personal struggles as they become more independent. This is the final phase and can last approximately twenty-four (24) weeks.

Status Review Hearings

CDAT incorporates ongoing judicial interaction with each participant. Having a significant number of participants appear at a single Court session provides the opportunity to educate all the participants as to the benefits of Program compliance and the consequences of noncompliance. Frequent status review hearings establish and reinforce CDAT policies and ensure effective, efficient supervision of the participant. This allows the Judge to provide an explanation of responses to compliance and noncompliance, including the criteria for termination. Not all participants are required to appear at each status review hearing depending on their progress in CDAT.

CDAT staffing for possible new participants and regular status review hearings shall take place weekly before the Judge at the Butler County Government Services Center, 315 High Street, Hamilton, Ohio. The weekly staffing and status review hearings are dependent upon the availability of the CDAT Judge.

Required treatment team attendees include: CDAT Judge, Magistrate (if the Judge is not available), assistant prosecuting attorney, defense counsel (if attendance is requested by the CDAT participant), probation officers, licensed treatment providers, case managers, and the Specialty Courts Director/Coordinator.

Participants shall adhere to a dress code for all CDAT appointments:

- No short shorts or mini skirts;
- No spaghetti straps or tank tops;
- No tops or dresses with cleavage exposing any portion of the breast;
- No halter tops or strapless tops/dresses;
- No skin tight pants, skirts, or shorts;
- No baggy pants;
- No see through clothing;
- No clothing that makes reference to drugs and/or alcohol; and
- No sexually suggestive clothing.

Incentives

Immediate, graduated, and individualized incentives govern the responses of CDAT to the participant's compliance. Incentives are individualized according to the specific treatment plan and directly related to the participant's achievements as certain milestones of the CDAT treatment plan are attained. Incentives are also tracked to ensure the participant is rewarded on a progressive basis.

The following are types of behaviors appropriate for incentives:

- Attending required status review hearings;
- Attending required treatment appointments;
- Maintaining close and productive contact with case managers;
- Reaching individual treatment objectives;
- Abstaining from alcohol and drugs, as evidenced by negative drug testing results;
- Taking prescription medication as directed;
- Engaging in vocational or educational activities;
- Complying with the rules of CDAT, the CDAT *Participation Agreement*, community control, and the laws;
- Securing stable housing;
- Advancing in CDAT phases; and
- Accomplishing any other milestone identified by the treatment team.

The following are types of incentives:

- Encouragement and praise from the Judge;
- Ceremonies and certificates of progress, including advancement in CDAT phases;

- Reducing supervision contacts;
- Decreasing frequency of status review hearings;
- Reducing, suspending, or dismissing fines;
- Increasing or expanding privileges;
- Encouragement to increase participation in positive activities the participant finds pleasurable;
- Reducing jail days;
- Graduating from CDAT; and
- Having the Indictment against the participant dismissed (if the case is Intervention in Lieu of Conviction).

Sanctions

Immediate, graduated, and individualized sanctions govern CDAT 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 either Program protocol or the treatment plan. Sanctions shall be used as a deterrent to negative behavior and to encourage future compliance. An adjustment in treatment services, as well as participation in community-based mutual support meetings, is based solely on the clinically informed interests of the participant. Incremental adjustments to the treatment plan made at the discretion of the Judge and the treatment team are not to be considered sanctions. However, failure to comply with treatment plan adjustments shall subject the participant to sanctions.

At the time of a positive drug test (which may include a test taken at admission to the Program), the treatment team may consider an adjustment in treatment and/or the possibility of sanctions. Any change in the treatment plan and/or sanctions are enforced and reinforced by the Judge.

A level of sanction is applied to each type of possible infraction. This type of planning ensures lesser infractions will be met with lesser, more commensurate sanctions. Infractions are also tracked, along with resulting sanctions, so that additional sanctions can be applied in a graduated manner.

