

A DESCRIPTION ACCOUNT OF OHIO'S DRUG COURTS

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INTRODUCTION

Within less than a decade, virtually every state in the United States has implemented a “drug court.” As of 1998, there were a total of 275 drug court programs in operation—serving an estimated 90,000 offenders—and another 155 programs were being planned (Drug Court Programs Office 1998a). Furthermore, it is likely that drug courts will continue to spread under the urging and encouragement of the federal government. As part of the national drug control strategy, for example, it is the objective of the Office of Drug Control Policy (1998) that, by the year 2002, 60 percent of States and metropolitan areas will have implemented judicial reforms related to drug crime or specialized courts. The U.S. Department of Justice has also placed a high priority on drug courts; since 1995, the Drug Courts Program Office has provided \$56 million in funding for drug court development and research (Belenko 1998, p. 7). What started as an experiment in 1989 in the Dade County (FL) Circuit Court has grown into a national movement that is beginning to alter the way in which court systems process drug cases and respond to drug dependent offenders.

In March of 1997, the Supreme Court of Ohio contracted the University of Cincinnati, Division of Criminal Justice, to develop an outcome evaluation model and data collection process that the Supreme Court of Ohio could use to determine the effectiveness of drug courts operating in Ohio. The long-term objective of the Supreme Court is to utilize the evaluation model and data collection process to engage in on-going evaluations of Ohio’s drug court programs. The implications of the project are of national significance as no other state has undertaken a statewide drug court outcome evaluation.

This report provides a descriptive summary of 24 drug courts in the state of Ohio. The profiles include a detailed description of each court in order to provide information regarding

their similarities and differences. Descriptions are based on information from a survey developed and distributed by Meghan Wheeler. The University of Cincinnati assisted in the distribution and collection of the surveys. There are six sections to this report. The first is the introduction which provides an overview of the history of the drug court project. The second section describes 12 common pleas drug courts. Five municipal drug courts are described in the third section of the report. The fourth section details two family drug courts while the fifth section describes 9 juvenile drug courts. Finally, the sixth section provides a summary of the report. Additionally, the appendix contains tables designed to provide brief overviews of each drug court. It should be noted that the tables only describe courts that returned surveys.

PROFILE OF COMMON PLEAS DRUG COURTS

There are fourteen Common Pleas Drug Courts in the state of Ohio. Included in this report are descriptions on 12 of those courts¹. Surveys were not received from Crawford County, Hamilton County, and Morrow County Common Pleas Courts.

Belmont County

The Belmont County Drug Court began on September 1, 2000. Belmont County has a population of 71,074 and is considered a rural jurisdiction. The drug court currently projects the annual number of participants to be served as 12, but hopes to increase that number to 30 in the future. To date, the drug court has 3 active participants and has not had any graduates or unsuccessful terminations.

The Belmont County drug court is diversionary and is currently considering the addition of “intervention in lieu” to its structure. The target population includes non-violent offenders who have been diagnosed as chemically dependent and are charged with a felony 4 or 5 drug offense or drug related offenses. Eligibility criteria are based on the current and past behavior of the defendant, a voluntary commitment to participate in the program and a referral from the Prosecutor’s office.

Eligible participants are clinically screened by the Drug Court Coordinator. Assessments used include: UNCOPE, The AUDIT Questionnaire, DRUG USE QUESTIONNAIRE (DAST-20)-Addiction Research Foundation, and the SASSI (Substance Abuse Subtle Screening Inventory). Substance abuse screening is conducted by Crossroads Counseling, a treatment provider. Assessments used by Crossroads are the SASSI, and the SUDDS: Substance Use Disorders Diagnostic Schedule-IV.

¹ Hamilton County did not return a survey, however some descriptive information was available from previous communications.

Once accepted into the drug court, participants begin a 5 phase treatment program which is scheduled to last a minimum of 12 months and a maximum of 36 months. The phases include: pre-treatment, intensive outpatient, transition, aftercare, and monitoring. The pre-treatment phase last a minimum of 30 days and requires participants to attend 2 individual sessions per week, attend 1 group session per week, provide a minimum of 3 urine screenings per week, to attend a minimum of 2 AA/NA meetings weekly, and bi-weekly reporting at drug court. Case management occurs weekly and participants are required to be 80% compliant with all programming recommended. Movement to the next phase requires compliance, an appropriate score on the URICA (stages of change), and a counselor recommendation. The intensive outpatient phase lasts a minimum of 90 days and requires a minimum of 3 hours per week in group. Weekly case management, an 80% compliance rating, and a minimum of bi-weekly reporting at drug court continue during this phase. However, the minimum number of urine screens and AA/NA meetings drops to two during Phase II. Movement to the transition phase requires compliance, 8 consecutive clean urine screens, and a counselor recommendation.

The transition phase continues to require 80% compliance, weekly case management, and a minimum of two urine screens per week. The minimum number of AA/NA meetings increases to three per week while the number of required group sessions drops to one per week. Furthermore, monthly reporting to the drug court is required. This phase lasts a minimum of 90 days. Movement to Phase IV requires compliance, 8 consecutive clean urines, and a counselor recommendation. The aftercare phase lasts a minimum of 60 days and continues to require weekly case management, 80% compliance, and monthly reporting to the drug court. Participants continue to be required to attend three AA/NA meetings per week and are required to give a minimum of three urine screens per week. Finally, participants must attend one

aftercare group per week and must check-in weekly with the drug court coordinator by phone. Movement to the final phase of the program requires compliance, clean urines throughout the phase, and a counselor recommendation. The monitoring phase of the program lasts a minimum of 90 days and continues to require 80% compliance, weekly case management, attend a minimum of 3 AA/NA meetings per week., and provide a minimum of three urine screens per week. Furthermore, participants are required to check-in, by phone, twice a week, and report to the drug court two times during the phase. Graduation requires compliance, five consecutive months of clean urine screens, and counselor recommendations.

The drug court offers a number of treatment services to its participants. In addition to substance abuse treatment required as part of the program, the court offers detoxification, inpatient hospitalization, residential, halfway house, and outpatient treatment to the participants. The court reports that drug and alcohol treatment is based on behavior modification and cognitive behavioral treatment modalities. Furthermore, although not offered by the court, referrals may be made for mental health, educational, vocational, and housing needs. Additionally, Crossroads provides family group sessions on a monthly basis.

Participants must meet a number of criteria to successfully graduate from the program. Specifically, a counselor must recommend graduation to the treatment team with final consent from the judge. Furthermore, participants must have served a minimum of 52 weeks in the program, have four consecutive months of “clean time,” have completed/attended all of the required meetings, and have fulfilled all treatment requirements identified in the participant treatment plan. Additionally, full restitution must be made as stipulated at the initial plea hearing, an exit questionnaire must be completed, and participants must agree to be contacted following graduation. The program has not been in existence long enough for there to be any

graduates; however, the court reports there will “probably” be a graduation ceremony for its graduates. The criteria for an unsuccessful termination are less formal. Essentially, participants who commit a crime that makes them ineligible for drug court will be terminated. The other criteria reported is “judge’s discretion.” The Belmont county drug court has not had any unsuccessful terminations.

The Belmont county drug court does not have a continuum of rewards in place nor have they received donations from local businesses for rewards. While a continuum of sanctions has been developed, it is not in place because it has “not yet [been] blessed by the Judge(s).” Relapse is considered sanctionable, though jail is not an option for a first relapse. Furthermore, the court reports “lying about use” is an automatic sanction though first offenses tend to be treated with urine screens and increased programming. Furthermore, truthfulness regarding substance use can result in a less severe sanction. The judge has discretion regarding the sanctioning of new offenses unless the crime is one outside the realm of eligibility (i.e. violent). A new offense does not automatically result in termination from the program.

The court is too new to have had a process evaluation or outcome evaluation conducted. The program is not currently using a data collection system. An oversight/steering committee is in place and consists of 17 members including some members of the drug court team. Changes have not been made since inception, however, the Drug Court Coordinator reports the need to make clearer the rules of supervision and how to enforce noncompliance.

Funding for the first year of the program is through ODADAS. Although small numbers of offenders make future funding uncertain, the court reports that expectations are for ODADAS funding to be instrumental in the second year of the program.

Although training for jail intake workers and sheriff deputies is in the planning stages, they have received little training. The court reports the only training offered to them has been through the Supreme Court of Ohio. However, they also report that Judge Solovan keeps the staff current on drug court issues such as intervention or treatment in lieu of conviction. Furthermore, while Judge Solovan is knowledgeable about addiction and recovery, the court reports that team members need more training on these issues. Finally, the court is requesting input on ways to operate with small numbers and varied participants without hurting the integrity of the program.

Butler County

The Butler County Court Directed Addiction Treatment Court (CDAT) started in September, 1996 and is under the jurisdiction of the Butler County Court of Common Pleas. Butler County has a population of 330,000 and has a mixture of metropolitan, urban, and rural areas. The projected number of participants served annually is 75. CDAT has served a total of 220 participants since its inception and currently has 70 active clients. The program has had a total of 143 terminations and 110 graduations.²

The Butler County drug court reports being a post-adjudication court but also reports treatment in lieu of conviction, intervention in lieu of conviction, and probation/community control violation clients as being part of the structure. The target population includes non-violent, drug dependent, felony 3, 4, or 5 offenders. Participants must be a resident of Butler County. Eligibility criteria are based on the current and past offending behavior. Drug traffickers are not eligible for the program. Eligible individuals are referred through pre-trial services, the prosecutor's office, defense attorneys, and the Hamilton and Middletown police

² The survey does not indicate the number of unsuccessful terminations, simply the number of terminations. However, it seems likely that the court has had 110 graduates and 33 unsuccessful terminations.

departments. Participation in the drug court is voluntary; once accepted, participants are placed on community control.

Pre-trial services conducts eligibility screening using the OPI while substance abuse screening is conducted by the treatment provider. Both the SASSI and OPI are used to assess substance abuse needs. CDAT does not report using a risk/needs assessment.

Once accepted into the program, participants enter a four-phase system. Details of the phases were not provided in the survey. However, it was reported that program review hearings are conducted on a bi-weekly basis and are considered off the record. Supervision services are provided by the court while case management services are provided by the treatment provider. Drug testing is the responsibility of adult probation. On average, participants are in the program for 12 months.

Substance abuse treatment available to participants include residential, intensive outpatient, and outpatient. Additionally, CDAT has a relapse prevention component in place. It was further reported that 12 step programming is in place, however, no details on how it is used were provided. It was further reported that individuals may be referred for mental health counseling, educational services, and vocational services.

