**Delaware County Court of Common Pleas**

***Mental Health Docket***

***Program Description***

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**DAVID M. GORMLEY, JUDGE**

**117 NORTH UNION STREET**

**DELAWARE, OHIO 43015**

**(740) 833-2530**

**October 2024 Edition**

**Chapter 1 - Policies and Procedures**

**Mission Statement**

To enhance public safety by reducing recidivism of participants with mental illness, improving the delivery of services through therapeutic jurisprudence, utilizing intensive supervision and, fostering the use of treatment providers and other available community resources while improving the quality of life for docket participants.

**Advisory Committee**

The General Division of the Delaware County Court of Common Pleas has joined with the court’s other divisions and with the Delaware Municipal Court to create a forum that serves as the policymaking authority for all specialized dockets in Delaware County. That group is the Specialized Docket Advisory Committee.

**Role of the Specialized Docket Advisory Committee**

The committee is made up of key community stakeholders who provide input into the policies, procedures, and overall operation of specialized dockets in Delaware County. The committee meets quarterly, and its members serve a minimum of one year. The Specialized Docket Judges attend and rotate chairing the meetings. Each judge who oversees a specialized docket chairs the portion of the advisory-committee meeting that pertains to that judge’s docket.

**Responsibilities of Committee Members**

Advisory Committee members meet to discuss ongoing issues relating to the specialized dockets such as goals, objectives, target audience, policies, procedures, eligibility criteria, incentives, case flow, and each agency’s role and responsibility in the process. Each Program Coordinator presents program data and statistical information to the Specialized Docket Advisory Committee members for review on a quarterly basis. Program effectiveness, sustainability, community outreach, and education efforts are also addressed.

A Memorandum of Understanding detailing the responsibilities of each party participating has been signed by agency heads of all Mental Health Docket team members.

**Membership**

Specialized Docket Advisory Committee membership may include but is not limited to the following: Regional Director and Clinical Supervisor at Maryhaven, Site Manager/Program Director and Clinical Supervisor at Access Ohio, LLC, Regional Clinical Director Southeast Healthcare, Chief Clinical Officer and Clinical Site Manager at Syntero, prosecutors, defense counsel, representatives from the county Sheriff’s office and Delaware Police Department, jail personnel, Executive Director and Associate Director of Delaware-Morrow County Mental Health and Recovery Services Board, representatives from the Delaware County Department of Job and Family Services, Program Director of NAMI Mid-Ohio, Director of Safe Harbor Peer Support Services, Director of Jacob’s Way, the specialized docket judges, the specialized docket coordinators, and probation officers from Delaware County Adult Court Services. Advisory Committee members indicate their interest and ongoing participation by signing a roster at the beginning of each meeting.

**Memoranda of Understanding**

Memoranda of Understanding have been developed to enhance collaboration, create a mutual understanding of the procedures of the Mental Health Docket and the responsibilities of each party, and establish a process for problem solving both clinically and administratively regarding clients participating in the Mental Health Docket. Agreements are in place with both the Delaware-Morrow Mental Health & Recovery Services Board (our funding source) and local treatment providers.

**Goals and Objectives**

**Goal 1**: Identify, as potential Mental Health Docket participants, those persons charged with or convicted of felony offenses who would benefit from the docket’s services.

**Objective:** Increase community knowledge of the referral process.

**Measurement:** The Mental Health Docket Coordinator will capture the number of referrals made per year in a database, and the results will be reviewed on a quarterly basis.

**Goal 2:** Reduce recidivism by docket participants.

**Objective:** Reduce recidivism to below 25%

**Measurement:** Recidivism rates will be tracked by the Mental Health Docket Coordinator and Probation Officer in a database, and the results will be reviewed on a quarterly basis.

**Goal 3:** Assist participants in understanding the importance of following treatment plans, linking to community services, and taking responsibility for their actions.

**Objective:** Increase knowledge and utilization of available treatment options and community resources.

**Measure:** Participants will be required to demonstrate their knowledge of resources and treatment options through assignments that they must complete during each docket phase.

**Goal 4:** Increase the percentage of participants who graduate from the specialized docket.

**Objective**: Increase number of graduates by 15% each year.

**Measure:** Number of graduates will be tracked by the Mental Health Docket Coordinator and Probation Officer in a database, and the results will be reviewed on a quarterly basis.

**Chapter 2 - Target Population**

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

**Target Population**

* Participants with no acute health conditions
* Participants must be a Delaware County resident unless the Court is satisfied the participant has reliable transportation
* Score 15 or Higher on the Ohio Risk Assessment System
* Be receptive to receiving treatment and demonstrate a willingness to participate in an intensive treatment program that will last 24-36 months and may require residential placement for treatment
* Participants agree to actively participate and cooperate with the Docket Coordinator and assigned Probation Officer

**Legal Eligibility Criteria**

* The participant must be charged with a non-violent fourth- or fifth degree felony
* The participant must be competent and understand and appreciate the consequences of the legal proceedings
* The participant cannot have a current sexual offender status
* Must agree to actively cooperate with the Mental Health Docket Coordinator and Probation Officer
* The participant cannot pose a significant risk of harm to the community, the staff of the Court, the providers, or agencies working with the Mental Health Docket.

**Clinical Eligibility Criteria**

* The participant must demonstrate a pattern of severe and persistent mental illness’ These symptoms must meet the criteria for an Axis I diagnosis in the DSM-5, DSM-5-TR, or any successor manual
* The participant’s mental health disorder was a factor leading to the pending charges(s) and, unless treated, the participant’s disorder is likely to contribute to future criminal behavior
* The participant must be receptive to behavioral health treatment
* The participant agrees to maintain any psychiatric medication, psychotherapy, and/or other counseling
* The participant agrees to actively participate and cooperate with the Mental Health Docket Coordinator and community providers

**Disqualifying Factors**

* The participant has an intellectual disability and/or developmental disorder as indicated in the DSM-5 or any successor manual.
* The participant has a predominant personality disorder as indicated in the DSM-5 or any successor manual.
* The participant has outstanding warrant or holders from any other jurisdiction or pending felony case.
* The participant has current sexual offender status.
* The participant is charged with OVI.
* The participant is highly resistant to changing behavior after numerous interventions.
* Domestic Violence depending on the facts of the case or a significant history of violent behavior to be determined on a case-by-case basis.
* The participant is currently on Post Release Control or federal parole.
* The participant has demonstrated failure to exhibit a willingness to take medication as prescribed and/or to follow a treatment plan.

Cases will be reviewed on an individual basis to determine the extent and circumstances of the disqualifying factors versus the need to participate. The cases that are declined for acceptance to the Mental Health Docket will be returned to the active docket.

Some additional criteria to consider for eligibility are:

* If the Domestic Violence case occurred more than five years ago and the participant completed Community Control.
* The participant has a low risk of committing a similar offense.

The participant may have a forensic assessment prior to placement in the program to determine if the individual is legally competent to participate in the Mental Health Docket.

**Capacity**

Program capacity is limited to 25 at any one time.

**Chapter 3 - Program Structure, Entry and Case Flow**

**Referral Process**

Identification of potential participants begins after the participant has been charged with a qualifying offense, has a pending Motion to Revoke Bond or Motion to Suspend Community Control, or upon referral from the Court or community-control officer. Referrals may come from probation/community control officers, judges, jail staff, prosecutors, defense attorneys, law enforcement, community mental health centers or community substance abuse treatment centers**.** Referral forms (Appendix A) or a link to an electronic referral can be found on the Delaware County Common Pleas General Division or Adult Court Services websites.

**Screening and Assessment**

Within three days of receiving a referral, the Mental Health Docket Coordinator will schedule an appointment with the potential participant to provide information about the docket program and requirements for participation. If the potential participant is interested in participation, that person will be scheduled for screening.In the event the participant is incarcerated, the Mental Health Docket Coordinator will meet with the Defendant in jail. During the screening the Mental Health Docket Coordinator will evaluate the participant’s legal and clinical criteria for placement and collect information such as criminal history, residency, education, employment, family, medical, mental health and substance abuse history. Potential candidates are promptly referred to appropriate services within the community. The specialized docket provides prompt access to a continuum of approved treatment and rehabilitation services.

A referral for a diagnostic assessment with a licensed clinical counselor or licensed independent social worker may be made when appropriate releases are voluntarily signed by the participant in addition to a consent waiver to share information with the treatment team. All participants will be required to sign a Disclosure of Confidential Information (a document allowing confidential information to be released) (Appendix B) in order for the Mental Health Docket Coordinator to obtain a copy of the diagnostic assessment (or summary) to establish clinical eligibility.

All screenings and assessments for treatment determinations shall be provided by programs or persons who are appropriately licensed and trained to deliver such services according to the standards of the profession. All mental health, chemical dependency and other assessments will include available collateral information to ensure the accuracy of the assessment.

The referred defendant or the defendant’s guardian must complete a release-of-information form to provide for communication about confidential information, participation/progress in treatment, and compliance with the provisions of relevant law, including the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. 300gg-42, as amended, and R.C. 2151.421 and 2152.99.

Key mental-health indicators that suggest potential difficulties in court processing and may indicate a candidate is not appropriate for the Mental Health Docket include:

* Active delusions, hallucinations, severe depression, paranoia, or mania (i.e. hyperactivity and agitation) that is obvious to others, is disruptive to status hearings, or prevents constructive interaction with court staff
* Presence or history of persistent suicidal ideations or other significant dangerous behavior
* Inability to handle stress in group settings
* Impaired cognitive functioning (including difficulties in attention, concentration, memory, and abstract thinking that impair an individual’s ability to communicate his needs)
* Inability to interact effectively with court staff without excessive anxiety, agitation, or aggressive behavior (in some cases, anxiety and agitation can result from withdrawal from alcohol, cocaine, methamphetamine, opiates, or other drugs)
* History of failure to respond to or adhere to psychotropic medication
* The presence of a co-occurring personality disorder.