The following are common types of infractions:

- Failure to attend status review hearings;
- Failure to attend treatment appointments;
- Failure to follow CDAT rules;
- Failure to keep scheduled appointments with the probation officer, case managers, or any other treatment team member;
- Noncompliance with other requirements of the treatment plan;
- Failure to have his/her calendar at all CDAT appointments;
- Noncompliance with random alcohol and drug screens or testing positive for alcohol and/or drugs;

- Failure to take prescription medication as directed;
- Failure to comply with the CDAT *Participation Agreement*;
- Failure to comply with curfew as established by the treatment team;
- Failure to maintain confidentiality outside of treatment groups;
- Failure to improve troublesome behavior;
- Failure to complete community service hours;
- Failure to meet employment or vocational goals as determined by the treatment plan; and
- Failure to keep other appointments as scheduled, such as those for public benefit aid, health care benefits, housing assistance, etc.

The following are common types of sanctions:

- Warnings and admonishments from the Judge;
- Demotion to an earlier CDAT phase;
- Increasing frequency of alcohol and drug testing;
- More frequent status review hearings (bi-weekly reviews and/or WWS: Wednesday's with Spaeth);
- Refusing specific requests, such as permission to travel;
- Denying additional or expanded privileges, or rescinding privileges previously granted;
- Increasing supervision contacts and monitoring;
- Issuing a no contact order with identified individuals;
- Individualized sanctions such as writing essays, reading books, or performing other activities to reflect upon acceptable behavior;
- Imposition of suspended fines;
- Ordering community service;
- Ordering corrective thinking classes;
- EMHA (Electronic Monitored House Arrest) or SCRAM (Secure Controlled Remote Alcohol Monitoring) bracelets;
- Escalating periods of jail time;
- Filing of probation violation or Intervention in Lieu revocation; and
- Unsuccessful termination from CDAT.

CHAPTER 6: PROGRAM COMPLETION

Successful Completion

Written successful completion criteria has been collaboratively developed, reviewed, and agreed upon by the Advisory Committee. Successful completion criteria serve as the guidelines used to identify how participants can successfully complete CDAT. In order to successfully complete CDAT, the participant shall demonstrate the compliant behavior and accomplishments listed below:

Compliant behavior may include:

- Demonstrating a period of abstinence from alcohol and drugs (evidenced by negative drug screens for a minimum of ninety [90] days prior to completion of CDAT);
- Completing community service hours;
- Attending sober support group meetings;
- Obtaining a sober support sponsor;
- Active member in a sober support group;
- Complying with CDAT rules, the CDAT *Participation Agreement*, and/or the rules of community control;
- Displaying a change in thinking, attitude, and beliefs;
- Successfully completing treatment and programming;
- Obtaining/maintaining consistent employment;
- Demonstrating the ability to identify and eliminate criminal thinking patterns;
- Paying towards Court costs, supervision fees, and restitution (if applicable); and
- Writing an essay on how CDAT has affected the participant's life.

Accomplishments may include:

- Demonstrated a period of abstinence from alcohol and drugs (evidenced by negative drug screens for a minimum of ninety [90] days prior to completion of CDAT);
- Relapse prevention plan established;
- Regular sober support attendance;
- Maintained prescription medication as directed;
- Obtained a sober support sponsor;
- Completed community service hours;
- Completed any other CDAT requirements;
- Completed vocational or educational plans;
- Paid towards Court costs, supervision fees, and restitution (if applicable);
- Displayed responsibility for his or her behavior;
- Demonstrated stability in the community;
- Obtained/maintained consistent employment;
- Obtained/maintained stable housing; and
- Completion of treatment.

Upon review of the compliant behavior, and review of the participant's accomplishments, the treatment team may recommend successful completion. The Judge has final discretion to determine when the participant shall successfully complete CDAT. Upon successful completion of CDAT, the participant shall attend a graduation ceremony hosted by the Court and receive a Certificate of Completion. If the case for the participant is that of Intervention in Lieu of Conviction, and the participant has complied with all requirements under R.C. 2951.041, then the indictment against the participant may be dismissed.

Unsuccessful Termination

Written unsuccessful termination criteria has been collaboratively developed, reviewed, and agreed upon by the Advisory Committee. Unsuccessful termination criteria serve as the guidelines used to identify how participants may be unsuccessfully terminated from CDAT. The CDAT Judge has final discretion in determining termination from the specialized docket.