Participants must meet all four phases and must pay all required treatment fees before being eligible for graduation. At the time the survey was completed, treatment fees were set at \$500. However, a sliding scale is being developed and will be put into place January 1, 2001. Graduates are recognized with a graduation ceremony and are presented a key chain from the judge. Aside from the commission of a violent offense, no set criteria are in place.

The drug court reports having a continuum of sanctions in place but does not have a continuum of rewards. No further details on the continuum of sanctions were provided. It was

noted that participants who have relapsed are brought before the judge, however, it is not clear what sanctions are in place for relapse. A new offense does not automatically result in termination unless it is a violent offense. Participants who have committed a new misdemeanor offense are likely to stay in the program., while responses to new, non-violent offenses is less clear.

The Butler county drug court has had two process evaluations; one conducted by Thomas Kobernick, and the other conducted by University of Cincinnati. There has not been an outcome, impact, or cost-benefit analysis conducted. CDAT uses a data collection system developed by their own MIS department. There is no oversight or steering committee in place. Funding for CDAT has come from OJP/DCPO Enhancement grants and ODADAS grants for 1998, 1999, and 2000.

No information was provided regarding training issues. However, the court did report a number of improvements have occurred since the program was first implemented. It was noted that there were “too many to mention.” However, some of the improvements listed include in-patient treatment, the creation of linkages with local law enforcement, pre-trial services, and the development of a database.

Erie County

The Benchmark Drug Court began in April, 1996 and is under the jurisdiction of the Erie County Common Pleas, General Division. Erie county has a population of 76,770 and consists of metropolitan, urban, and rural areas. The program has had a total of 88 participants and is projected to serve 50 participants annually. The drug court currently has 43 active participants and has had 17 graduates. There have been 13 terminations.

Both pre- and post-adjudicated offenders are eligible for the program. The court also accepts probation/community control violators. The target population of the program are non-violent, drug-related misdemeanor or felony offenders. Eligible participants must voluntarily seek admission to the Benchmark program. Individuals who have been charged or convicted of DUI, drug trafficking, or possession of any drug in quantities indicative of trafficking are dealt with on a case-by-case basis. Referrals to the Benchmark program come from the Erie county public defender's office, the Municipal courts of Sandusky, Huron, Vermillion, and Erie counties, the Erie county prosecutor's office, and private defense attorneys practicing in Erie county and surrounding counties.

Eligibility screening is conducted by the court, the prosecutor's office, the public defender's office, and the treatment provider. Several instruments are used during the screening process. These include the Self-Reporting Chemical Use Questionnaire, an individual interview, ODADAS protocol, and DSM-IV criteria. These instruments are also used by the treatment provider to assess substance abuse. Additionally, the Physical Health Assessment, and the Sober Support Environment Assessment are conducted to measure risk and needs.

Once accepted into Benchmark, participants begin a four phase program which lasts, on average, 17 months. Phase I generally lasts 6 to 8 weeks and is considered intensive outpatient.. During this phase receive programming four days a week, three hours a day. Upon entering Phase I, participants meet with a Bayshore Counseling Services (BCS) counselor to develop an individualized service plan (ISP). The ISP is modified throughout the program, as needed. Additionally, a treatment review from is completed every 90 days. Available treatment includes individual and group counseling, crisis intervention services, occupational therapy, activity therapies, expressive therapies (art, drama, poetry, music, movement), referral and information,

drug screening urinalysis, medication administration, medical services, case management, and nutrition counseling. The majority of treatment is provided by BCS which also provides alcohol/other drug education. Additionally, BCS provides a family treatment component which includes family chemical dependency education and family counseling. Finally, participants in Phase I are required to attend weekly status hearings.

Phase II generally lasts 12 weeks. Participants begin to attend Continuing Care Treatment. They also continue in group therapy, individual counseling, and are required to continue attending weekly status hearings.. Group therapy continuing care occurs two times a week in two-hour blocks while individual counseling is once a week. Throughout this phase and the continuing phases, case management, and family counseling are provided as needed. During Phase III, participants continue to attend Continuing Care Treatment, and continue to have one individual counseling session per week. Group therapy is also continued, although stepped down to a weekly two hour session. Furthermore, clients must attend status hearings on a bi-monthly basis. Phase III generally lasts for 8 weeks. Finally, Phase IV continues until individuals are discharged from the program. During this phase, both group therapy and Continuing Care treatment are discontinued. However, participants continue to engage in one individual session per week and must attend status hearings on a monthly basis.

Movement from phase to phase is dependent on compliance with conditions set forth by the court, regular attendance at all court hearings, compliance with individual treatment plan/goals, clean drug screens and alcohol tests, regular attendance at AA/NA self-help meetings, development of a sober support system, and the absence of any new legal violations or charges. Additionally, participants may be required to attend other activities such as residential treatment, housing at a half-way house, mental health assessment and treatment, family

counseling, and parenting. Furthermore, detoxification, inpatient hospitalization, and educational services are provided as needed. Similarly, referrals for vocational counseling and housing needs are made when necessary.

To date, 17 participants have graduated from Benchmark. Graduation criteria include: successful completion of all program requirements and special conditions; no new criminal charges (however, the court may find that graduation is appropriate after the disposition of a new case; the presentation of an appropriate discharge recovery plan; the participant has remained clean and sober for the last six consecutive months; the participant has been employed for the last six consecutive months, if possible; Benchmark team members and the Chief Probation officer have reviewed the applicant and recommend graduation; and the Judge has approved graduation. Graduates receive certificates during a dinner to celebrate their accomplishment. Medallions have also been distributed to graduates.

The criteria for an unsuccessful termination are less formal. Decisions are made on a case by case basis but may include consideration of the following criteria: non-compliance with the program after repeated efforts or sanctions have been tried to bring the client into compliance; new criminal charges of a violent or serious nature; and repeated positive drug screens over a period of time.

Both a continuum of rewards and a continuum of sanctions are in place. Rewards include less frequent court appearances, drug screens or alconsensor, twelve-step meetings, and a more rapid progression through phases. Other rewards in place include reduction of supervision conditions, permission to attend special functions; certificates for outstanding performances, and passes for recreational and social events. Finally, clients may have the criminal charges in the underlying case dismissed. Benchmark has not been obtained rewards from local businesses.

Sanctions include a reprimand from the court, written assignments, and letters of non-compliance placed in the client file. Additional sanctions involve increased participation in twelve-step meetings and outpatient treatment (group or individual), court observation, community service, or monetary fines. Furthermore, drug or alcohol testing may be increased (which may include the participant being responsible for the cost of extra screens). Other sanctions include a change in the level of program participation, commitment to a residential treatment center, house arrest, electronic home monitoring with or without work release, incarceration with or without work release, and possible bond revocation. Finally, clients may be terminated from the program.

The Benchmark Drug Court has had a process evaluation completed by Dr. Kirk W. Halliday. The University of Cincinnati is in the final stages of completing an outcome evaluation of the program. Neither an impact or a cost-benefit analysis has been completed. The court is currently using the database created by the University of Cincinnati. An oversight/steering committee is in place and consists of 10 members, including several members of the drug court team.

Funding for the Benchmark Drug Court has primarily come from local sources. Specifically, both Erie County and the Alcohol, Drug Addiction, and Mental Health Services Board of Erie and Ottawa Counties were the only sources of funding for 1996 and 1997. The Court continued to rely largely on local funding though it received an OJP/DCPO Enhancement grant in November of 1998. Funding for 1999 and 2000 also came from an OJP/DCPO Enhancement grant. Additionally, local funds were a grant match for 1999 and 2000. The current grants were extended through January 2001. Funding continues to be a concern for the

court as the grant period is coming to an end. The court noted that funding is its biggest obstacle and that unless further funding is secured, some services will be discontinued.

Benchmark has used grant funds to make improvements to the program. Such improvements include health education and other health services, GED and diploma testing, job readiness training, and interests analysis. Additionally, counselors are now on-site for treatment related services. The program regards its strength to be its universal approach towards rehabilitation. Rather than focusing solely on substance abuse, the program believes changes need to be made in lifestyle. Furthermore, the court has engaged community volunteers to provide sober support systems and an information network for employment opportunities.

It appears that a great deal of training has been offered to the drug court team. Most recently, cross training, team building, and issues surrounding drug testing have been offered. Additionally, county officials, law enforcement officials, the legal community, and the religious community have been educated about the drug court through the local bar, media, public service organizations, and community involvement. The court reported that team members are knowledgeable about recovery, addiction, and the court system. However, it was noted that education is an on-going and that seminars are used to update such knowledge. Areas indicated for further training include confidentiality issues, team building, and cross training. Finally, it was suggested that an "Ohio drug court web page could be a way for courts to communicate with each other and to share valuable information."

Hamilton County

The Hamilton County Drug Court began in March 1995 and has served over 2,000 clients. The target population includes non-violent felony level 4 or 5 offenders who are drug-dependent or in danger of becoming drug dependent. Furthermore, offenders must not have any

acute health conditions or active mental illness. The Hamilton County Prosecutor must approve of all incarcerated offenders. Finally, potential clients must demonstrate a willingness to participate in the 15-month long program.

The treatment program includes three phases of treatment: inpatient, outpatient, and aftercare. Once accepted into the program, placement in a phase is determined by level of substance addiction. The residential phase lasts between two and three months while the intensive outpatient phase lasts for four weeks. During the IOP phase, participants meet three hours a day, four days a week. Finally, the aftercare phase initially offers services twice a week for one hour each and eventually steps down to one meeting every two weeks. Throughout all three phases, services provided include group and individual counseling, sobriety meetings, educational services, and family involvement. The University of Cincinnati has completed process and outcome evaluations on this court. Further details on this court are unavailable as the survey was not returned.

Huron County

The Huron County Substance Abuse Treatment Court has been in existence since March 30, 2000. Huron County has a population of 57,000 and is considered a rural jurisdiction. The court projects serving 10 clients annually. It has had a total of 5 participants since its inception, all of whom are currently active. To date, no one has been terminated from the drug court.

The court serves clients who have received treatment in lieu of conviction and clients who have been convicted. The target population includes alcohol or drug dependent, non-violent offenders who have been charged with a felony level 3, 4, or 5 drug/alcohol motivated offense. Eligibility criteria are based on both the current and past behavior of the defendant, and the demonstration of sincerity and willingness to participate in at least an 18 month program.

Furthermore, there must not be any evidence of drug trafficking, and the individual should not have any holds from another jurisdiction and is otherwise eligible for security release.

Individuals who have a history of severe mental illness, an acute health condition, or has been convicted or charged with a DUI or DWI are not eligible for the drug court. Finally, the prosecutor's office must approve of entry into the drug court. Referrals to drug court come from multiple sources including the Judge, prosecutor, defense counsel, treatment provider, and the probation department.