The Mental Health Docket Judge has the discretion to decide on who participates in the Mental Health Docket. The legal and clinical eligibility criteria do not create a right to enter into the Mental Health Docket. The participant will be educated on program requirements, rewards, sanctions, and reasons for termination through the use of the Participant Handbook and one-on-one consultation with the Mental Health Docket Coordinator and Probation Officer.

**Legal Eligibility Screening**

The Mental Health Docket Probation Officer will obtain background information about the candidate though the use of OHLEG, Criminal Case History reports, etc. A participant’s criminal record for the proceeding five years may be considered for eligibility purposes. In the event that the participant’s legal competency is an issue, the participant must be referred for a forensic assessment to determine if he or she is competent to participate. If the referred individual does not meet eligibility requirements, the case will be returned to the Court’s regular docket.

**Clinical Assessment**

In the event that the participant meets the eligibility requirements, he/she will be referred for a diagnostic assessment if one has not already been completed. He/she must voluntarily sign the necessary releases of information to obtain collateral information as well as sign releases for appropriate treatment agencies. All screenings and assessments for treatment determinations are to be provided by programs or persons who are appropriately licensed and trained to deliver those services according to the standards of the profession.

The Mental Health Docket Coordinator will share collateral information with the agency completing the diagnostic assessment. The participant must contact the treatment provider within three days to schedule an appointment. Recognizing that time is of the essence, the provider will provide assessments and treatment plans to the docket coordinator as soon as reasonably possible. The participant must immediately contact the Mental Health Docket Coordinator if there are problems obtaining a diagnostic assessment. The assessment and treatment plan will be provided to the Mental Health Docket Coordinator and the Docket Judge. The assessment is not for public dissemination. The participant must demonstrate a pattern of severe and persistent mental illness. These symptoms must meet the criteria for an Axis I diagnosis in the DSM-5, DSM-5-TR, or any successor manual. The applicant must be competent and able to understand the Mental Health Docket Acknowledgement of Requirements.

The comprehensive mental health evaluation should include at the minimum the following:

* Mental health history
* Prior treatment
* Medication history
* Relevant psychosocial history (family, social, legal, relationship)
* Functional Assessment
* Current situation stressors
* Mental Status Examination
* Diagnosis (Axis I through IV)
* Relevant Medical Diagnosis
* Current Medication
* Substance Abuse Status
* Initial Treatment Plan

The treatment team should consider, but is not obligated to follow, clinical assessments or treatment recommendations. If the clinical assessment indicates the potential participant does not meet clinical eligibility criteria than the case will proceed through the regular docket.

**Qualification**

In the event that the Defendant does not meet legal, clinical, or other criteria, the Mental Health Docket Coordinator will notify the Docket Judge through written communication using the Screening Recommendation Form (Appendix C). The referral source will also be notified. The participant’s case will then proceed through the regular docket.

In the event the potential participant meets all the legal, clinical, and other criteria, the Mental Health Docket Coordinator will notify the Docket Judge and referral source through written communication. If the Docket Judge agrees to grant the Defendant admittance into the Mental Health Docket, the participant will schedule and attend an orientation session with the Docket Coordinator.

**Program Admission**

After the defendant is found eligible for participation with the Mental Health Docket, the candidate must schedule an appointment with the Mental Health Docket coordinator and probation officer to complete the following:

1. Review and sign the Mental Health Docket Participant Handbook
2. Review of the Mental Health Docket calendar
3. Schedule to observe the next Mental Health Docket status review hearing
4. Review and/or amend probation Case Plan

The candidate must also be provided with:

1. Mental Health Docket Participant Handbook

1. Mental Health Docket Calendar
2. Acknowledgement of Requirements of the Mental Health Docket Entry
3. Random Substance Testing Form
4. Probation Case Plan

**Non-Discriminatory Practices**

A participant must not be discriminated against if he or she meets the legal, clinical, and other criteria. A participant will not be denied admission for the following: race, color, religion, gender, sexual orientation, nation of origin, ancestry, age, citizenship, marital status, veteran status, or disability. All treatment-team members should be trained in cultural-competency issues.

**Participant Indigence**

No prospective participant will be denied admission to the Mental Health Docket based on an inability to meet any financial obligations to the court. The Mental Health Docket will consider any participant’s ability to pay any fees or other financial obligations and will make reasonable payment accommodations based on each participant’s individual financial circumstances.

**Case Flow**

After a plea or finding of guilt is made, the Court will refer the case to the docket coordinator who will screen defendants for eligibility. If the referral is coming from a defense attorney or prosecutor, he or she should file a Motion for Admission or submit a referral form to the Mental Health Docket Coordinator.Defendants will also be required to complete a diagnostic assessment and pre-sentence investigation as part of this process. Defendants must complete and sign releases of information to facilitate inter-agency communication on behalf of the defendant and Mental Health Docket team.

Upon completion of the screening and consideration of all applicable criteria and circumstances, the Mental Health Docket Coordinator will provide a written recommendation to the Court.

Based upon the recommendation of the Mental Health Docket Coordinator and review of the diagnostic assessment and pre-sentence investigation report and all applicable criteria and circumstances, the Docket Judge will determine whether the defendant enters the Mental Health Docket following sentencing or as a condition of Community Control. A Judgment Entry Transferring Case to Mental Health Docket should be filed if the case is being transferred to the Mental Health Docket from another court.

In the event the participant does not meet the criteria, his/her case will be returned to the Court’s active docket. In the event the potential participant qualifies, the Mental Health Docket Coordinator will schedule the initial program admission orientation session, and the Mental Health Docket Probation Officer will schedule the participant’s intake appointment.

During the program admission orientation session, the Mental Health Docket Coordinator will provide the participant with the Mental Health Docket calendar, the Participant Handbook, and ensure the participant signs all necessary Disclosure of Confidentiality forms. The participant will then be scheduled to observe the next Mental Health Docket status review hearing at which time he or she with counsel, will execute an Acknowledgement of Requirements of the Mental Health Docket. After the participant has observed one Mental Health Docket status-review hearing and has signed the Acknowledgement of Requirements of the Mental Health Docket, he or she will then begin attending and participating in Mental Health Docket status-review hearings.

**Revocation/Violation Referrals**

A participant who is currently on Community Control and has a violation and/or new offense may be referred to the Mental Health Docket for screening. The referral can come from the judge, probation officer, defense counsel or jail staff.

The Mental Health Docket Coordinator will screen the participant. Participants meeting the administrative criteria may as part of Community Control be ordered to successfully complete the Mental Health Docket.

Cases accepted from Revocation/Violation Hearings are referred to the Mental Health Docket as part of a condition of Community Control and ordered to successfully complete the program.

**Case File Maintenance**

The protocol to follow for the Mental Health Docket’s case files must comply with Title 42 of the Code of Federal Regulations and HIPPA laws and regulations.

The Mental Health Docket Coordinator and probation officer will maintain all files relating to participants and access to those files will be limited to the Court and probation staff.

The files will be maintained in locked file cabinets in the Probation Officer’s office or by secure password protected electronic file.

**Chapter 4 - Treatment Team Standards**

The Mental Health Docket team will consist of the Mental Health Docket Judge – who chairs the meeting – plus the Mental Health Docket Coordinator, Mental Health Docket Probation Officer, treatment providers, and representatives from other appropriate community agencies.

**Duties of Mental Health Docket Treatment** **Team Members**

1. The Docket Team is responsible for the operations of the Mental Health Docket.
2. The Docket Team members will serve on the Advisory Committee and the treatment team for a minimum of one year or until the terms of the Memorandum of Understanding change or expire.
3. The Docket Team agrees to work with local community leaders to ensure the best interest of the community is considered, per the sustainability and community outreach plan.
4. The Docket Team agrees to engage in community outreach activities to build partnerships that will improve outcomes and support the Mental Health Docket to ensure its sustainability.
5. The Mental Health Docket will incorporate a non-adversarial approach that includes contributing to the individualized-treatment case plans and developing sanctions to modify a participant’s behavior; recognizing the prosecutor’s distinct role in pursuing justice and protecting public safety and victim’s rights; and recognizing the defense counsel’s distinct role in preserving the constitutional rights of the participant.

1. The function of the team is to facilitate the development of an appropriate Court Services Plan, access program services and resources, and ensure that the participant fully participates in their treatment by evaluating clinical information, probation concerns and other sources of information.
2. Information is presented to the Docket Judge that will include but is not limited to rewards, sanctions, graduation, treatment recommendations, or possible termination from the program.