Criteria for unsuccessful termination from CDAT include:

- On-going noncompliance with treatment;
- Continued use of illegal substances;
- A verified positive confirmation from a contested drug screen;
- On-going noncompliance with CDAT rules, the CDAT *Participation Agreement*, or the rules of community control;
- Noncompliance with prescribed medications;
- Noncompliance with confidentiality;
- Absconding from community control supervision;
- New criminal convictions;
- Continued CDAT infractions resulting in graduated sanctions; and
- Probation violation or Intervention in Lieu revocation hearings.

Neutral Discharge

Written neutral discharge criteria has been collaboratively developed, reviewed, and agreed upon by the Advisory Committee. Neutral discharge criteria serve as the guidelines used to identify how participants may be neutrally discharged from CDAT. The CDAT Judge has final discretion in determining termination from the specialized docket.

A participant may be neutrally discharged from CDAT if the participant is no longer capable of completing CDAT as a result of any of the following:

- A serious medical condition;
- Death;

- Other factors that may keep the participant from meeting the requirements for successful completion; and
- Discretion by the CDAT Judge to determine if the participant is no longer appropriate for CDAT.

Upon neutral discharge from CDAT, the level of community control supervision shall be determined by the Judge.

Inactive Status

CDAT has an inactive status for participants who meet any of the following:

- Placed in a residential facility (Community Based Correctional Facility) and cannot be transported for status review hearings;
- Serving time in a local or state jail facility for another county/jurisdiction; and
- Absconded from community control supervision.

CHAPTER 7: SUBSTANCE MONITORING

CDAT monitors a participant's substance use by random, frequent, and observed alcohol and drug testing protocols. Substance monitoring shall be part of the individualized treatment plan. Participants shall submit to random, frequent, and observed alcohol and drug screens as identified in Chapter 5 (Participant Monitoring). Testing positive shall result in a sanction. Failure to submit to testing, submitting an adulterated sample, submitting the sample of another individual, or diluting the sample is treated as a positive test and immediately sanctioned.

Testing may include PassPoint ocular scans, instant urinalysis screens, SCRAM, portable breathalyzers, use of scientifically validated technology for ethyl alcohol, or other devices that are deemed reliable. PassPoint ocular scans and urine screens test for many common substances including the participant's substance of choice. All testing shall be recorded and maintained for each participant for the duration the participant is in CDAT.

In addition to the PassPoint ocular scans, CDAT utilizes instant urine screens and other types of testing that allow for laboratory confirmation testing. Upon a positive test result, the participant shall be confronted with the result and given the opportunity to either sign an admission form or contest the positive test. If contested, the test shall be sent to a certified laboratory for confirmation. While waiting for the laboratory results, sanctions are not issued. However, if the test returns a positive confirmation, then a more severe sanction, which could result in a probation violation, and/or unsuccessful termination from CDAT, may be issued based on deception and the use of substances. The laboratory fee for a confirmed positive may be applied to the participant's court costs.

Throughout a participant's treatment program, he/she will be required to comply with the following Substance Abuse Monitoring protocols.

The participant will submit to an instant urine screen to ensure the individual is negative of all substances. The individual will then be entered into the PassPoint ocular scan and passive breath test system for a baseline test result. The participant will also be assigned a color group. The participant will be randomly selected by the PassPoint system to report for a scan/test at a minimum of two (2) times per week while in Phase 1 and a minimum of one (1) time per week while in all other phases. In addition to the minimum required number of tests, the participant may randomly be selected for more frequent scans/tests.

Participant responsibilities include the following:

- Participant shall call the PassPoint ocular scan system voicemail daily between 6:00 A.M. and 8:00 A.M. to find out if he/she is required to submit to a scan that day.;
- If the participant's assigned color has been selected, the participant is to report to the Butler County Department of Court Services located at 824

South Martin Luther King Jr. Blvd., Hamilton, Ohio to submit to the PassPoint ocular scan during the specified hours that same business day;

- Submit an instant urine screen if upon PassPoint ocular scan and passive breath test the PassPoint system determines the participant is a high risk for substance use;
- Provide information regarding prescription medications to both the assigned probation officer and assigned case manager.