Screening for eligibility is conducted by both the probation department and the treatment provider, though it is unclear what tools are used for screening. Clients are not assessed on risk or needs. The treatment provider is also responsible for assessing substance abuse and uses the SASSI.

The drug court program lasts, on average, 18 months. Once accepted into the drug court, participants begin a phase system through the drug court. Further details on the phases and specific requirements for each phase were not provided for this report. Program review hearings are held bi-weekly and are on the record. Clients are not required to pay fees. Detoxification, inpatient hospitalization, residential placements, placement in a halfway house, and educational services are used on an "as needed" basis. Clients are on intensive outpatient for approximately 8 weeks during which time they meet three times a week. Both outpatient treatment and relapse prevention are also provided and occur on an individual basis. Finally, all clients receive aftercare for approximately 12 weeks. During aftercare, participants meet once a week. The treatment modality throughout the drug court program is the medical model. Participants are required to attend AA, and obtain a sponsor. The court monitors the progression of the clients through the 12 steps.

There are several graduation criteria in place. Participants must complete treatment, remain drug free, and have continuous sobriety. Additionally, all fines must be paid, community control requirements must be met, and community service hours must be completed. Graduates will take part in a graduation ceremony and will receive either an award or a reward. Clients who violate probation or have continued non-compliance will be unsuccessfully terminated. There have not been any graduates or unsuccessful terminations to date.

The court reports that a continuum of sanctions and a continuum of rewards are both in place but failed to provide further details. However, it was noted that Ponderosa has donated rewards to the program. Individuals who relapse receive graduated sanctions. Individuals who commit a new offense while on probation may receive a formal violation of probation.

The Huron County drug court is too new to have received any type of evaluation. The court is utilizing the University of Cincinnati database. However, it does not have an oversight or steering committee in place. No information was provided on funding issues.

The court reports being offered various trainings by the Supreme Court of Ohio. It was further noted that the Community Corrections board, the ADAMS board, and the Huron County Bar Association have all been educated about drug court programming. Community involvement, the lack of a defined role for prosecutors and defense attorneys, and time have all been identified as obstacles to the drug court process. Finally, while no changes have been made, it was noted that the treatment coordinator would like to see clients with trafficking charges be made eligible for the drug court in the future.

Lucas County

The Lucas County Judicial Supervisory Intervention (JSI) program started in August, 1997 and is under the jurisdiction of the Lucas County Court of Common Pleas. Lucas county

has a population of 446,482 and is an urban jurisdiction. The program has had 66 participants since its inception and currently has 39 active clients. It anticipates serving between 18 and 24 new participants each year. To date, there have been 4 graduates and 30 terminations³.

JSI serves clients post-adjudication. The target population is non-violent felony level 3, 4, and 5 offenders. Eligibility criteria is based on current and past criminal behavior. Individuals with an extensive history of violence are deemed ineligible. Referrals to the program are made by both judges and defense attorneys. Additionally, initial case review forms, completed by the drug court coordinator are used to identify potential clients.

Eligibility screening is conducted by both pretrial services and TASC. The ASIS is used as a screening tool. Additionally, COMPASS, the treatment provider, uses the ASIS to assess substance abuse severity. No risk or needs assessment is conducted.

JSI participants must move through three phases of treatment. On average, the program lasts 18 months. Movement through the phases requires, in part, a specified period of time without any positive urine samples, a specified period of time with no unexcused absences from appointments, evidence of acknowledgement of substance abuse problems, a commitment to recovery, and understanding of treatment tools, and progress in the area of education/vocation. Phase I lasts approximately 6 months, dependent on client progress. Requirements for Phase I include: bi-weekly court appearances, a minimum of 1 urinalysis or intoxalyzer test per week, a minimum of 4 12-step meetings per week, individual and group sessions at COMPASS as determined by the treatment provider, weekly reporting to the supervising probation officer, and other services as determined by the treatment time. Phase II also lasts approximately 6 months, dependent on progress. Requirements for this phase include: monthly court appearances, individual and group sessions at COMPASS, bi-weekly reporting to the supervising probation

³ It appears that the reported number of terminations includes graduates and unsuccessful terminations.

officer, bi-weekly drug testing, a minimum of three 12-step meetings per week, participation in other ordered services, and the continuation of working towards educational/vocational goals. The length of Phase III depends upon client progress. The focus of this phase is the preparation of participants for daily living without the use of substances. Requirements for this phase include bi-monthly reporting to the court, individual and group sessions at COMPASS, monthly reporting to the supervising probation officer, monthly or random drug testing, a minimum of three 12-step meetings per week, continued participation in other ordered services, and continued progress towards educational and employment goals.

JSI offers various treatment services to its clients. Varied treatment modalities are in place including rational emotive therapy, aversion therapy, cognitive behavioral treatments, and educational-based treatment. When necessary substance abuse treatment may include detoxification, inpatient hospitalization, residential treatment, or placement in a halfway house. However, aside from the residential placement, these options are rarely used. Instead, most clients go through intensive outpatient, relapse prevention, and aftercare. Other treatment services available to clients include mental health counseling and GED classes. Additionally, vocational and housing assistance are made available through TASC.

There are several graduation criteria in place for JSI. First, participants must have no positive drug screens for 90 consecutive days. Next, clients must have gainful employment or be involved in vocational/educational training. Additionally, participants must have consistent attendance at all appointments and must be able to demonstrate an understanding of treatment tools. It is also imperative that clients have a stable living environment. Finally, graduation requires compliance with any aftercare plans developed by the treatment team. As noted previously, JSI has graduated four clients. Graduates are honored with a small ceremony where

they receive a certificate and plaque as a reward. In contrast to the graduation policy, there are no set criteria for unsuccessful terminations. There have been 30 terminations since the inception of the program.

Neither a continuum of sanctions or a continuum of rewards is in place for the drug court program. However, relapse is handled through the use of sanctions. New offenses are dealt with in various ways. A new conviction results in a violation and sanctions are imposed. The type of sanction varies from case to case. Misdemeanors typically remain in the program, while felony offenders may be sent to prison.

A process evaluation was conducted on JSI by Richard Groskin in 1998. There has not yet been an outcome, impact, or cost-benefit analysis. The program is using the data collection instrument developed by the University of Cincinnati. There is no oversight or steering committee in place.

JSI received an OJP/DCPO implementation grant in 1997 and had matched local funds as required by the grant. Funding for subsequent years has come from local sources. Intensive outpatient at COMPASS has been funded largely through a Byrne grant.

Drug court team members have been offered several training opportunities through the Supreme Court of Ohio. Additionally, training has occurred through NADCP conferences and OJP training. It appears that team members are knowledgeable about addiction, recovery, and the court system. However, it was acknowledged that some team members are more knowledgeable than others. Thus, the drug court coordinator feels more training is needed by discipline to improve the quality and integrity of the program. No efforts have been made to educate community leaders on the drug court process.

Some changes have been made to the program since its inception. For example, JSI now has an aftercare component. It was reported that other aspects of the program that may need to be changed are the structure of the program. An obstacle facing the program involves the issue of incentive to participate. Potential clients may decline participation because original charges are not dismissed. Thus, the coordinator feels that JSI should be diversionary in addition to using a post-adjudication structure. Another limitation reported by the court is the inconsistency in the imposition of sanctions. Finally, reported strengths are that the team is committed to the best interest of the client and want to see the client succeed.

Mahoning County

The Mahoning County Common Pleas Drug Court began in November, 1998. Mahoning county has a population of 268,806, and is considered an urban area. Since its inception, the drug court has served 180 clients. They have had 37 graduates and 25 terminations. Currently, there are 120 active participants in the drug court.

The drug court accepts individuals who have received intervention in lieu of conviction. The target population of the court is individuals who have been charged with a fourth or fifth degree drug-related felony and who have a drug or alcohol related addiction. Individuals who have a history of sexual, violent, or weapons related charges are not eligible for the program. Referrals to the drug court come from law enforcement, defense attorneys, prosecutors, and probation officers. Finally, self-referral clients are also accepted into the program.

Screening for eligibility is conducted by the prosecutor's office. Eligibility is determined by a review of the history and the use of the SASSI. The SASSI, along with the OPI, MAPP, MSAT, MMPI, and a psychosocial interview are used by TASC to determine the severity of

substance abuse. Additionally, the OPI and a psychosocial evaluation are conducted to determine the overall risk and needs of clients.

The average length of the program is 18 months. Once accepted, individuals enter Phase I of a three phase program. Clients move through the phases after a counselor recommendation and the approval of the judge. Phase I is considered intensive outpatient and lasts approximately 8 weeks. During this phase, participants are required to attend three, three-hour group sessions per week, attend three AA/NA meetings per week (which are verified by a counselor), and report to the court on a weekly basis. Additionally, participants are subjected to two random drug screens each week. Phase II is the outpatient component of the program. During this phase, clients continue to have two random drug screens per week and must attend one group and one individual sessions per week. Groups sessions last three hours while the individual session lasts one hour. Additionally, clients are required to attend a minimum of 4 AA/NA/CA meetings per week and must continue to report to the court as required by the judge. Phase III, the aftercare phase, lasts roughly 20 weeks. Individuals continue in individual sessions for one hour per week and are subjected to one random urine screen per week. Participants must attend 5 AA/NA/CA meetings per week and attendance to such meetings must be verified by the counselor. Finally, participants must continue to report to the drug court as scheduled by the judge.

Drug court participants have access to a range of substance abuse treatment options. Detoxification, inpatient hospitalization, residential treatment, and placement in a halfway house are available to appropriate clients. Additionally, each agency involved with the drug court focus on relapse prevention. Treatment modalities in use by the drug court team include cognitive, social learning, and radical behavioral therapies. Furthermore, multisystemic family strategies are employed to change offender behavior. Several other treatment services are also

available to clients. The Mahoning County Chemical Dependency Program (MCCDP) offers a program aimed at dual-diagnosed individuals. Moreover, clients have access to GED classes, vocational training, employment readiness services, and job search classes. Housing assistance is provided when needed. Finally, parenting and family services are offered the Mahoning County Children's Services Board.

Participants must meet several criteria to graduate from the drug court. First, clients must have been in the program for a minimum of 52 weeks and have had six months of "clean time." Additionally, participants must have completed all treatment requirements and make full restitution. Step 8 of the 12-step program must be completed, and clients must have a sponsor. Finally, participants must complete a graduation questionnaire, meet with the entire treatment team, and must be willing to be contacted following graduation. The court has had 37 graduates. A ceremony is held for graduates at which time they receive a diploma in recognition of their success. The court also have several termination criteria in place. Individuals may be terminated if they have been arrested for a violent or drug trafficking arrest, have had numerous positive urine tests, or have had multiple sanctions for non-compliance with treatment. Twenty-five participants have been terminated from the program.