A list of specific roles and responsibilities of the Mental Health Docket team members are as follows:

1. **Mental Health Docket Judge**

* Presides over court sessions and maintains a positive relationship with participants through discussion of progress with the participant at docket hearings
* Presides over the treatment team, attends treatment team meetings and discusses the progress of participants
* Has the discretion to decide on who participates in the Mental Health Docket
* Has the ultimate decision concerning incentives, sanctions, phase advancement as well as admission, termination or successful completion of the program
* Gains knowledge and insight of Specialized Courts through attending other Specialized Dockets and specialized trainings about Mental Health Courts issued through the Supreme Court Specialized Docket Section

1. **Mental Health Docket Coordinator**

* Conducts legal, clinical and eligibility screening
* Assists in identifying potential participants
* Facilitates the specialized docket in accordance with the written program
* Maintains Mental Health Docket policies and procedures and daily operations
* Facilitates public education and outreach efforts on behalf of the program
* Meets with docket participants as needed to discuss individualized program goals

and progress

* Follows progress of participants through the docket, including monitoring the Court Services Plan and making recommendations to the Court on participant’s transition through the docket phases
* Attends Mental Health Docket status review hearing.
* Facilitates regular meetings of the Mental Health Docket Team and other relevant meetings as appropriate
* Collects and maintains statistical information and other confidential records concerning participants, collects data and creates reports for review and submission to funding sources and advisory committees
* Links participants to treatment providers and community resources
* Participates in utilization review, quality improvement, cross-disciplinary training and conflict resolution activities, as appropriate
* Plans and facilitates advisory board meetings
* Drives discussions regarding incentives, sanctions, program effectiveness and outcomes.

1. **Mental Health Docket Probation Officer**

* Updates a probation Case Plan for each participant for review and approval by the Judge and Mental Health Docket Coordinator
* Monitors compliance of participants to terms of probation and Case Plan
* Carries out orders of the Court with regard to each participant
* Conducts random alcohol and drug tests, and reports test results to the treatment team
* Monitors sanctions
* Attends Docket Treatment team meetings and status review hearings
* Provides the Docket Team with progress reports and makes recommendations to the Docket Treatment Team
* Advises the Docket Team of any violations
* Participates in discussions about incentives, sanctions, phase advancement, successful completion and termination.

1. **Mental Health Docket Licensed Treatment Providers**

* Conduct diagnostic assessments, provides the clinical diagnosis, and develops the treatment plan
* Provide documentation on a participant’s progress in treatment and compliance with treatment plans, including treatment attendance and results of alcohol and drug tests.
* Attend treatment team meetings and status review hearings
* Give treatment updates and makes recommendations regarding treatment needs
* Participate in discussion regarding incentives, sanctions, phase advancement, successful completion and termination.

1. **Peer Recovery/Support Specialist**

* Assesses a participant’s internal and external strengths, supports, and resources, and identifies areas to address.
* Connects participants to recovery support resources, acts as a liaison for informal and formal community supports, resources, and recovery-related activities.
  + Attends and actively participates in treatment and staffing team meetings, contributing to discussions concerning program entry, program progress, incentives, sanctions, graduation, and termination decisions.
  + Acts as a liaison between the recovery support community and the program and is an ambassador for the program within the recovery support community.
  + Attends and provides input at regularly scheduled policy meetings that include the review of program operations, structure, team building, and functioning.
  + Provides formal and informal training and information to team members about sober support and the recovery support community.
* Attends multidisciplinary team training that addresses responsivity issues.
  + Has life experience as a person in recovery and has the ability to build a relationship with the participant based on mutual understanding.
  + Familiar with the local recovery community and recovery supports that are available in the community.

1. **Prosecutor**

The prosecutor’s distinct role is in pursuing justice and protecting public safety and victims’ rights. The prosecutor may or may not play an active role in the Mental Health Docket. The prosecutor may provide input as to the acceptance of a participant in the Mental Health Docket. As the docket is primarily post-conviction, the prosecutor may or may not participate in treatment team meetings. The prosecutor is, however, a referral source for the program. The Mental Health Docket Coordinator will provide an orientation to the prosecutor on the Mental Health Docket process.

1. **Defense Counsel**

Defense counsel’s primary role is to preserve the constitutional rights of the participants. The attorney will explain what rights are waived by entering the program, all necessary consents, possible sanctions, the circumstances that may lead to termination, and the effects of termination. The attorney will assist participants in making any decisions about entering the Mental Health Docket. The attorney will also be a referral source for the program. The participant has the right to request attendance of counsel during the portion of the treatment team meeting that applies to that participant. The Mental Health Docket Coordinator will provide an orientation to the defense counsel on the Mental Health Docket process.

1. The Mental Health Docket Team shall engage in on-going communication including frequent exchanges of timely and accurate information about the participant’s overall performance. The communication shall take place over the phone, through bi-weekly treatment team meetings, emails or meetings with counselors and therapists.

1. In the event there is a conflict or disagreement regarding the obligations of the participant in the Mental Health Docket, the parties hereby commit to attempting resolution at the lowest administrative level appropriate to the issue. In the event that dialogue does not resolve the conflict, then the parties will put problems and/or concerns in writing to the signatories of the Memorandum. Within two weeks following receipt of the notice, the involved parties will meet in an attempt to satisfactorily resolve the issues. If the parties are unable to achieve satisfactory resolution, the appropriate Court will make the final determination as to the resolution of the conflict. The parties acknowledge that in the event of conflict over the services provided to a participant pursuant to a service provider’s treatment plan, the service provider shall make the final determination as to the course of appropriate treatment. In the event of a conflict in the application of the separately agreed contractual and statutory provisions with those contained in the Memorandum, the contractual or statutory provisions shall prevail.
2. The Mental Health Docket members shall maintain professional integrity, confidentiality, and accountability. No protected information is disclosed involving treatment unless there is a written release of confidential information endorsed by a participant. Mental Health Docket team meetings/discussions are also deemed confidential and only shared when necessary for the benefit of the participant. All members are expected to treat each other with respect, understanding their different roles while at the same time holding each other responsible for their participation and basis for recommendations.
3. The Mental Health Docket team members shall make reasonable efforts to observe required Specialized Docket service provider programs in order have confidence in the services provided and to better understand the treatment and programming process.
4. The Mental Health Docket team will work with the Advisory Committee to assess the overall operation of the Mental Health Docket. This includes revising all policies and procedures, monitoring team members outreach activities into the community and assist the Advisory Committee in developing the sustainability of the docket.
5. The Mental Health Docket treatment team meetings occur bi-weekly on the second and fourth Wednesday of each month one hour prior to the status review hearings.

**Chapter 5 - Participant Monitoring**

**Treatment Team Meetings**

The Mental Health Docket Treatment Team is responsible to monitor each participant’s performance and completion of their Court Services Plan. The Mental Health Docket team will meet at 11:00am on the second and the fourth Wednesday of each month to discuss the participant’s performance and progress.

The team will provide the Judge collaborative recommendations for the appropriate use of sanctions and rewards.

It is the Mental Health Docket Coordinator’s responsibility to collect reports from each participant’s treatment agencies and monitor the participant’s compliance with their Court Services Plan, then provide the information to the Docket Judge and treatment team. In addition, the Mental Health Docket Probation Officer must inform the Docket Judge and treatment team of the participant’s compliance with the conditions of Community Control and Case Plan.

**Status Review Hearings**

The status review hearings will be held twice a month on the second and fourth Wednesdays of the month beginning at 11:45 a.m.

The hearings will take place in a group setting before the Mental Health Docket Judge to encourage ongoing judicial interaction. All participants are expected to appear for each hearing. The benefit of meeting in a group setting is that it gives the participants the opportunity to educate each other on the benefits of compliance with the docket and the consequences of non-compliance.

The participants’ attendance at the status review hearing will diminish over time as they progress through the phases. During Phases I & II participants will appear twice a month. During Phase III the participant will appear once per month and during Phase IV the participant will appear once every six weeks.

All participants will be required to sign a Disclosure of Confidential Information. This document explains that during the proceedings the participant’s participation and progress will be discussed in open court.

**Treatment and Services**

Referral and screening are the first step. The participant must identify that they are being screened for the Mental Health Docket. Once the intake is complete the participant will be scheduled for a comprehensive assessment to determine diagnosis. Some participants may need additional time to complete the assessment process. Based on the assessment the participant’s treatment plan will be created with input from the participant. The participant will be placed into treatment as soon as possible in appropriate treatment services and programs.

Participants will be required to comply with a treatment plan from their treatment provider. These plans will be based on individual needs and will include evidence-based strategies.

All screenings and assessments for treatment determinations should be provided by programs or persons who are appropriately licensed and trained to deliver such services according to the standards of the profession. Meaning, all treatment providers will be licensed by the Counselor, Social Worker and Marriage and Family Therapist Board and/or Ohio Chemical Dependency Professionals Board.

1. The participant will be provided a treatment plan based on their individual needs, and the services provided will incorporate evidence-based strategies. The evidence-based strategies will incorporate the Ohio Risk Assessment Tool utilized by the Adult Court Services Department. Information will be provided to the counselor/therapist to assist with treatment planning. The treatment agencies will utilize evidence-based practices such as Motivational Interviewing, Cognitive Behavioral Therapies, Stages of Change, and EPICS II. The participant will have access to a continuum of approved treatment and rehabilitation services. All specialized-docket treatment plans take into consideration services that are gender responsive and culturally appropriate and that effectively address co-occurring disorders.
2. Treatment plans will be individualized for each participant based upon their needs. Some participants may need to be referred to an outside treatment agency to address any co-occurring disorders.
3. All treatment plans must be appropriate and clinically necessary to the degree that the available resources allow.
4. The Mental Health Docket Coordinator will maintain a current treatment plan designed for each docket participant which will change as the treatment provider deems appropriate. The Coordinator also maintains a record of activities (I.e., status sheet).