Any member of the treatment team who conducts a urine screen shall comply with Section 5.20 (Drug Testing Policy and Procedure) of the Butler County Department of Court Services Policy and Procedure Manual. The treatment team member shall immediately notify the probation officer of the outcome of any and all tests. The Judge shall be immediately notified when a participant fails to submit to a test, submits an adulterated sample of another individual, or dilutes the sample. The participant shall be ordered to appear before the Judge on the next available status review hearing Docket so that sanctions can be immediately issued.

CHAPTER 8: PROFESSIONAL EDUCATION

Opportunities for professional education for all members of the treatment team are provided annually.

An interdisciplinary, continuing education plan includes training on a variety of topics such as:

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

Supreme Court of Ohio Specialized Docket Practitioner Network

All treatment team members shall have the opportunity to attend the Supreme Court of Ohio's Specialized Dockets Practitioner Network Annual Conference. The Judge and the Specialty Courts Director/Coordinator agree to participate in the Supreme Court of Ohio Specialized Dockets Practitioner Network, and attend at least one (1) sub-network meeting held at the Supreme Court of Ohio. All treatment team members shall receive the Specialized Dockets Newsletter. In addition to the Specialized Dockets Practitioner Network Annual Conference, the Specialized Dockets Section offers several training opportunities throughout the year that include free continuing education accreditation in several disciplines.

New Treatment Team Members

The Specialty Courts Director/Coordinator shall meet with each new treatment team member and provide a brief overview of CDAT. In addition, new treatment team members shall receive a copy of the *Program Description*, the *Participant Handbook*, and the *Participation Agreement*. New treatment team members shall also receive training from the agency they serve regarding the role of that agency in CDAT. Whenever possible, new treatment team members shall have an opportunity to observe the weekly treatment team meetings and status review hearings with the person they are replacing. The Specialty Courts Director/Coordinator shall arrange any additional training that is deemed necessary for the new treatment team member.

Program Operations Review

The Advisory Committee shall review the overall functionality of CDAT every two (2) years. During the review, the Advisory Committee shall review all policies and procedures of CDAT. The Specialty Courts Director/Coordinator shall provide the Advisory Committee with the data necessary to conduct the review.

CHAPTER 9: EFFECTIVENESS EVALUATION

Supreme Court Reporting Data

CDAT shall comply with reporting data as required by the Supreme Court of Ohio. This data may be used to assess compliance with the Standards as set forth in Standard 12 of Sup. R. 36.20-36.29, Appendix I (Specialized Docket Standards).

On-going Data Collection/Exit Survey

CDAT shall engage in on-going data collection in order to evaluate whether or not CDAT continues meeting its goals and objectives.

Data collection is an on-going process. Data shall be collected by the Specialty Courts Director/Coordinator and by providing agencies. The Specialty Courts Director/Coordinator shall maintain data as directed by the Judge including, but not limited to, the number of participants not qualifying for entrance into CDAT; the number of participants terminated successfully, unsuccessfully, or neutrally discharged; and the current number of participants active in CDAT. Providing agencies shall also maintain data as required by funding sources.

Upon completion of CDAT, each participant shall complete an anonymous exit survey. As data and surveys are collected, all identities shall remain anonymous and not be included in the data collection. The Advisory Committee, as part of the functionality review, shall utilize the data collected.

APPENDIX

Standard forms and materials utilized by CDAT comprise a part of the *Program Description*. Set forth below is a list of those materials:

1. Local Rule 10.01;
2. Advisory Committee Roster;
3. Specialty Courts Application;
4. CDAT *Participation Agreement*;
5. Section 5.20: Drug Testing Policy and Procedure;
6. Sample Authorization for Release of Information Form;
7. Sample of Status Review Hearings Report;
8. CDAT Team Roster;
9. CDAT *Participant Handbook*; and
10. CDAT Exit Survey.