The Mahoning County drug court has a comprehensive continuum of sanctions. Offenses are categorized into level A offenses (i.e. absconding from treatment with no voluntary return, absconding from treatment with voluntary return, new felony arrest, new felony conviction, new misdemeanor arrest, and new misdemeanor conviction) and level B offenses (i.e. missed urine/dirty urine, missed treatment appointment without a valid excuse, missed AA/CA/NA meetings, forged meeting sheet, no meeting sheet, late to court, missed court without valid excuse, and failure to produce urine receipt). Each "offense" may be dealt with according to

several possible sanctions specified, though the judge has final discretion in imposing a sanction. Possible sanctions include community service, jail time, bench warrants, court appearance, bond revocation, treatment plan review, increased number of status hearings, increased reporting, and termination. Individuals who relapse are likely to receive jail time and may actually be terminated from the program. Moreover, new offenses are dealt with through the use of the graduated sanctions. Thus, a new felony conviction will result in termination, but other offenses will be dealt with in various manners. Any new violent conviction will result in termination. The completed survey also indicated that a continuum of rewards is in place. However, the attached list of rewards was simply the phase system, thus it appears that there are not any actual rewards in place, aside from movement through the phase system.

A process evaluation was completed on the Mahoning County Drug Court in September, 1999. The program has not yet had an outcome, impact, or cost-benefit analysis conducted. The court is currently utilizing the University of Cincinnati database. A 12 member oversight/steering committee is in place to oversee operations and make recommendations for improvement.

The court received a DCPO planning grant in 1997-1998 and a DCPO implementation grant in 1999. Funding for 2000 also came from a DCPO implementation grant in addition to an ODADAS drug court grant. The court has already received a DCPO implementation grant for 2001.

The drug court team has participated in several training programs including two sponsored by the DCPO. Included in this training was a mandatory three day training conference and an one day conference on cultural sensitivity. Efforts have been made to educate numerous community leaders on the drug court process and programming. The coordinator reported that

all team members are knowledgeable about addiction, recovery, and the court system. A major obstacle faced by the court involves referrals. The coordinator noted that many defense attorneys are hesitant to refer clients because of the difficulty of the program. Other limitations of the drug court concern drug testing and the difficulty of enforcing compliance with abstinence. Future training needs were not noted, though it was indicated that a comprehensive staff training manual is in the process of being developed.

The reported strength of the program concerns the team members. It was reported that team members are highly motivated about the program and believe in it “wholeheartedly.” Some improvements have been made to the program following its inception. The transition from residential placement to intensive outpatient treatment has been improved. Furthermore, communication between the various drug court members has improved. Currently, the court is in the process of adding a law enforcement component to the program. Desired changes involve a drug court alumni group developed by former participants. The program hopes to be able to assist the alumni in developing a supportive and beneficial weekly meeting that alumni may rely upon to keep them focused on recovery.

Miami County

The Miami County Recovery Council Drug Court Program which began on April 4, 2000 is under the jurisdiction of the Miami County Common Pleas Court. Miami county is a suburban jurisdiction with population of 99,200. The program is expected to serve 10 clients annually. There have been a total of 10 participants since its inception; 7 are still active while three have been terminated. There have not been any graduates from the court.

Participants may enter the drug court in a number of ways. They may enter the program post-conviction or as the result of a probation violation. Additionally, participants may be

sentenced to the program as treatment in lieu of conviction. Finally, participants may be given a judicial release into the drug court. The court targets non-violent individuals whose current or past criminal behavior is motivated by alcohol or drug use/abuse and who have been charged with a felony level 2, 3, 4, or 5 offense. Eligibility is based on current and past behavior. Eligible clients must be agreeable to conditions of community control supervision, must be alcohol or drug dependent or at high risk for such, and must demonstrate the willingness and motivation to meet all conditions of the drug court and become actively involved in recovery. Individuals whose current offense is a traffic offense or is not sanctionable by community control are not eligible for the program. Furthermore, potential participants must not have any holds from other jurisdiction, must not have a significant history of drug trafficking. Offenders with a history of violent patterns or who have significant emotional, mental, or physical conditions are deemed ineligible. Finally, participants must be a resident of Miami county and must have the approval of both the drug court coordinator and the sentencing judge. Potential participants are referred to the program by probation officer, judges, attorneys, and treatment providers.

The treatment provider is responsible for both eligibility screening and substance abuse screening. The SASSI and a clinical assessment are used to screen for eligibility. The SASSI is also used to screen for substance abuse. Additionally, a psychosocial evaluation is conducted to further assess the severity of substance abuse. Participants do not receive any risk or needs assessment.

Once accepted into the drug court, participants begin a three phase program which lasts, on average, 12 months. Movement between phases is dependent upon compliance with expectations and phase requirements. Phase I lasts a minimum of two months. During this time,

participants complete an intake/orientation with the case manager, undergo assessment and begin treatment. At a minimum, clients are drug screened two times a week and must have clean results for four consecutive weeks before being eligible to move to Phase II. Participants must also report to the case manager twice a week, and should make an effort on payment of any court costs, fees, etc. Bi-weekly court appearances are also required. Furthermore, clients should obtain employment or, at a minimum, begin the process of obtaining employment. Clients must have two consecutive months of 100% compliance with probation supervision rules and 100% attendance at scheduled court sessions. Finally, participants must be 80% compliant with treatment sessions and 12-step meetings. Movement to Phase II occurs when team members agree progress has been made and recommends Phase II status.

Phase II lasts a minimum of 4 months. Participants must continue to submit to urine screens twice a week and must have clean urine results for 4 consecutive months. During this phase, they report to the case manager once a week. Progress on payment of court costs and fines must continue, and community service requirements must be completed. Clients continue to make bi-weekly court appearances and should complete primary treatment (excluding aftercare and relapse prevention) during this phase. Furthermore, clients must obtain employment or equivalent. Movement to Phase III requires 4 consecutive months of 100% compliance with probation supervision rules and 100% attendance at scheduled court sessions. Additionally, clients should be 80% compliant with scheduled treatment sessions and 12-step meetings. Finally, members of the drug court team must agree progress has been made and recommend Phase III status.

The final phase of the program lasts a minimum of 6 months. During Phase III, participants must continue to have weekly urine screens and should have clean results for 6

consecutive months. Clients report to the case manager one to two times a month and should have all court costs, fines, and treatment costs paid in full. All formal treatment requirements and community service requirements must be completed, and the participants must maintain full-time employment or its equivalent. Graduation requires 6 consecutive months of 100% compliance with supervision rules and 100% attendance at all scheduled sessions. There must also be 80% compliance with treatment session and 12-step meetings. During this phase, participants may petition the drug court team regarding graduation. Participants may graduate when the team members agree progress has been made and recommends graduation.

Several placement settings are available for substance abuse treatment. When necessary, clients may be placed in detoxification, a residential treatment center, a stabilization group, or residential housing. The majority of substance abuse treatment is done through intensive outpatient or outpatient programming. The drug court does not have the funds to provide mental health, educational, vocational, or housing treatment. However, it was noted that clients have access to these services in the community. Parenting and family issues are minimally addressed during the outpatient portion of the drug court program.

The graduation criteria are simply to complete all three phases. Additionally, participants must have been active in the program for a minimum of 12 months before being eligible to graduate. The program is less than a year old, thus there have been any graduates yet. Unsuccessful termination occurs when treatment options have been exhausted or the participants demonstrate an unwillingness or “unableness” to continue in the program. Termination decisions are essentially decided on a case by case basis as there are no objective termination criteria in place. There have been three terminations to date.

The survey indicates that neither a continuum of sanctions nor a continuum of rewards is in place. However, participants are provided with a list of possible rewards and sanctions. Potential sanctions include increased drug testing, increased frequency of court appearances, community service work, reversing phase status, increased restriction of supervision conditions, electronically monitored house arrest, and short-term incarcerations. Other sanctions include the imposition of fines and/or court costs, a capias issued, reinstatement of criminal proceedings which may include prison time, or termination from the drug court. Possible rewards include less frequent drug testing, less frequent court appearances, faster advancement through phases, increased privileges and/or less restrictions, or special out-of-county passes. Additional rewards may include an extended curfew, graduation, or early release from community control. Both relapse and new offenses are handled on a case by case basis.

The program is too new to have had any type of evaluation conducted.. The University of Cincinnati database is being utilized to assist in future evaluations. Although the court does not currently have an oversight or steering committee, steps are being taken to create one. Specifically, the drug court is in the negotiation stage to use the Community Correction Planning Board or a sub-committee of that board to act as an advisory board to the drug court.

Funding is listed as a limitation of the drug court. Fiscal years 2000 and 2001 are funded through ODADAS. It was noted in the survey that some of the ODADAS funds were used in 2000 during the planning stage.

Team members have received training through the Supreme Court of Ohio. Additionally, the drug court coordinator has received training through NADCP. Efforts have been made to educate local leaders and organizations on drug court programming. Information about effective treatment and cross training with the drug court team were indicated as future training needs.

As previously noted, one obstacle faced by the drug court involves funding. Other obstacles include staff limitations and the difficulty in achieving buy-in from all the courts and local powers. A strength of the program is the amount of cooperation and input from treatment staff. Since the program's inception, some significant changes have occurred. Specifically, a drug court specific counselor was hired, an aftercare group was put into place, and site offices are being expanded. The expansion of site offices has enables onsite urinalysis testing to occur. Future changes the coordinator hopes to see include the development of a sanction and reward schedule, and greater involvement from the prosecutor's office and law enforcement agencies.

Montgomery County

The Montgomery County Adult Probation Department Drug Court is under the jurisdiction of the Montgomery County Common Pleas Court and began in January, 1996. Montgomery county is an urban county and has population of 558,427. Since November, 1997⁴ there have been 517 participants in the program. The court projects serving 132 clients annually and currently has 154 active participants. There have been 266 graduates and 50 terminations during that same time period.

Clients may enter the program under several different legal statuses. Participants may enter the program as part of a treatment in lieu or intervention in lieu of conviction sentencing scheme. Some participants enter the court post-adjudicated while others may be in the program as the result of a probation/community control violation. The target population are non-violent offenders who have been charged with possession of cocaine, a felony level 5 offense.

Participants must be free of mental illness and must be considered drug dependent or in danger

⁴ The drug court began in January, 1996 as a pilot program. The drug court did not officially begin until November, 1997 when the grant began. Numbers for the pilot program were unavailable.

of becoming drug dependent. Referrals to the drug court come from multiple sources including judges, defense attorneys, the adult probation department, and police agencies.