1. All treatment service providers must be certified through the Counselor, Social Worker and Marriage and Family Therapist Board and/or Ohio Chemical Dependency Professionals Board and be able to deliver treatment according to their profession. They must meet the standards for provision for all intensive outpatient services including assessments, group, and individual counseling as well as crisis intervention services.
2. The services provided by treatment agencies included registration/intake, alcohol and drug testing, assessment, developing of a treatment plan, group therapies, individual sessions, relapse prevention plans, aftercare plans, gender specific programming, family therapies, programming to address those individuals diagnosed with co-occurring disorders, medication, and medication monitoring. Furthermore, case management services are available to assist the participant with engaging with other ancillary services to meet their basic needs or support their recovery process. Examples of such ancillary services include housing, transportation, medical, vocational/employment and mental health needs. Finally, treatment agencies do drug screening analysis as part of their programming. This service observes chain of custody and follows policies and procedures for the delivery of these services.
3. The participants will be provided resources and recommendations to local agencies that are available to assist with their needs.
4. The treatment providers are strongly encouraged to provide a report to the Mental Health Docket Coordinator prior to treatment team meetings on the progress and participation of the participant in their recovery. The Court would prefer to receive all updates from treatment providers 48 hours prior to treatment team meetings. Treatment providers are provided an annual calendar of docket hearings to assist in managing this task. In the event a provider is unable to attend a treatment team meeting the Mental Health Docket Coordinator will follow up with a phone call and or e-mail.

The Mental Health Docket has a partnership through Memoranda of Understanding with Maryhaven, Southeast Healthcare, Access Ohio, LLC., and Safe Harbor Peer Support Services.

**Phases of Mental Health Docket**

The length of the program is 18 months, at a minimum. The program is divided into an orientation phase and three treatment phases. The phases are a way to monitor the participant’s progress, motivation, and performance. The participant’s progress through the phases is based on their compliance with the Mental Health Docket requirements, Court Services Plan, and treatment plans. Each participant will progress differently. Phases are not based solely on preset timelines. They are designed to build upon the skills acquired in the previous stage allowing the participants to effectively manage their mental illness (and chemical addiction, if applicable) and fostering stable, independent living. Each participant will have a Court Services Plan that the probation officer, docket coordinator, and the participant will sign after the participant has completed specific requirements for each phase.

**Orientation - Phase I**

The orientation phase is the first six weeks of the program. The requirements are minimal, allowing time for the participant to acclimate to the program. The participant will be provided the Mental Health Docket calendar and Participant Handbook if one has not already been received.

**Tasks to be considered for orientation phase include the following:**

* Meeting with the coordinator to review the Participant Handbook, signing confirmation of receipt of the Handbook and signing additional release of information forms
* Meeting with the probation officer to review the Case Plan and community control intake paperwork
* Attending all status review hearings
* Addressing any issues with transportation
* Engaging in their individualized treatment plan.
* Completing orientation assignment and submitting application to move to next phase.

**Stabilization - Phase II**

Phase II of the program focuses on stabilizing symptoms and obtaining compliance with the program requirements. Successful completion of this phase is based on performance, compliance with the program and the recommendations of the docket team.

**Tasks to be considered for stabilization phase include the following:**

* Ensuring court obligations are being met, such as developing payment schedules for fines, court costs, and victim restitution
* Assigning appropriate community service or serving mandatory jail time if applicable
* Determining frequency of random drug and alcohol testing
* Identifying prescribed medications and determining frequency for medication compliance monitoring
* Completing all other assessments and inventories determined necessary by the mental health docket team, including housing, education, vocational, employment, and life skills.

Conditions to be monitored are as follows:

* Attending all Mental Health Docket status review hearings – 2 times per month
* Understanding of the Mental Health Docket program expectations and handbook
* Complying with all rules of the Mental Health Docket program
* Completing of necessary releases of information forms
* Understanding of and complying with Court Services Plan
* Attending appointments with medical and/or treatment providers
* Complying with all medication and treatment requirements
* Attending meetings with case manager (if applicable)
* Completing behavioral health screenings and evaluations in a timely manner
* Complying with terms of probation and Case Plan
* Attending weekly meetings with the probation officer and/or docket coordinator
* Submitting to drug and alcohol testing.
* Complying with instructions given from the Judge, docket coordinator and/or probation officer
* Attending mental health and substance abuse treatment sessions and activities

The following requirements must be met in order for the participant to move to the next phase:

* Participating in the Mental Health Docket for a minimum of 24 weeks
* Obtaining written recommendation submitted by treatment provider
* Receiving recommendation from Mental Health Docket team
* Obtaining negative drug screens for 60 days
* Avoiding new sanctions for the last 4 weeks
* Avoiding new convictions in last 90 days
* Completing four satisfactory home visits with the probation officer
* Participating in quarterly specialized docket events.
* Completing all docket assignments and submission of application to move to next phase.

**Community Integration - Phase III**

Phase III focuses on community reintegration. Successful completion of this phase will be based upon performance, compliance, and the recommendations of the Mental Health Docket team.

After participants have remained stable for a designated period of time, other non-psychiatric needs can begin to be addressed. During this period ancillary service needs can be assessed, including health, dental, optical, clothing, housing needs, vocational training and any other areas identified by the Mental Health Docket team members.

**Tasks to be considered for the Community Reintegration Phase include the following:**

* Ensuring court obligations are met, such as compliance with payment schedules for fines, court costs, victim restitution and community service requirements
* Continuing random drug and alcohol testing at a frequency determined by the Mental Health Docket team
* Continuing medication compliance monitoring
* Continuing linkages with housing, educational, vocational and employment opportunities.

Participant requirements to consider for the community reintegration phase include the following:

* Attending all Mental Health Docket status review hearings – 1 time per month
* Complying with all rules of the Mental Health Docket program
* Complying with Court Services Plan
* Attending all appointments with medical and/or treatment providers
* Complying with all medication and treatment requirements
* Attending all meetings with case manager (if applicable)
* Attending bi-weekly meetings with the probation officer and/or docket coordinator
* Complying with terms of probation and Case Plan
* Complying with instructions from Judge, docket coordinator and/or probation officer
* Complying with any additional conditions of probation that the Court or probation officer orders verbally or in writing
* Submitting to all drug and alcohol testing
* Attending all mental health and substance abuse treatment sessions and activities
* Engaging in meaningful activity as defined by treatment team
* Performing all required community service
* Following through with all housing, educational, vocational and employment referrals

The following requirements must have been met in order for the participant to move to the next phase:

* Participating in the Mental Health Docket for a minimum of 24 weeks.
* Obtaining written recommendation submitted by treatment provider.
* Receiving recommendation from Mental Health Docket team.
* Obtaining negative drug screens for 90 days.
* Avoiding new sanctions for the last 8 weeks
* Avoiding new convictions in last 90 days
* Completing three satisfactory home visits with probation officer.
* Participating in quarterly specialized docket events.
* Completing all docket assignments and submission of application to move to next phase.

**Maintenance – Phase IV**

Phase IV focuses on adhering to and sustaining the structure and discipline developed in earlier phases. Those graduating to this phase, have successfully followed their psychiatric treatment requirements, including medication compliance and will have been successful in obtaining housing, pursuing employment, volunteer, educational or vocational opportunities; developing a functional support system; abstaining from use of non-prescribed drugs and alcohol; and avoiding additional involvement with the criminal justice system. The minimum length of this phase is 24 weeks.

Conditions to be monitored are as follows:

* Attending at Mental Health Docket status review hearings- once every 6 weeks
* Complying with rules of the Mental Health Docket program
* Complying with Court Services Plan
* Attending all appointments with medical and/or treatment providers
* Complying with all medication and treatment requirements
* Attending meetings with case manager (if applicable)
* Reporting to probation officer and/or docket coordinator at such times and in the manner directed by officer and/or docket coordinator
* Submitting to all drug and alcohol testing
* Complying with instructions from the Court, probation officer, and/or docket coordinator
* Complying with any additional conditions of probation that the Court or probation officer orders verbally or in writing
* Complying with terms of probation
* Attending all mental health and substance abuse treatment sessions and activities
* Engaging in meaningful activity as defined by treatment team
* Performing all required community service
* Attending two positive community activities
* Actively participating in a structured daily activity
* Maintaining stable housing
* Obtaining educational, vocational or employment opportunities
* Following through with all housing, educational, vocational and employment referrals

The following requirements must be met in order for the participant to be considered for graduation:

* Participating in the Mental Health Docket for a minimum of 24 weeks.
* Obtaining written recommendation submitted by treatment provider.
* Receiving recommendation from Mental Health Docket team.
* Obtaining negative drug screens for 90 days.
* Avoiding new sanctions for the last 4 weeks
* Avoiding new convictions in last 90 days
* Completing three satisfactory home visits with probation officer.
* Participating in quarterly specialized docket events.
* Completing all docket assignments and submission of graduation application and life-management plan.
* Scheduling and completing an “Exit Interview” with the docket coordinator.
* The participant must pay all financial sanctions unless excused by the docket Judge.

Participant must also be drug or alcohol free for a period of 12 months or other reasonable period of time as determined by the Docket Judge and treatment team to be considered for successful termination.

**Incentives**

From time to time, participants of the Mental Health Docket may receive a reward or incentive provided by the Court as a way for the Court to support the participant and acknowledge that their hard work and determination is recognized. The incentives are immediate, graduated, individualized, and directly related to the achievements as certain milestones are met (i.e., participant compliance).