Eligibility screening is conducted by the court and through Crisis Care. It appears that Crisis Care uses the SASSI to assess both eligibility and severity of substance abuse while the probation department relies on the Ohio Revised Code to identify eligible participants. Potential clients are also assessed on risk and need using the Level of Service Inventory-Revised (LSI-R), through it is unclear who is conducting this assessment.

Once accepted into the drug court, participants are likely to remain in the program for an average of 12 months. The survey indicates that a phase system is in place, however, no further details about the phases were provided. It appears that on the record program review hearings are conducted on a weekly basis. Drug testing is conducted through the court and the treatment provider. A policy for drug testing is in place, however, further details were not provided. Participants are required to pay \$50 in probation/supervision fees and may be required to pay varying amounts of treatment fees and court costs.

Several settings are used for substance abuse treatment. Detoxification is available through area hospitals when needed. Other participants may be placed in intensive outpatient, short-term residential (28 days), residential (up to six months), halfway house, or a community based correctional facility (up to six months). Participants are also likely to receive outpatient treatment in addition to aftercare. Throughout the program, participants are required to attend a minimum of three AA/NA meetings per week and must provide documentation during court proceedings. The program also provides for other treatment needs including mental health, education, vocational, housing, and parenting/family services. Case management is provided through treatment providers, the adult probation department, and the Court.

Participants are available for graduation after meeting several criteria. Clients must have 6 consecutive months of sobriety, successful completion of treatment, and must be employed, on SSI or be enrolled in school. Furthermore, participants must fulfill payment of court costs and supervision fees. Finally, participants may not have had any felony convictions within 6 months. Graduation is celebrated with a ceremony where participants are presented with a certificate and a clock in recognition of their accomplishment. Since November, 1997, there have been 266 graduates. Participants may be terminated from graduation for a number of reasons including involvement in a violent offense or an offense involving a firearm. Cases involving technical violations of supervision, continued use of illicit drugs despite treatment intervention, or absconding from supervision are evaluated on a case by case basis. There have been 50 terminations since November, 1997.

The drug court survey indicates that both a continuum of sanctions and a continuum of rewards is in place, however, no further details were provided. Relapse (defined as a positive urinalysis for crack cocaine results in 24 hours in jail and an increase in the frequency of urine testing. Additionally, treatment providers are consulted for changes in treatment plans. The response to new offenses is dependent on the type of offense. Convictions for violent offenses or offenses involving a firearm result in revocation/violation proceedings. Participants who have been convicted of other offenses are not necessarily terminated. Instead, such cases are decided on an individual basis.

A process evaluation has been completed on the drug court by Dr. Thomas Koebernick at Wright State University. There has not been an outcome, impact, or cost-benefit analysis conducted. The court is using Courtview 2000 as a data collection tool. It is not clear whether an oversight or steering committee is in place. Funding sources were not made clearly identified.

However, it appears that the court has received an OJP/DCPO planning grant while in its planning stages. The first year of the program was funded by an OJP/DCPO implementation grant while the third year of the program was funded through an OJP/DCPO enhancement grant. Funding for the second year of the program was not reported.

Drug court team members have been offered several training opportunities including conferences hosted by NADCP, and OADCP. Furthermore, correspondence courses in chemical dependency have been offered in addition to in-house training by a local treatment provider. Community leaders such as judges, attorneys, law enforcement, treatment providers, and the ADAMS Board of Montgomery County have all been educated about drug court programming. Drug court team members are knowledgeable about addiction as evidenced by the fact that each member is a registered candidate to become a CCDC and is in the process of attending chemical dependency training to become certified. Team members are also reported to be knowledgeable about recovery and the court system. Future training needs include further education in chemical dependency, 12-step programming, and time management.

Limitations of the drug court include limited time to make field contacts, and statutory requirements disqualifying offenders who have prior felony convictions. An additional difficulty is the statutory requirement that offenders must be supervised for 12 months. Strengths of the programs include supervising officers' knowledge of offenders, and networking with treatment providers. Other strengths include the involvement of both law enforcement and the judiciary. Some changes have been made since the drug court program was first implemented. These include increased networking with law enforcement and treatment providers. Finally, another improvement concerns the use of probation officer guided group reporting sessions where topic relating to chemical dependency are discussed among participants.

Richland County

The Richland County Substance Abuse Treatment Center (SATC), under the jurisdiction of the Richland County Common Pleas Court began in April, 1997. Richland county is a rural jurisdiction and has a population of 127,342. The program has served a total of 162 individuals since its inception and serves 80 clients on an annual basis. Currently, there are 67 active participants in the drug court. There have been 37 graduates and 50 terminations⁵.

The SATC was designed for both diversion and post-conviction cases. The target population is non-violent, drug or alcohol dependent felony level 3, 4, or 5 offenders whose current or past criminal behavior is drug or alcohol motivated. There are several eligibility criteria in place. The current charge must be a probationable offense and there must not be a history of severe mental illness or any acute health condition. Potential clients should demonstrate sincerity and willingness to participate in an 18 month treatment program. Offenders whose current charge includes a DUI/DWI, who exhibit evidence of drug trafficking, or who have holds from other jurisdictions are not eligible for SATC. Finally, the county prosecutor's office must grant approval. Referrals to SATC come from Judges, defense attorneys, self, pre-trial services, probation, prosecutors, and law enforcement.

Eligibility screening is conducted by the SATC treatment coordinator. The MAPP is used to assess eligibility. The treatment provider is responsible for assessing the severity of substance abuse. Substance abuse assessments used include the SASSI, MAPP, and a psychosocial evaluation. Clients are not assessed on risk or needs.

The drug court program is an 18-month, four phase program. Once accepted into the drug court, clients are placed into one of four tracks as determined by the assessment process.

⁵ It is unclear what has happened to the other eight cases.

Track One, the residential placement track, has four phases beginning with a residential placement which lasts between 30 and 90 days. Phase II is intensive outpatient treatment and generally lasts about 16 sessions. Phase III is relapse prevention/outpatient counseling and usually lasts approximately 40 weeks. Finally, Phase IV is continuing care and lasts about 6 months. Track Two, an intensive outpatient track, is for less serious offenders as indicated by placement settings. Phase I is intensive outpatient and lasts for roughly 16 sessions while Phase II is relapse prevention and Phase III is outpatient counseling. Both Phase II and Phase III last approximately 25 weeks each. Phase IV, like the same Phase in track one, is continuing care and lasts for 6 months. Finally, Track Three, a relapse prevention/outpatient counseling track, is for clients with less serious substance abuse problems. Participants on track three only go through two phases, Phase III, and Phase IV. Phase III is relapse prevention/outpatient counseling and lasts for 50 weeks while Phase IV is continuing care and lasts for 6 months.

Requirements for each phase are consistent despite the different tracks. For each phase, participants are required to submit to a urine screen a minimum of once a week. During Phase I, participants are also required to attend a minimum of three groups sessions per week, a minimum of two court appearances per month, and a minimum of three AA/NA meetings per week. Phase II requirements are one group session per week, two court appointments per month, and three AA/NA meetings per week. The requirements are identical for Phase III. Participants in Phase IV are no longer required to attend a minimum number of group sessions but must attend one court appearance per month and must increase the number of AA/NA meetings to a minimum of 4 per week.

It is not clear what treatment modality is used for the substance abuse treatment. However, it is noted that other support group services are used. Specifically, SATC provides

information on domestic violence groups, Al-a-non, Al-a-fam, C/A, and N/A meetings.

Similarly, mental health, education, vocation, housing services, and family/parenting services are available as needed.

The treatment coordinator indicated in the survey that both graduation criteria and termination criteria are in place and referred to attached documentation for specific details. However, the attached documentation failed to provide evidence of specific criteria for either graduation or termination. Successful participants are honored with a graduation ceremony at the time of the release from the program. During the ceremony, participants are presented with a plaque, a certificate, and a key chain. There have been 37 graduates of the program and 50 participants have been terminated from the program.

The SATC has both a continuum of sanctions and a continuum of rewards in place. Sanctions include increased drug testing, increased participation in outpatient individual and/or group sessions, increased frequency of court appearances, increased AA/NA attendance, and community service work. Additional sanctions include short-term incarceration, commitment to community residential treatment, possible bond revocation, or a repeat of program activities. Furthermore, participants may receive fines and/or court costs, or a reinstatement of criminal proceedings. Finally, clients may be terminated from the program. Rewards include less frequent court appearances, less frequent urine testing, less frequent AA/NA attendance, or more rapid advancement through phases. Other rewards may include a reduction of supervision conditions, a reduction of costs, special passes for functions out of the county, an extended curfew, driving privileges, or a dismissal of charges. Finally, participants may be rewarded with a graduation ceremony and successful completion of SATC. The program has been successful in securing donations from local businesses. Examples of donated rewards include movie passes,

restaurant gift certificates, bowling passes, car washes, store gift certificates, bus passes, and adult education classes. Both relapse and new offenses are dealt with on a case by case basis using graduated sanctions.

In 1999, a process evaluation was completed for SATC by Russell L. Craig, and Jeffrey B. Spelman. There has not yet been an outcome, impact, or cost-benefit analysis conducted. The court is utilizing the University of Cincinnati database. There is a 12 member oversight/steering committee which includes several drug court team members. This committee has been educated on drug court programming and processes.

Funding for SATC has come from various sources. An OJP/DCPO planning grant was secured for fiscal year 1997-98. The first year of the program was funded through an OJP/DCPO Implementation grant and an ODADAS Drug Court grant. Each subsequent year has, in part, been funded through the ODADAS Drug Court grants. Additional funding was secured for the third year (FY 1999-2000) of the program. In addition to the ODADAS funding, SATC received an OJP/DCPO Implementation and an OJP/DCPO Enhancement grant during the third year.

The treatment coordinator reported that drug court team members are knowledgeable about addiction “to a certain extent” but are less knowledgeable about recovery. He further reported that team members are as educated as they need to be regarding the court system. No information on past trainings was reported, nor were there any indications of what type of further training is needed for the SATC.

The drug court faces several obstacles and limitations. Reported limitations include poor medial cooperation, little community/public support, the lack of an alumni group, and limited participation by prosecutors and defense attorneys. Reported strengths included good team

coordination, the ability to use intensive supervision with participants, and strong judicial support. It was also noted that several changes have taken place since SATC's inception. These include the addition of a case manager, the use of probation software, and increased buy-in by the local law enforcement agencies. Additionally, a Richland County Drug Court Training Collaborative has been formed which is a statewide training program dealing with issues surrounding drug courts. Finally, future changes may focus on securing greater involvement from the prosecutor's office and with defense attorneys.