Examples of the times when the participant may be eligible to receive one of these rewards are as follows:

* Court ordered tasks, including mental health treatment and/or drug/alcohol treatment are completed
* Participant remains compliant with court orders for a significant period of time and demonstrates his/her commitment to treatment
* Participant moves to the next phase in the Mental Health Docket
* Participant keeps all scheduled appointments for a period of time, for example 2 weeks
* Sobriety maintained
* Improved behavior
* Regular attendance at status review hearings.

There are many different rewards/incentives that the court may have available for the participants. Some of these include but are not limited to:

* Words of encouragement and acknowledgement of positive progress in court
* Removal of sanctions that were previously ordered
* Decreasing number of urine tests
* Reduction of curfew
* Graduation to the next phase
* Dismissal of charge for those on Intervention In Lieu of Conviction
* Early termination from Community Control for those on Community Control
* Decreased/waived supervision fees
* Gift cards and/or gift certificates
* Graduation from the Mental Health Docket.

**Sanctions, Service Responses, and Therapeutic Responses**

Sanctions, service responses, and therapeutic responses will be graduated and individualized. They will be used at times when a participant is not complying with court orders, treatment, docket requirements, and probation requirements. Sanctions, service responses, and therapeutic responses are used to help the participant’s behavior conform to program requirements. It should be noted that treatment will not be used as a sanction. Inappropriate behavior that may result in a sanction, service response, or therapeutic response may include but are not limited to:

* Failure to appear for a Mental Health Docket status-review hearing without being excused
* Not following court orders
* Not following treatment recommendations
* Missing or being late for scheduled treatment or docket/probation appointments
* Missed payments
* Dishonesty
* Failure to complete docket assignments
* Failure to provide a drug test or providing dilute urine screens
* Testing positive for illicit drugs or alcohol
* New charges or convictions

Sanctions for noncompliance are graduated and may include the following:

* Additional community service
* House arrest
* Curfew imposition or modification
* Incarceration
* Dismissal from the Mental Health Docket.

Service responses for noncompliance are graduated and may include the following:

* Verbal warning
* Assignments
* Increased alcohol and drug testing
* Increased attendance at status review hearings
* Increased probation appointments
* Courtroom observation sessions
* Daily reporting/“day jail” sessions

Therapeutic responses for noncompliance are graduated and may include the following:

* Skill development
* Homework/practice
* Referral for medication evaluation
* Increased level of treatment

Positive urines at intake will be considered a baseline drug test and will be documented. The treatment provider will be immediately notified of positive tests as well as the Mental Health Docket team.

It should be noted that for some participants, incarceration will result in a deteriorated mental state. While jail is an option, it should be used as a graduated sanction. Because stabilization of the individual is the key to success, incarceration for long periods of time or if it is used too frequently may disrupt medication regimens, treatment, housing, and the ability to parent children.

Jail sanctions will not be imposed for non-compliance without providing the affected participant with notice, a hearing, and the opportunity for legal representation. A participant may waive the right to a hearing (Appendix E) as long as that person has been given an opportunity to consult with an attorney and as long as any waiver is made knowingly, intelligently, and voluntary.

Relapses will be addressed with treatment providers to verify if the use is a continued use, or a relapse. The participant will be reassessed and be placed in the appropriate level of care to address the positive screen and to re-engage or re-stabilize the participant. The treatment provider as well as the Mental Health Docket team will be notified of the positive urine screen. Sanctions for the relapse may include but not limited to; increased, homework assignments pertaining to relapse/use, increased office visits and possibly jail.

The Mental Health Docket treatment team participates in determining the incentives and sanctions and the Mental Health Docket Judge will enforce and reinforce them. All sanctions and rewards will be documented in the participant’s file and reviewed at status review hearings. An adjustment in treatment services, as well as participating in community based mutual support meetings, are based upon only the clinically informed interests of the participant. All incentives and sanctions are to be individualized. A participant does not have the right to contest sanctions that do not impact liberty.

**Chapter 6 - Program Completion**

**Successful Completion**

In order for a participant to graduate from the Mental Health Docket program, the participant must have completed all phases of the Mental Health Docket. The criteria for completion are listed on the Court Services Plan.The process for a participant to graduate is as follows:

* The Mental Health Docket Coordinator will review the completion of all phases utilizing the Court Services Plan and bring the potential graduate’s name up at the treatment team meetings.
* Each potential graduate will submit a graduation application and life-management plan for review by the treatment team.
* The Mental Health Docket team will review the participant’s docket record, behavior and accomplishments throughout the program and whether the goals of the court services and treatment plans have been met. The Docket Team will make a recommendation to the Docket Judge who will make the final decision.
* The Mental Health Docket Coordinatorwill announce a graduation date and inform local agencies of the time and location of the graduation ceremony. All active participants on the docket may attend the graduation. The graduation of each participant will be journalized by the Court.

**Intervention in Lieu**

The case will be disposed of through a judgment entry successfully terminating the Defendant from the Mental Health Docket and sealing his/her record if all the statutory requirements have been met. A copy of the judgment entry will be presented to the participant at the graduation ceremony in addition to a certificate evidencing successful completion of the Mental Health Docket.

**Post-Conviction**

A judgment entry successfully terminating the Defendant from Community Control/Probation will be presented to the participant at the graduation ceremony in addition to a certificate evidencing successful completion of the Mental Health Docket. The participant may continue on a period of non-supervised community control if court costs, fines or restitution are still owed.

**Unsuccessful Terminations**

All participants whose inactions are not meeting docket standards will be discussed by the treatment team who may recommend an unsuccessful termination from the docket based upon the following criteria:

* Ongoing noncompliance with treatment
* Resistance to treatment
* New serious criminal conviction
* Failure to attend status review hearings or make treatment team appointments
* A serious Mental Health Docket violation or series of violations
* A serious Community Control and/or Intervention in Lieu violation or a series of Community Control and/or Intervention in Lieu violations.

The consequences of an unsuccessful termination may be as follows:

* Revocation of Intervention In Lieu of Conviction or Revocation of Community Control
* Loss of future eligibility for the Mental Health Docket
* Further legal action including revocation of Intervention In Lieu of Conviction and finding of guilt and sentence, Notice/Motion to Revoke Community Control
* Depending on the circumstances, terminated participants may be subject to prison, jail or other penalties.

The participant will be informed of the possible termination of that person’s participation in the Mental Health Docket and will be informed of his or her right to consult with an attorney before any termination. The participant may then waive any pre-termination hearing or may choose instead to proceed with a hearing to be conducted in the same manner as a community-control-violation hearing.

The Mental Health Docket Judge will make the final decision regarding the unsuccessful termination of the participant in accordance with the Mental Health Docket written criteria.

**Neutral Terminations**

Neutral terminations of a participant will follow the same process as other terminations. The case will be brought before the docket team for discussion and the Mental Health Docket Judge will make the final determination. The information about the participant will be thoroughly reviewed and verified by the probation officer. Some cases in which neutral terminations may apply will be as follows:

* A serious medical condition arises
* Serious mental health condition arises
* Death; or
* Other factors that will impede the participant’s requirements for successful completion.

The probation officer must file the appropriate paperwork with the Prosecutor’s Office who will file the appropriate documents with the Court pertaining to the neutral termination from the Mental Health Docket. The written legal and clinical eligibility and termination criteria do not create a right to participation in the Mental Health Docket.

**Exit Survey**

All participants will be asked to complete an Exit Survey upon discharge.

**Inactive Cases**

Inactive cases will still be considered a part of the docket. The same process of discussing cases with the Mental Health Docket team will occur and the Mental Health Docket Judge will provide the final approval. Some instances in which an Inactive Status will be applied are as follows:

* When a participant is in a Community Based Correctional Facility (CBCF) or residential treatment center and is unable to attend the docket hearings. The Mental Health Docket Coordinator and Probation Officer will continue to monitor the participant’s compliance through reports.
* When a participant is unable to pay the Court obligations in full prior to graduation. The participant will attend the graduation ceremony and be placed on non-reporting supervision for continued monitoring until court costs, supervision fees and restitution are paid in full.
* When the participant has a warrant issued for his arrest for absconding supervision. The participant’s case will still be monitored by the probation officer. In the event the participant is arrested, the probation officer will discuss the case with the Mental Health Docket team. Depending on the nature of the warrant, the participant may be terminated unsuccessfully from the docket. The Mental Health Docket Judge will provide the final approval on the disposition of the case.

The participant will remain on the probation officer’s Caseload when CBCF placement is recommended or when warrants are issued.

**Administrative Program Suspension**

Administrative suspension is a status reserved for those Mental Health Docket participants who have not responded to other graduated sanctions. They are temporarily suspended from the program by the Mental Health Docket Judge. These participants may be suspended from participation in status review hearings yet remain engaged in their treatment and court services plans. Participants may be eligible to return once a determination has been reached regarding their continued appropriateness to respond to the Mental Health Docket. The following examples may reflect reasons for an administrative suspension:

* Those participants placed in a residential facility as a result of continued use
* Those participants who are charged with new crimes pending adjudication and/or a final disposition for sentencing
* Those participants who need further assessments or evaluations to determine if the Mental Health Docket is beneficial to the participant and the program
* Those participants who are unable/ unwilling to comply with program requirements in a timely manner as directed; for example, falling behind on scheduled restitution payments or, medical hardship.

**Chapter 7 - Substance Use Monitoring**

Requires substance-use monitoring based on individual alcohol-and drug-testing plans.

Substance testing may be required at least twice each week. For all participants who have been diagnosed with a substance-use disorder, drug or alcohol testing will occur throughout those persons’ time on Mental Health Docket. Participants who do not have a history of substance use must still undergo random and observed drug testing, although a frequency of less than twice weekly will be considered.

All drug and alcohol testing plans are individualized. Tests will be random, frequent, and always observed. Urine samples will be analyzed for temperature, specific gravity, Creatinine, and other chemical markers to ensure a valid urine specimen. Drug screens may be conducted during your court appearance, during your home visits, or at any other time. Failing to submit to testing, refusing to submit to testing, submitting an adulterated sample, submitting the sample of another individual, or diluting a sample will be treated as positive tests that can result in an immediate sanction. A positive test or admission of alcohol or other drug use will not automatically disqualify you from the docket but will result in an immediate sanction or an increase or change in your current level of treatment.

**Adult Court Services Substance-Testing Program**

Participants being placed on the substance-testing program will be charged 50 cents monthly for the use of the call-in program. The officer must have the participant fill out the Random Substance Test Form in OCSS. The officer must enter into the Substance Testing tab in OCSS in the drug-testing profile the frequency of the test, the default test type (13 panel 80-hour alcohol), and the start date. This will generate a random test. The tests occur Monday through Friday and the dates are computer generated.

The participants are responsible for calling in nightly after 6 p.m. and before 7 a.m. to find out if they are to report for testing. Officers can view if the participant has called in under the communications tab and what phone number they called from. Officers will also be able to know if the participant is required to test from that tab as well as the Substance Test Calendar and can view the whole month of testing under the calendar tab for the participant. If the officer wants to add an additional test, it can be added under the substance-abuse tab.

The participant is required to report between 8 a.m. and 9 a.m. or between 3 p.m. and 4 p.m. on the day of the test. The participant is required to provide a sample in the above time frames. If a participant is unable to report at those times, he or she must make prior arrangements with his or her probation officer.

**OBTAINING URINE SPECIMEN:**

1. The urine specimen will be obtained from the participant as follows:
   1. The participant shall be escorted to the restroom;
   2. The participant shall be monitored to ensure a genuine sample is collected;
   3. The officer shall verify the validity of the sample by checking the temperature strip on the cup after the collection of the sample;
   4. The officer shall the collect the sample from the offender and must not lose sight until determining the results of the sample.

**FAILURE TO SUBMIT SAMPLE**

1. If a participant refuses (this includes leaving or failing to appear at a designated time) or fails after a reasonable period of time (two hours) to submit with specimen, he/she shall be informed that this refusal may constitute a violation of the conditions of supervision. The officer has the authority to determine whether a failure to submit constitutes an intentional refusal in the following situations:
   1. The participant fails to appear for a scheduled drug test;
   2. The participant is unable to provide a specimen after an allotted amount of time (usually two hours);
   3. The participant has failed to provide proof of any special circumstances

(medical conditions, etc.) to the officer;

* 1. The participant displays a poor attitude or is causing difficulties to the officer in the collection of a urinalysis sample.

1. The probation officer has the authority to decide whether:
   1. To require the participant to provide a urine sample on that date:
   2. To reschedule the drug testing to another date, or;
   3. To require the urine sample to be sent to the lab for confirmation.

The probation officer may confer with the Chief Probation Officer or Deputy Chief Probation Officer for guidance in determining what action should be taken should the necessity exist.

**PROCESSING DRUG TESTS:**

Drug testing must be sufficient enough to include the participant’s primary substance of dependence as well as others.

**Vista cups test the following:**

Amphetamines (AMP) cutoff 500 ng/ml Ethyl Glucuronide (EtG) 500ng/ml

Buprenorphine (BUP) cutoff 10 ng/ml Norfentanyl (FEN) 50 ng/ml

Benzodiazepines (BZO) cutoff 300 ng/ml Ecstasy (MDMA) 500 ng/ml

Methamphetamine (MET) 500 ng/ml Morphine (MOR) 300 ng/ml

Methadone (MTD) 300 ng/ml Oxycodone (OXY) 100ng/ml

Marijuana (THC) 50 ng/ml Tramadol (TRA) 100ng/ml

**NOTIFICATION OF RESULTS:**

The results (whether positive, negative or failed to report) of the urinalysis test will be entered into the OCSS in a timely manner in order for the probation officer to aggregate and track the participant’s drug-testing history.

An email can be generated to the supervising officer the next business day for those who tested positive, reported for testing, or failed to report.

**POSITIVE TESTS:**

The participant will be apprised of any positive test results and asked for an explanation or admission of use. If the participant admits to using, the sample will not be sent to the lab and the appropriate steps would be taken.

If the participant denies using and the lab reports a positive result, the participant would pay the costs of the lab test. The participant will sign the admission form and will check the box indicating they deny use and to send it to the lab.

For Specialized Dockets positive drug tests will be addressed through the treatment provider to verify if the use is a continued use, or a relapse. The participant will be reassessed and be placed in the appropriate level of care to address the positive screen and to re-engage or re-stabilize the participant. The treatment provider as well as the Mental Health Docket team will be notified of the positive urine screen. Sanctions for the relapse will be increased status review hearings, homework assignments pertaining to relapse/use, increased office visits and possibly jail.

The Mental Health Docket team participates in determining the incentives and sanctions and the Mental Health Docket Judge will enforce and reinforce them. All sanctions and rewards will be documented in the participant’s file and reviewed at the status review hearings.

**CONFIRMATION OF DRUG TESTS RESULTS:**

1. Confirmation by an outside Laboratory will only be done when probation violations are contested. Per sectiona sanction will not be issued while waiting for a test result to return from the lab. In the event the result from the test returns positive, the participant will receive a much more severe sanction in addition to paying for the cost of the positive test. If the test returns negative, the participant will not pay for the cost of the test.

**BREATHALYZER:**

**Recommended Practice**

Probation Officers must use Adult Court Services’ equipment for breath testing.

Supervisors must ensure that the device is calibrated in accordance with the manufacturer’s recommendations. Malfunctions or operational problems should be reported to the Chief Probation Officer immediately.

In the State of Ohio, breath readings over .08 are considered to be illegal intoxication for driving purposes only. A decision to arrest, refer to a detox center, or send home a participant with a reading over .08 must be made in consultation with a supervisor and with reference to the subject’s current behavior, whether the subject will a operate motor vehicle, and other normal arrest criteria.

Under normal circumstances, all participants who produce a reading over .08 will be arrested and transported to the Delaware County jail for their safety.

**Testing by Outside Treatment Agency**

Testing on participants will occur through the treatment agency in which they are being treated. The member from that agency will notify the Mental Health Docket Probation Officer of the outcome of any test results, as they are conducted.

**Notification/Documentation**

The results of all drug tests are immediately shared with the Mental Health Docket Team and the participant’s treatment provider. In addition, to the results being shared, information will be shared if a participant failed to report, failed to provide a sample, adulterated a sample, provided a sample of another individual, and or tampered with a sample.

**Sanctions:**

If a participant is late for a test or misses a test, it will be considered a presumptive positive test for drugs/alcohol.

If a participant refuses to submit a urine sample, it will be reported as a refusal to test and considered a presumptive positive.

The participant must provide a urine sample which is negative for all drugs/alcohol.

If the participants fail to produce a urine specimen (within 2 hours) or if the sample provided is not of sufficient quantity, it will be considered as a presumptive positive test for drugs/alcohol.

If the participant produces a diluted urine sample, it will be considered as a presumptive positive test for drugs/alcohol.

If the participant substitutes or adulterates their specimen for the purposes of changing the drug testing results it will be considered as a positive test for drugs/alcohol and will result in sanctioning and may be grounds for revocation from the Mental Health Docket Program.

Positive urines at intake will be considered a baseline drug test and will be documented. The treatment provider will be immediately notified as well as the Mental Health Docket team.

**Relapses**

Relapses will be addressed through the treatment provider to verify if the use is a continued use, or a relapse. The participant will be reassessed and be placed in the appropriate level of care to address the positive screen and to re-engage or re-stabilize the participant. The treatment provider as well as the Mental Health Docket team will be notified of the positive urine screen. Sanctions for the relapse will be increased status review hearings, homework assignments pertaining to relapse/use, increased office visits and possibly jail.

The Mental Health Docket team participates in determining the incentives and sanctions and the Mental Health Docket Judge will enforce and reinforce them. All sanctions and rewards will be documented in the participant’s file and reviewed at the status review hearings.

**Medication Usage**

It will be the participant’s responsibility to inform all treating physicians of their recovery from drugs/alcohol before they are given an addictive medication. If a doctor believes that it is necessary to prescribe the medication such as narcotic pain medication or any other medication that will yield a positive urine screen, the physician must submit a letter to the Mental Health Docket Probation Officer stating that he/she is aware of the participant’s status as a person in recovery and the need for this medication outweighs the risks. The participant **MUST** have a letter **PRIOR** to taking any medication that will cause a positive screen. If the participant tests positive and does not have a letter from that person’s doctor, that participant faces immediate sanctions.

In cases of emergency-room care, the participant will provide verification of all emergency-room orders and discharge information to the Mental Health Docket Probation Officer no more than 7 days after release from the hospital. All prescriptions will have to be cleared by a primary care physician to continue taking the medications without sanctions. A pattern of visits to the emergency room for ailments that require opiate treatment may be brought back before the Court at the discretion of the Mental Health Docket team.

**Chapter 8 - Professional Education**

The interdisciplinary education of the Mental Docket team promotes effective docket planning, implementation, and operations. All new members and current members will be educated to the Mental Health Docket “*process*.”