Stark County

The Stark County CHANCE program, under the jurisdiction of the Stark County Common Pleas Court began in July, 1998. Starke County had a population of 375,000. CHANCE serves 75-100 participants annually and currently has 56 active clients. There have been 15 graduates since its inception and 80 terminations.

The drug court is post-adjudication; clients plead guilty to a felony charge which is expunged upon successful completion of the program. Potential clients are referred through pretrial services and defense attorneys. Individuals are screened for eligibility by the court, the prosecutor's office, and the treatment provider. Eligibility is determined through the used of the Defendant Questionnaire. The risk and needs of potential clients are assessed through the use of the LSI-R. In addition to eligibility screening, the treatment provider is also responsible for assessing the level of substance abuse. A psychosocial evaluation and the Defendant Questionnaire are used to determine the severity of substance abuse.

CHANCE uses a phase system which generally lasts between 12 and 18 months. Although seldom used, detoxification is available to clients who need it. CHANCE participants may also be placed in a residential setting if necessary. However, Starke County only has 16

beds available. Thus, CHANCE must compete with other programs for space and reports that the lack of space is a limitation of the program. All participants begin the program in intensive outpatient treatment. IOP typically lasts for 8 weeks during which time participants meet three times a week. The next level of the program is outpatient treatment and requires clients to meet twice a week for four months. Following outpatient treatment, clients are placed into relapse prevention. This phase of the program lasts for 6 months and clients are required to meet once a week. Program review hearings are held bi-monthly and are off the record. CHANCE utilizes AA/NA throughout the program and bases its treatment on the disease model. The treatment provider and probation officers are responsible for case management.

In addition to substance abuse treatment, educational services are available to those individuals wishing to pursue a GED. Referrals may also be made for mental health services when necessary. Furthermore, a vocational coordinator is on-site for participants needing assistance in this area. Housing and family services referrals are made as needed.

Clients must meet several criteria before graduating from CHANCE. They must complete all phases of the program and be employed full-time. Additionally, all fees must be paid in full and any community service hours must be completed. Finally, clients must be clear for 90 days and must not have any outstanding charges. There have been 15 graduates since the program's inception. Graduates are honored at a graduation ceremony where they receive a certificate and a plaque. Additionally, as previously noted, charges are dismissed upon graduation. Termination criteria are less formal. Clients who have been convicted of domestic violence are terminated. Most other decisions are generally made on a case by case basis. Generally, clients who have absconded, received a new felony charge, or who have failed to comply are terminated. There have been 80 terminations since the program began.

CHANCE does not have a formal continuum of sanctions in place. Sanctioning decisions are decided on a case by case basis. Additionally, there is not a formal process for handling new offenses or relapse. Unless there is a conviction for domestic violence, a new offense does not automatically result in termination. Again, discretion is used when making decisions regarding new offenses. Although rewards are used, there is no formal policy governing their use. Examples of rewards include restaurant gift certificates and movie tickets. Local businesses such as McDonalds, Taco Bell, and Blockbuster have all contributed donations to the drug court program.

A process evaluation is currently being conducted on the CHANCE program. There has not been an outcome, impact, or cost-benefit analysis completed. The court is utilizing the University of Cincinnati database to assist in data collection. While the program did have an oversight/steering committee in place during the implementation phase of the program, there has not been a committee in place since that time.

The Stark County drug court received an OJP/DCPO planning grant in 1997. The first year of the program was funded through an OJP/DCPO Implementation grant in addition to an OJP/DCPO Enhancement grant. Funding for 1999 through March 2001 was provided solely through OJP/DCPO Implementation grants. Funding for the program after March 2001 will be provided through local sources.

Drug court team members have received several training opportunities including drug testing seminars, OCCO conferences, and an implementation grant team building meeting. Counselors continue to attend trainings as part of their job requirements. It was further reported that team members are knowledgeable about addiction and recovery, and are very supportive of treatment. Furthermore, team members are reported to understand the court system. The drug

court coordinator reports good relations with community leaders who were educated about the drug court program largely during the planning stages of the court.

Obstacles facing the CHANCE program are private attorneys and the shortage of residential beds. Changes to the program since its inception include the addition of a probation officer assigned to the program, which is also reported to be a strength of the program. Other strengths include readily shared information between team members. Finally, the collaborative effort is further enhanced by the fact that treatment providers are also court employees.

Trumbull County

The Trumbull County Drug Court is a relatively new program. It began in February, 2000. Trumbull County has a population of 225,000 and is a mixture of urban and rural settings. There have been 45 participants since its inception; currently there are 43 active participants. The projected number of clients served annually ranges from 50 to 70. The program is too new to have had any graduates and it reports having zero terminations.

The program targets non-violent substance abusing felony offenders. Eligibility criteria are based on past and current offense history. Specifically, offenders who have violent juvenile adjudications, or have been charged with a felony sex charge in ineligible. Additionally, potential participants must not have any prior state commitments, and no DUI's. Finally, individuals who have been charged with felony level one, two or three, or juvenile trafficking offenses are deemed ineligible. Referrals to the drug court come from several sources including judges, attorneys, defendants, treatment specialist, probation officers, and the prosecutor's office. Additionally, family members may also make referrals to the program.

Both the prosecutor's office and the drug court coordinator are responsible for eligibility screening. Tools used to assist in screening include a background check and the Texas Christian

University Drug Dependence Screen. The level of substance abuse is determined by the treatment provider. The ASI, MAPP, STAXI, and DUSI are used to assess substance abuse. Potential clients are not assessed on risk and needs.

The Trumbull County drug court program typically lasts 18 months. It was not reported whether or not a phase system is in place. Program review hearings are conducted on a weekly basis and are off the record. Both the drug court coordinator and the adult probation department are responsible for supervision services while the treatment provider and drug court coordinator are responsible for case management. It was reported that detoxification, inpatient hospitalization, residential treatment, halfway house placement, intensive outpatient, outpatient, education, relapse prevention, and aftercare are all in place for substance abuse treatment. However, it was not made clear how these services are used. Twelve-step programming is used as part of treatment, and may also be used as a sanction. Drug testing is the responsibility of the drug court coordinator and the adult probation department; no formal policy is in place. Other treatment services available to clients include mental health referrals and housing assistance when needed. Education services and family/parenting services are provided by Community Solutions. Finally, vocational training and development referrals are made when necessary.

Several graduation criteria are in place. Participants must successfully complete the assigned treatment program and must make a successful transition into the aftercare component of the program. Furthermore, participants must have a high school degree or GED equivalent before being eligible for graduation. Finally, payment of all fines, treatment fees, or restitution, as required by court, must be made in full. There have not been any graduates because the program is too new; it is unclear whether a graduation ceremony or awards will be used to honor participants for their accomplishments. Termination may occur for several reasons. Individuals

who fail to comply with court rules or treatment rules may will be terminated. Similarly, individuals who abscond or request release from the program will also be terminated. There have not been any terminations from the program.

The drug court does not have a continuum of sanctions or rewards in place. Furthermore, there is no formal policy for dealing with new offenses committed by active participants. It appears that such occurrences will be dealt with on a case by case basis. Relapse is reported to be handled by the treatment staff. It was further reported that sanctions are given for relapse; however, no formal policy appears to exist.

The program is too new to have had any type of evaluation conducted. Data collection is being conducted with the assistance of the University of Cincinnati database. An oversight/steering committee has recently been put in place. It is unclear who is on the committee or when it was created. Funding for the first year of the program was through an OCJS Byrne Memorial Grant. It is expected that the second year of the program will be funded through the same source, though an award has not yet been made.

Training opportunities were not reported. However, it was reported that both judges and stakeholders have been educated on drug court programming. Team members are reported to be knowledgeable about both addiction and the court system, and somewhat knowledgeable about recovery. Specific training needs were not addressed. Limitations of the drug court are related to financial setback and the lack of staff members. Although no changes have been made to the program, the drug court coordinator would like to add a fee to be paid by participants. Strengths of the program were identified as good cooperation and collaboration between team members, and a good understanding of the disease model.

PROFILE OF MUNICIPAL DRUG COURTS

The state of Ohio has six Municipal Drug Courts. This section reports descriptions of five of the courts⁶. Surveys were not received from Cuyahoga and Norwalk Municipal Drug Courts.

Crawford County Municipal

The Crawford County Municipal Drug Court began in April, 1999. Crawford County has a population of 50,000 and is a rural area. The program has had 25 participants since its inception and currently has 7 active clients. The projected number of clients served annually is 12. There have been two graduates of the drug court and 15 terminations.

The drug court targets probation/community control violators. Substance abusing probationers who have had inpatient treatment and continue to need help are considered eligible for the program. Referrals are made by treatment agencies, the judge, and the probation office. Screening for eligibility and substance abuse is conducted by the treatment provider. It is unclear what screening instruments are used. Risk and needs assessments are not conducted.

Clients are typically in the drug court for 12 months. The court does not operate on a phase system. Drug court clients are supervised by the court; no case management system is in place. Bi-weekly program review hearings are on the record. Although no set policy is in place, drug testing is the responsibility of both the court and the treatment provider. Information on treatment provided to drug court participants was not provided. Neither a continuum of sanctions nor a continuum of rewards has been developed. Participants who relapse are generally sanctioned to serve a portion of their jail sentence and must re-enter the drug court. New offenses are handled on an individual basis and could result in removal from drug court.

⁶ Cuyahoga Municipal did not return a survey, however some descriptive information was available from previous correspondence.

It is unclear what graduation criteria are in place, however, graduates are honored at a ceremony and receive a wood plaque and certificate. There have been two graduates since the program's inception. Individuals who fail to follow the requirements of probation and the treatment agency are terminated from the program. Fifteen clients have been terminated from the drug court.

The court has not yet received any type of evaluation. It is not clear if data is being collected or if the University of Cincinnati database is being utilized. No oversight or steering committee is in place. Funding sources were not identified in the returned survey. Furthermore, there was no information about training opportunities or needs. It was noted that the drug court coordinator believes each member of the team to be knowledgeable about addiction, recovery, and the court system. No attempts have been made to educate community leaders about the drug court.

Cuyahoga County

The Cuyahoga Drug Court began in April, 1998. The program targets defendants appearing in Cleveland Municipal Court on felony level 4 or 5 drug offenses (including possession of criminal tools) with no prior adult felony convictions or violent convictions and no other pending felony charges. Referrals are taken from the Narcotics Unit of the Cleveland Police Department, the Grand Jury, Municipal Court bond investigators, and from judges and attorneys. The eligibility of the offender is based on the charges filed and an initial criminal history. The program has had 130 participants. The University of Cincinnati has conducted a process evaluation on the court. Further details are unavailable as a survey was not returned.