**Meetings**

Meetings will be scheduled at least quarterly with the Advisory Board to assess the functionality of the Mental Health Docket. The team will be looking at what‘s working, what’s not working and the achievement toward meeting program goals and objectives. Furthermore, policies and procedures will be updated based on these meetings. At these meetings the members will share new and upcoming information about the Mental Health Dockets, discuss any area trainings and evaluate the best practices that are being used by the area agencies. Information that is obtained by attending the sub-network meeting at the Supreme Court will be shared as well. All treatment team members will be encouraged to attend the Ohio Specialized Dockets Practitioner Network Meetings.

**New Team Members**

All new members to the Mental Health Docket treatment team will be advised of the policies, procedures and best practices utilized by the docket team members. They will be encouraged to read the policy and procedure manual for the Mental Health Docket.

The Mental Health Docket team will identify similar area Mental Health courts and build a relationship with those courts as well as attend any sessions and/or meetings to increase collaboration and leverage resources and information. The Mental Health Docket Coordinator and Probation Officer will foster and regularly review those relationships.

**Prosecutors/Defense Attorneys**

Prosecutors and defense attorneys are encouraged, if possible, to attend the docket team meetings so that they will understand the importance of their roles within the Mental Health Docket process. In addition, if possible, they will be encouraged to attend Supreme Court trainings and Advisory Committee Meetings and to access information about Mental Health Dockets online.

**Supreme Court Meetings**

All Mental Health Docket members will be encouraged to attend and participate in Supreme Court meetings, trainings, and the annual conference to increase their understanding of Mental Health Docket courts and develop beneficial relationships with other state courts.

**Chapter 9 - Effectiveness Evaluation**

The Mental Health Docket has a plan for evaluating its effectiveness. It includes a statement of goals and objectives set forth in chapter one of the policy and procedure manual. The Mental Health Docket has a system for collecting data and a process for analyzing that data in order to determine whether goals and objectives have been met.

The Mental Health Docket Coordinator and Probation Officer will use databases and other tools to collect statistical data and compile reports. The information will be compiled and presented to the Advisory Committee on a quarterly basis. Information obtained will be used provided to the Mental Health Docket Judge to evaluate the effectiveness and functionality of the Mental Health Docket, treatment team, Court Services Plan and policies and procedures.

**Supreme Court Reporting Data**

The Mental Health Docket team will comply with reporting data as required by the Supreme Court. The data collected corresponds to the goals and objectives established during the planning process and contained in the policies and procedures chapter. The Docket Team will engage in ongoing data collection in order to evaluate whether or not the Docket is meeting its goals and objectives. Data collected will be utilized by the Advisory Committee as part of the functionality review of the treatment team.

All Mental Health Docket participants will be encouraged to complete an anonymous Exit Survey upon successful completion or termination from the program. The information collected will be used to provide perspective on a participant’s experience, effectiveness of programs and services, and suggestions to improve outcomes.

**On-Going Data Collection**

The Mental Health Docket Coordinator and Probation Officer will periodically exam success rate and may consider the following information:

* Number of Participants referred
* Number of Participants accepted
* Number of Participants denied
* Reasons for denial
* Number of graduates
* Number of unsuccessful terminations
* Number of participants neutrally discharged
* Number of prison days that could have been imposed
* Number of jail days served for sanctions
* Number of days served on alternative sanctions such as Prison Diversion and Community Service diversions.
* New offenses committed by participants while in program
* Convictions of new offenses while in program
* Number of drug screens negative
* Positive drug screen results
* Graduated sanctions
* Treatment attendance
* Unsuccessful discharge from treatment
* Successful completion of treatment
* Participants referred to residential treatment
* Completion of residential treatment
* Unsuccessful discharge from residential treatment
* Age of participants
* Gender of participants
* Race of participants
* Employment status of participants beginning and end
* Marital status
* Number of Children
* Level of educational attainment
* Failure to report for tests
* ORAS score upon entry of program
* ORAS score upon exiting program
* Criminal history (Misdemeanor/Felony convictions)
* Length of time in each phase
* Length of time in program
* Types of referrals made to ancillary services/programming (mental health, employment, vocational training, cognitive thinking etc.)
* Number of new convictions by graduates
* Number of new convictions by active participants
* Number of new convictions by terminations

**Appendix A**

**Specialized Docket Referral Form**

***Delaware County Court of Common Pleas***

**Please complete the information below and send to Specialized Docket Coordinator**

**Fax: 740.833.2526 or Email: Hgraham@co.delaware.oh.us**

**Referred by**: **Phone Number:**

**Docket Recommendation (circle one):**  Mental Health Docket Recovery Docket Unknown

**Offender’s Personal Information** (please print):

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last, First, and Middle Initial): | DOB: | Age: | |
| Street Address: | City: | Zip Code: | |
| Home Phone: | Work Phone: | Race: | |
| Social Security No: | Aliases: | Gender: | |
| Incarcerated: Where:  Y  N | | |

**QUALIFIYING FACTORS:**

1. ***Clinical Criteria***

1. The candidate’s mental health disorder and/or substance use disorder was a factor in the behavior that resulted in the pending charges(s) and, unless treated, the defendant’s disorder is likely to contribute to future criminal behavior.
2. Are receptive to behavioral health treatment and agree to actively participate and cooperate with the specialized docket coordinator and community providers.
3. Agree to maintain any medication assisted treatment, psychiatric medication, psychotherapy, and/or other counseling.
4. Have a primary DSM-5 diagnosis for mental illness and/or moderate or severe substance use disorder.

**2. *Legal Criteria***

1. The candidate must be charged with:

Mental Health Docket: a non-violent fourth- or fifth-degree felony.

Recovery Docket: a felony offense that is less serious than a felony of the second degree and not be charged with F3 trafficking.

1. Be placed on intervention in lieu of conviction, community control, and/or through judicial release.
2. The candidate must be competent and understand and appreciate the consequences of the legal proceedings.
3. Must agree to actively cooperate with the specialized docket coordinator and probation officer.
4. The candidate cannot pose a significant risk of harm to the community, the staff of the Court, the providers, or agencies working with the docket.
5. Judge has the sole discretion in the admissibility to the
6. Some additional criteria to consider for eligibility are:

If the Domestic Violence case occurred more than five years ago and the candidate completed community control.

The candidate has a low risk of committing a similar offense.

Score 15 or higher on the Ohio Risk Assessment System.

**DISQUALIFYING FACTORS:**

1. The candidate has a predominant personality disorder and/or intellectual disability as indicated in the DSM-5.
2. The candidate has outstanding warrant or holders from any other jurisdiction or pending felony case.
3. The candidate has current sexual offender status.
4. The candidate is charged with OVI.
5. The candidate is highly resistant to changing behavior after numerous interventions.
6. The candidate has charges and history of domestic violence; depending on the facts of the case or a significant history of violent behavior to be determined on a case-by-case basis.
7. The candidate is currently on post release control or federal parole.
8. The candidate has demonstrated failure to exhibit a willingness to take medication as prescribed and/or to follow a treatment plan.
9. The victim of the candidate’s offenses was a child or elderly person.

**Appendix B**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Authorization to Use and Disclose Protected Health Information Form** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **I**. I, , hereby voluntarily authorize the use and disclosure of protected health information (“PHI”) deemed relevant to Delaware County Common Pleas Court (“CPC”) about me by signing this Authorization to Use and Disclose Protected Health Information Form (“Authorization”).  This Authorization applies to the following individual, identified below by name, date of birth (“DOB”), and social security number, and authorizes the use and disclosure as specified herein:    Individual Name: DOB: Social Security # | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **II**. The following agency(s) have my permission to exchange/give/receive/share/re-disclose information about me. (Please Check and/or Specify). | | | | | | | | | | | | | | | | | | |
|  | |  | CPC  117 N. Union Street Suite 317  Delaware, Ohio 43015 | | | | | | | | | |  | Other(s) (Specify and Address) | | | | | |  |
|  | |  | Other(s) (Specify and Address) | | | | | | | | | |  | Other(s) (Specify and Address) | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| **III. The purpose or need for this disclosure is:** (Please Check, Insert Case Number, and/or Specify) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | |  | Legal Matter –Delaware County Case No. | | | | | | | | | |  | Other(s) (Specify) | | | | | |  |
|  | |  | Other(s) (Specify) | | | | | | | | | |  | Other(s) (Specify) | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |
| **IV. The PHI to be disclosed from my health record includes the following**: (Please Check and/or Specify) | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | |  | Discharge Summary(ies) | | | | | | |  | | Psychiatric Evaluations | | |  | Progress Reports | | | |  |
|  | |  | Names of Agencies Providing Services | | | | | | |  | | Vocational assessments | | |  | Psychological Assessment | | | |  |
|  | |  | Treatment Plan | | | | | | |  | | Disability Records | | |  | Physician Orders | | | |  |
|  | |  | Laboratory Reports | | | | | | |  | | Type of Services Received | | |  | Medications Prescribed | | | |  |
|  | |  | Appointment Date/Time | | | | | | |  | | Attendance Record | | |  | Other (specify): | | | |  |
|  | | | | | | | | | | | | | | | | | | |
|  | | **HIV/AIDS, Mental Health/Psychological, and Substance Use Information:** (Please Check and Signature Required) | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |
|  | | **Information to Disclose** | | | | | **Signature** | | | | | | | |  | |  | |
|  | | HIV Test/AIDS-Related Health Information/Status | | | |  | | | | | | | | |  | |  | |
|  | | All Mental And Behavioral Health Information | | | |  | | | | | | | | |  | |  | |
|  | | Alcohol/Substance Use/Addiction Treatment Records | | | |  | | | | | | | | |  | |  | |
|  | |  | | | |  | | | | | | | | |  | |  | |
|  | **Time Frame for PHI to be disclosed:** (Please Insert Individual’s DOB) | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | |  | | | | | |  | |  | |
|  | | Entire Time From Individual’s  DOB:  Until Present Date | | | | | | |  | | | | | |  | |  | |
|  | | | | | | | | | | | | | | | | | | |
| **V.** | I understand that I may revoke this Authorization in writing submitted, at any time to the contact information listed below in this section, except to the extent that action has been taken in reliance on this Authorization. If this Authorization has not been revoked, I knowingly and voluntarily agree that this Authorization is to remain in effect until all criminal proceedings, including any incarceration term or probationary term, in Delaware County Case No. are completed or 365 days, whichever occurs last. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | **Written revocation must be submitted to the following person at the CPC:** | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | **Name**: Holly Graham **Address**: 117 N. Union Street Suite 531 **City/State/Zip Code**: Delaware, Ohio 43015 | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
| **VI.** | I understand that my alcohol and/or drug treatment records receive special protection under federal law (42 C.F.R. Part 2) and can only be re-disclosed as permitted by the federal regulations. I understand that my physical and mental health treatment records are protected by HIPAA but may be subject to re-disclosure if the recipient of my information is not subject to HIPAA.  This is a free and voluntary act by me. I understand that refusing to sign this form does not prohibit disclosure of my PHI that is otherwise permitted by law without my specific authorization or permission. Additionally, I have the right to receive a copy of this Authorization. | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | |
|  | **Individual Printed Name**: | | | |  | | | | | | | | | | | | |  |
|  | (Or Person Authorized to Give Consent) | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | | |  |
|  | **Individual Signature**: | | | |  | | | | | | | | | | | | |  |
|  | (Or Person Authorized to Give Consent) | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | | |  |
|  | **Relationship of Person if not the Individual:** | | | | | | | | | |  | | | | | | |  |
|  |  | | | | | | | | | |  | | | | | | |  |
|  | **Date:** | | | / / | | | | |  | | | | | | | | | |
|  |  | | |  | | | | |  | | | | | | | | | |
|  | **CPC** **Representative** **Printed Name:** | | | | | | |  | | | | | | | | | |  |
|  |  | | | | | | |  | | | | | | | | | |  |
|  | **CPC Representative** **Signature**: | | | | | | |  | | | | | | | | | |  |
|  |  | | | | | | |  | | | | | | | | | |  |
|  | **Date:** | | | / / | | | | |  | | | | | | | | |  |

**Appendix C**

**IN THE COURT OF COMMON PLEAS, DELAWARE, OHIO**

Mental Health Docket  
Holly Graham, Specialized Docket Coordinator  
117 N. Union Street, Delaware, Ohio 43015  
Phone – 740.833.2526   
Fax – 740.833.2529

**Defendant’s Name:**

**Case Number(s):**            

**Mental Health Docket Screening Recommendation**

**Date:**

Individual was found eligible to enter the Mental Health Docket Program.

Individual was found ineligible to enter the Mental Health Docket Program for the following reasons:

Refused program

Significant risk to staff

Lacks capacity to understand program requirements

Does not meet Mental Health Docket program criteria

Does not meet provider criteria

Did not complete assessment

|  |  |
| --- | --- |
| **Comments:** |  |

Holly Graham, Specialized Docket Coordinator Date

cc: Assistant Prosecuting Attorney  
 Defendant/Attorney for Defendant

Holly Graham, Specialized Docket Coordinator

Jeremiah Mowery, Mental Health Docket Probation Officer – Adult Court Services

David M. Gormley, Judge – The Delaware Court of Common Pleas

**Appendix D**

**DELAWARE COUNTY COMMON PLEAS COURT**

**MENTAL HEALTH DOCKET COURT SERVICES PLAN**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Stabilization Phase (Phase II)**

The Delaware County Mental Health Docket is a one to two year intensive supervision program. The primary goals of this phase are to stabilize your symptoms and obtain compliance with the mental health court docket program requirements. You are entering Phase II and will be expected to complete the below requirements of the program. Successful completion of this phase will be based upon your performance, compliance with the program, and the recommendations of the Mental Health Docket Team.

**Tasks for Docket Team to consider for the stabilization phase include the following:**

Ensure court obligations are being met, such as developing payment schedules for fines, court costs, and victim restitution, assigning appropriate community service, or serving mandatory jail time, if applicable. Determine frequency of random drug and alcohol testing. Identify prescribed medications and determine frequency for medication compliance monitoring. Complete all other assessments and inventories determined necessary by the mental health docket team, including housing, education, vocational, employment, and life skills. Participant requirements will be appropriate to each individual’s situation.

**Participant requirements for Phase II, Stabilization:**

\_\_\_\_\_Follow Court Services Plan and abide by the rules of the MHD program.

\_\_\_\_\_Attend required docket status review hearings – 2 times per month.

The **second and fourth Wednesday of the month at 11:45am**; unless otherwise notified by the court.

\_\_\_\_\_Attend weekly PO/Docket Coordinator meeting and comply with probation terms.

\_\_\_\_\_Sign necessary Disclosure of Confidential Information forms.

\_\_\_\_\_Commit no new criminal offenses.

\_\_\_\_\_Submit to all drug and alcohol testing.

\_\_\_\_\_Complete behavioral health screenings, assessments &/or evaluations as recommended.

\_\_\_\_\_Attend mental health &/or substance abuse treatment sessions and activities as recommended.

\_\_\_\_\_Comply with prescription medication and treatment requirements.

\_\_\_\_\_Attend meetings with case manager if needed and/or warranted.

**Graduation to the next phase includes the following items:**

*The Mental Health Docket Probation Coordinator will check off the items below as they are completed.*

\_\_\_\_\_Active participation in the MHD for 24 to 40 weeks.

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eligible for Next Phase Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Recommendation by the MHD team.

\_\_\_\_\_Negative drug screens for 60 consecutive days.

\_\_\_\_\_No sanctions for last 4 weeks.

\_\_\_\_\_No new convictions in last 90 days.

\_\_\_\_\_4 satisfactory home visits with PO.

Visit 1:\_\_\_\_\_\_\_\_\_ Visit 2:\_\_\_\_\_\_\_\_\_ Visit 3:\_\_\_\_\_\_\_\_\_\_ Visit 4:\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Complete Goals homework.

Personal Goal: \_\_\_\_ Docket/Probation Goal: \_\_\_\_ Treatment Goal: \_\_\_\_\_

\_\_\_\_\_Participate in quarterly specialized docket events.

\_\_\_\_\_Complete all homework and docket assignments.

\_\_\_\_\_Submit application to move to next phase.

I have received my copy of the **Phase II** requirements of the Mental Health Docket program. The Docket Coordinator has explained my requirements to me. I am aware that I am ordered to comply with these areas in order to successfully complete the Program. I understand that it is my responsibility to comply with the Program’s requirements. I acknowledge that I am entering the Mental Health Docket Program. I also acknowledge that failure, on my part, to comply with the above-mentioned, checked terms may result in my removal from the Program. If removed from the Program due to non-compliance, I will have not completed the Program successfully.

Defendant Signature Date

Date Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.O. or Docket Coordinator’s Initials: \_\_\_\_\_\_\_\_\_\_\_

**Appendix E**

IN THE COURT OF COMMON PLEAS OF DELAWARE COUNTY, OHIO

THE STATE OF OHIO, :

:

Plaintiff, :

: Case No.

v. :

: JUDGE DAVID M. GORMLEY

, :

:

Defendant. :

**JOURNAL ENTRY ADDRESSING THE DEFENDANT’S ACCEPTANCE**

**OF A MENTAL-HEALTH-DOCKET JAIL SANCTION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, voluntarily waive my right to a hearing on the following violation, and I admit that I have violated the requirements of the Mental Health Docket program by failing to comply with the following provision(s) of the form entitled “Acknowledgement of Requirements of Mental Health Docket” that I earlier signed in this case –

**Agreement #8.** **I understand that repeated non-compliance with the requirements of my Court Services Plan or Treatment Plan may result in my dismissal from the Mental Health Docket and could result in further community control sanctions. Sanctions may be graduated and may include jail time before a hearing is required. Furthermore, I understand that by complying with my treatment plan and the Mental Health Docket, I will be rewarded for my compliance.**

**Agreement #14. I understand that any noncompliance on my part will be governed by immediate and graduated sanctions.**

After consulting with my attorney, I elect to waive a formal hearing on the violation. \_\_\_\_\_\_\_\_\_\_\_**\_(initials)**

I am signing this waiver knowingly, voluntarily, and intelligently.

\_\_\_\_\_\_\_\_\_\_\_\_\_ **(initials)**

In waiving my right to a formal hearing, I agree to be sanctioned by the Delaware County Common Pleas Mental Health Docket, and I agree to accept and to comply with any conditions and consequences that may be imposed on me, including the possibility that I must spend some time in the county jail. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(initials)**

Due to the violation(s) stated above, the following checked sanction is being imposed by Judge David M. Gormley, Mental Health Docket Judge:

* 24 hours in jail
* 48 hours in jail
* 72 hours in jail

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialized-Docket Participant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialized-Docket Defense Attorney Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ David M. Gormley

Judge

cc: Assistant Prosecuting Attorney

,Defendant

Jeremiah Mowery, Mental Health Docket Probation Officer

Holly Graham, Specialized Dockets Coordinator