Mansfield Municipal

The Mansfield Municipal Treatment Court program is under the jurisdiction of the Mansfield Municipal Court. Mansfield has a population of 126, 137 and is a rural jurisdiction. The treatment court began in April, 1997. The annual number of clients projected to be served annually is 45. There are currently 50 participants and there have been 24 graduates. The total number of clients served annually and the total number of terminations were not available.

Clients may enter the treatment court as the result of a new charge or probation/community control violations. Individuals targeted for the treatment court are non-violent felony offenders who enter the court system with drug/alcohol related cases. Several eligibility criteria, largely based on current and past criminal behavior, are in place. Specifically, the current charge must be a probationable offense and criminal behavior must be motivated by drug or alcohol use. Furthermore, potential clients must be deemed dependent of drugs or alcohol. Additionally, individuals must wish to enter treatment and must be sincere about wanting to change behaviors related to drug and alcohol use. Individuals with a history of violent behavior patterns, severe mental illness, or with acute health conditions are not eligible for the treatment court. Similarly, participants may not have holds from other jurisdictions and must not be involved in significant drug trafficking. Finally, approval must be granted by the law director's office. Referrals to the treatment court come from several sources including judges, probation officers, the law director, attorneys, and law enforcement.

Potential clients are screened for eligibility by the Court. It is unclear what screening instruments are used to determine eligibility. The treatment provider uses the SASSI, MAPP, and Who Me instruments to assess substance abuse. Eligible clients are not assessed on risk and needs.

The treatment court operates on a five phase system. The program generally takes 12 months to complete. When necessary, clients will be provided detoxification services which may last up to five days. Phase I of the program is residential placement. Participants are in this phase for an average of 30 to 90 days. During this phase, participants are observed 24 hours a day in a halfway house. Participation in 12-step meetings is required. A transition phase is provided between residential treatment and intensive outpatient treatment. The transition portion of Phase I generally takes a minimum of 30 days, dependent upon client progress. The second phase of the program is Intensive outpatient treatment. During this phase, clients receive individualized treatment services which may address substance abuse, psycho/social services, medical issues, employment services, and family issues. Individuals are required to attend three, three-hour sessions per week for a minimum of 16 sessions. Participation in 12-step meetings continue to be required. Phase III of the program focuses on relapse prevention and outpatient counseling. This phase generally lasts 20 weeks and focuses on recovery issues for individuals who have maintained a period of abstinence. Clients are still required to attend 12-step meetings, and are also required to assume financial responsibility for treatment services. Phase IV of the treatment court generally lasts for three months and consists of aftercare. During this phase, participants are required to engage in training and education services provided by local organizations. Clients continue to be financially responsible for treatment services. The level of supervision decreases as individuals move through this phase. Maintained Sobriety, the final phase of the program, typically lasts for three months. Twelve-step programming continues to be required and the level of supervision continues to become less intensive. The focus of this phase is long-term employment, positive family communication, and reintegration into the community. Bi-weekly, on the record, review hearing meetings are required during the first

three months of the program. During the remainder of the program, review hearings are scheduled on an individual basis. Similarly, drug testing occurs twice a week during the first several months of participation in the treatment court. After that, frequency of drug testing is decided on an individual basis.

Participants must have completed all treatment phases before being eligible for graduation. Furthermore, they must have 90 days of sobriety, and be employed. Finally, they must have a high school diploma, GED, or equivalent. Twenty-four clients have successfully graduated from the treatment court. Graduates are honored with a graduation ceremony where they are presented with a plaque and certificate. There are not any formal termination criteria in place. Instead, decisions are made on an individualized basis. The program coordinator was unable to provide the total number of terminations.

The treatment court has both a continuum of sanctions and a continuum of rewards in place. Sanctions may include increased drug testing, increase required group or individual sessions, increased supervision, or increases court appearances. Furthermore, sanctions may consist of community service, short-term incarceration, commitment to a community residential facility, or bond revocation. Finally, sanctioning options include repeating program activities, the imposition of fines and court costs, and termination for the treatment court. Possible rewards include less frequent court appearances, less frequent urine testing, more rapid phase advancement, fewer probation conditions, or a reduction of fines and costs. Furthermore, participants may receive special passes out of the county and state, an extended curfew, or driving privileges as rewards. Finally, graduation ceremonies and successful completion of the treatment court are considered rewards. The court is in the process of obtaining donations from local businesses for other rewards. Relapse is viewed as a treatment issue the first time.

However, the second relapse is sanctioned with three days in jail. It is unclear what happens with further relapses. Participants who commit a new offense while in the treatment court receive a probation violation.

It was not reported whether or not the treatment court has received any type of evaluation, however, data is being collected using the University of Cincinnati database. The court also maintains a six county inter-agency coordinating committee which acts as an oversight committee for the treatment court. Funding for the treatment court has largely come through Law Enforcement Block Grants. Block grants have provided funding for the program each year it has been in existence. The court also received an OJP/DCPO Implementation grant for its third and fourth years.

The treatment court team members have had several training opportunities. Specifically, training on team building, cross-disciplinary, and cultural awareness has been offered. The coordinator reported that team members are knowledgeable about addiction, recovery, and the court system. Future training needs were not identified.

The treatment court coordinator reports a staff shortage as the only limitation. At the time the survey was completed, the court had only one supervising officer. Improvements made to the program include the addition of mental health services and referrals. The reported strength of the treatment court is a strong commitment on the part of the treatment team.

Miami County

The Miami County Recovery Council Drug Court program began in April, 2000 and is under the jurisdiction of the Miami County Municipal Court. Miami County has a population of 99,200 and is considered a suburban jurisdiction. It anticipates serving 25 clients on a yearly

basis and currently has 26 active participants. Thirty-one participants have entered the program since its inception. There have been zero graduates and 6 terminations.

The drug court targets non-violent, drug or alcohol dependent misdemeanor offenders whose criminal behavior is motivated by alcohol or drug use. Individuals who have committed a felony offense which can be amended to a misdemeanor are also eligible for the program. The current offense must be probationable and must not be a traffic offense such as DUI. Individuals wither significant mental health or physical health problems, or who have holds from other jurisdictions, or who have a signification history of drug trafficking are not eligible for participation. Participants must be agreeable to all conditions of probation supervision and must demonstrate a willingness and motivation to meet all conditions of the drug court. Finally, the drug court coordinator, prosecuting attorney, and presiding judge must grant approval for entry into the drug court program.

Individuals may be referred to the program through a variety of sources including the probation department, judges, attorneys, and treatment providers. The treatment provider is responsible for both eligibility screening and substance abuse assessment. The SASSI and a clinical assessment is used to determine both. Clients do not undergo a risk/needs assessment.

Once accepted into the court, participants begin a 12 month program which consists of three phases. The first phase lasts for a minimum of two months. During this phase, participants complete an intake/orientation with the case manager, undergo assessment and begin treatment. At a minimum, clients are drug screened two times a week and must have clean results for four consecutive weeks before being eligible to move to phase II. Participants must also report to the case manager twice a week, and should make an effort on payment of any court costs, fees, etc. Bi-weekly court appearances are also required. Furthermore, clients should obtain employment

or, at a minimum, begin the process of obtaining employment. Clients must have two consecutive months of 100% compliance with probation supervision rules and 100% attendance at scheduled court sessions. Finally, participants must be 80% compliant with treatment sessions and 12-step meetings. Movement to Phase II occurs when team members agree progress has been made and recommends Phase II status.

Phase II lasts a minimum of 4 months. Participants must continue to submit to urine screens twice a week and must have clean urine results for 4 consecutive months. During this phase, they report to the case manager once a week. Progress on payment of court costs and fines must continue, and community service requirements must be completed. Clients continue to make bi-weekly court appearances and should complete primary treatment (excluding aftercare and relapse prevention) during this phase. Furthermore, clients must obtain employment or equivalent. Movement to Phase III requires 4 consecutive months of 100% compliance with probation supervision rules and 100% attendance at scheduled court sessions. Additionally, clients should be 80% compliant with scheduled treatment sessions and 12-step meetings. Finally, members of the drug court team must agree progress has been made and recommend Phase III status.

The final phase of the program lasts a minimum of 6 months. During Phase III, participants must continue to have weekly urine screens and should have clean results for 6 consecutive months. Clients report to the case manager one to two times a month and should have all court costs, fines, and treatment costs paid in full. All formal treatment requirements and community service requirements must be completed, and the participants must maintain full-time employment or its equivalent. Graduation requires 6 consecutive months of 100% compliance with supervision rules and 100% attendance at all scheduled sessions. There must

also be 80% compliance with treatment session and 12-step meetings. During this phase, participants may petition the drug court team regarding graduation. Participants may graduate when the team members agree progress has been made and recommends graduation.

Several treatment options are available to drug court participants. When needed, clients may be placed in detoxification or a residential treatment center. Stabilization groups and residential housing are also available when needed. The majority of substance abuse treatment, however, occurs through intensive outpatient or outpatient programming. Clients are referred to other services such as mental health, educational, vocational, housing, and family treatment when necessary.

Participants are eligible to graduate from the drug court when they have been in the program for 12 months and have completed all three phases. While there have not been any graduates yet, the court anticipates having a graduation ceremony to honor future graduates. It is further planned that graduates will receive a token and a gift certificate for their achievements. Six participants have been terminated from the program. Individuals are terminated when all treatment options have been exhausted and there continues to be a lack of progress and motivation.

The drug court does not have a continuum of sanctions or rewards in place. However, clients are given a list of possibilities. Possible sanctions include increased drug testing, increased frequency of court appearances, community service work, reversing phase status, increased restriction of supervision conditions, electronically monitored house arrest, and short-term incarcerations. Other sanctions include the imposition of fines and/or court costs, a capias issued, reinstatement of criminal proceedings which may include prison time, or termination from the drug court. Possible rewards include less frequent drug testing, less frequent court

appearances, faster advancement through phases, increased privileges and/or less restrictions, or special out-of-county passes. Additional rewards may include an extended curfew, graduation, or early release from community control. Both relapse and new offenses are handled on a case by case basis.

The drug court has not had any type of evaluation completed, and has just started using the University of Cincinnati database for data collection. There is no oversight or steering committee in place; however, it appears that the community corrections board may soon assume that role. Funding for the drug court has come from ODADAS. The drug court grant was used in 2000 for planning and will continue to be a source of funding for 2001.

Drug court team members have received training through the Supreme Court of Ohio, and through a coordinator's training sponsored by NADCP. Community leaders, including the Rotary, Commissioners, Courts, and Human Services have been educated about drug court programming. The drug court coordinator reported that team members are knowledgeable about addiction, and the court system, but are not knowledgeable about recovery. She further noted that future training needs include ongoing information about treatment effectiveness and cross training with team members.

Obstacles identified by the coordinator include buy-in from the court and local parties in addition to financing and staffing limitations. Identified strengths of the program include cooperation and input from treatment staff. Although the program is less than a year old, some significant changes have occurred. Specifically, a counselor was hired to work expressly with the drug court, and an aftercare group was put into place. Furthermore, office space is expanding and onsite drug testing is occurring. Future changes the coordinator would like to see include the

implementation of a continuum of sanctions and more involvement from the prosecutor's office and the police department.

Summit Municipal

The Summit Municipal Drug Court program is under the jurisdiction of the Summit Municipal Court. The drug court began in June, 1995. Summit County is an urban jurisdiction with a population of 537,856 individuals. The program has served 835 clients between its inception and December 31, 1999, the last date totals were available. The projected number of clients served annually is 250; there are currently 133 active participants. The drug court coordinator estimates that there have been at least 325 graduates and 393 terminations.

Individuals accepted into the drug court enter a plea of guilty or no contest. Charges are dismissed upon successful completion of the drug court. The program targets felony level 4 and 5 offenders who have been charged with drug abuse, possession, or complicity. Such charges are amended to a Misdemeanor level one attempted drug abuse charge. Additional eligibility criteria are unavailable. Referrals to the program come from pretrial services in the common pleas court. Eligibility screening is the responsibility of several agencies including the narcotics unit, the prosecutor, police, judges, and the Oriana House caseworker. The treatment provider is responsible for assessing substance abuse. The SASSI is used to determine both eligibility and substance abuse. Additionally, the LSI-R is used to assess risk and needs after acceptance into the drug court.

On average, the program lasts 12 months. A phase system is utilized; however, no details were provided. Case management and supervision services are provided through Oriana House, the treatment provider. During the first month of the program, clients have weekly program review hearings which are on the record. Hearings are held on a as needed basis throughout the

remainder of the program. Random drug testing is conducted a minimum of once a week.

Participants are required to pay a fee of \$260. This fee is reduced to \$180 if paid prior to the six month point of participation.

Several substance abuse treatment options are available. Overall, the drug court utilizes both the disease model and cognitive behavioral groups for substance abuse treatment.

Detoxification is available when necessary. Inpatient hospitalization is also available, though participants can not be court ordered into it. Dependent upon assessment findings, clients may be placed in residential treatment for a minimum of 30 days and a maximum of 6 months.

Similarly, a halfway house may be used for up to 90 days when indicated by the assessment and an unstable living situation. All clients receive intensive outpatient programming four days a week for four weeks. Participants must complete a minimum of 80 hours of IOP programming.

Outpatient services require weekly meetings; clients may receive this treatment for as little as three weeks or as long as three months. Relapse prevention is also offered to participants.

Individuals who fail earlier services are required to complete 80 hours of relapse prevention.

Both aftercare and relapse prevention aftercare are provided to all clients. Participants must complete a minimum of 12 sessions in 15 weeks of aftercare. Finally, participants go through post-treatment, a maintenance program which meets every other week. Clients may complete this component of the treatment program in 4-5 weeks. Throughout the program, the drug court requires weekly 12-step meetings in addition to other programs. Attendance at 12-step meetings is also a condition of probation.

The court offers several other services to clients who have additional needs. Clients may be referred to both individual and group counseling for mental health needs. Although no vocational services are offered, GED classes are available to clients who need educational

services. Furthermore, housing assistance is available on a as-needed basis. Finally, although no family treatment is available, the court supports a family and friends alumni group.

Participants are able to graduate from the drug court when they have had three months of sobriety. The drug court coordinator noted that this requirement will soon be increased to 6 months sobriety. Additionally, participants must pay any outstanding fines before being eligible to graduate. As of December 31, 1999, 280 participants have graduated from the program. The coordinator estimated that the total number of graduates is now closer to 325. A graduation ceremony is held on a monthly basis. Participants receive a plaque, certificate, and a reduction of fines. Additionally, participants are invited to join the alumni group following graduation. Individuals who abscond from the program are unsuccessfully terminated. No other termination criteria are in place. There have been 393 terminations since December 31, 1997.

The drug court reported having both a continuum of sanctions and a continuum of rewards in place. However, no other details were provided about the continuum of sanctions. Possible rewards include a reduction in time in case management and a reduction of court costs. Relapse is handled on an individual basis. Possible sanctions may include an increase in treatment services. The coordinator reported that the previous judges was more forgiving about arrest than the current judge. The current judge is more likely kick participants out of the program if rearrested. Furthermore, any felony level 4 arrest of higher results in an automatic termination when the new judge is presiding.

Although the Summit Municipal drug court has not yet had a process evaluation, it has had inter-office audits conducted. Currently, an outcome evaluation is being completed by the University of Cincinnati. There have not been any impact or cost-benefit analyses conducted. The court is using the University of Cincinnati database for data collection. Furthermore, the

court has an oversight/steering committee in place; however, no further details were available. Details regarding funding were not provided in the completed survey.

Drug court team members attend a minimum of 40 hours worth of training per year. Examples of training include workshops, conferences, and sitting in at other courts. The coordinator reported that each team member is knowledgeable about addiction, recovery, and the court system. She further reported that the team members are very treatment oriented. Additionally, she noted that leaders, community organizations, and key stakeholders have all been educated about drug court programming. The court is reported to be well received and enjoys vast political support. Future training needs focus on effective treatment and the “what works” literature.

Obstacles identified by the coordinator include a shortage of staff, and having to compete for funding. Furthermore, she noted that it is difficult to convince the general public that treatment is needed for drug addicted clients. Several changes have been made to the drug court since its inception. These include the addition of a treatment counselor, relapse prevention, and aftercare. Furthermore, clients now participate in a pre-treatment interview and a post-treatment meeting. Additionally, friends and family are invited to special events on a quarterly basis in an effort to involve individuals in the drug court process. Finally, the program has added Critical Thinking Errors, a cognitive program to the treatment requirements. No future changes were identified. Strengths of the program include the members of the drug court team, specifically, the involvement of caseworkers, staff, and the police department. Also identified as a strength is the development of a courtroom work group. Finally, although it is difficult to convince the public of the need for treatment, the program coordinator feels the public generally supports the program.

PROFILE OF FAMILY DRUG COURTS

Five Family Drug Courts are currently operating in the state of Ohio. Two of the courts are described in this report. The remaining three, Butler County Juvenile/Family Drug Court, Lucas County Family Drug Court, and Morrow County Family Drug Court, were excluded from this report because surveys were not returned.

Delaware County

The Delaware County Family Drug Court is under the jurisdiction of the Delaware County Juvenile Court and began January 1st, 2000. Delaware County is a suburban county with a population of 110,000. To date, there have been 25 participants, four graduates, and four terminations. Currently, there are 27 participants and the program anticipates serving 40 participants on an annual basis.

Individuals enter the program post-adjudication. Eligibility is determined by both family and individual characteristics. Specifically, families must be receiving services through the Department of Jobs and Family Service (DJFS) for abuse, neglect, and/or alcohol abuse or have been ordered for a drug and alcohol assessment. Individual with a history of violence are deemed ineligible for the program. Eligibility screening is conducted by the treatment provider through a clinical interview and the SASSI. The treatment provider also uses the SASSI to assess severity of substance abuse. No risk/needs assessment is conducted.

On average, the length of the drug court program is 12 months. A phase system is used to move participants through the program; however, no details were provided. Program review hearings are conducted by the magistrate and occur as often as weekly to as little as monthly depending on phases. Supervision services are provided by the court while case management services are not available. Drug testing is the responsibility of the court and while a formal

policy is reported to be in place, no details were provided. Participants are required to pay a treatment fee based on income.

Substance abuse treatment services available to participants include intensive outpatient, outpatient, education, relapse prevention, and aftercare. The court is also supportive of client participation in AA/NA. Additionally, a women's support group is in place. The program identified cognitive behavioral, family systems, and reality therapy as the treatment modalities used. Additional treatment services are provided as needed. Individual and group mental health counseling is conducted through a local provider while educational, vocational, and housing needs are provided through the DJFS. Finally, parenting and family services are provided.

Graduation from the program requires several criteria to be met. Specifically, participants must have negative drug and alcohol tests for a minimum of three consecutive months, successful completion of all phases of the treatment program, the preparation and implementation of a relapse prevention plan, and employment or the demonstration of employability. Furthermore, participants can not have committed any crimes or violations for a minimum of three consecutive months. Finally, participants must follow through an comply with the DHS case plan, and if on adult probation, comply with probation requirements. Graduates are honored at a ceremony where they are presented with a medallion and gift certificates. In addition to graduation criteria, there are several termination criteria in place. Specifically, a continued failure to appear for judicial case reviews, repeated positive drug and alcohol tests, and continued failure to attend treatment sessions will result in termination. Finally, participants who engage in criminal conduct or who permanently surrender their children will be terminated.

The court reports having a continuum of sanctions and of rewards in place, however no further details were provided. Relapse is handled in different ways dependent upon the treatment provider. It was not reported how new offenses are handled.

The family drug court has not had any type of evaluation conducted but is using the University of Cincinnati database. There is not any type of steering or oversight committee in place. Details regarding funding were not provided.

Team members have gone through the “Team Building for Drug Court” training and it was noted that team members are knowledgeable about addiction, recovery, and the court system. Future training needs were identified as working on the challenges posed by being in a civil court, and how to address addiction from a family systems perspective. It was further reported that the court has educated local leaders and organizations such as the DJFS, treatment providers, and law enforcement about drug court programming.

Obstacles and limitations identified by the court include the fact that treatment is not readily available and appropriate to client needs. Accordingly, the court reports it wishes to change treatment. Since the program’s implementation, the Women’s Support Group has been developed, and the court has started a specialized parenting program. Finally, strengths of the program include the drug court staff and community support.

Lorain County

The Lorain County Family Drug court, which began February 2000, is under the jurisdiction of the Lorain County Domestic Relations Court. Lorain county is an urban jurisdiction with a population of 225,000. The program anticipates serving 20 families a year and currently has three participants. There have been 6 participants since its inception, three unsuccessful terminations, and zero graduates.

The drug court serves participants post-adjudication or probationers who have violated the terms of their probation. The court targets “the parent/legal guardian and ‘significant other’; who have children legal(y) adjudicated as abused, neglected or dependent.” Participants are referred from Lorain County Children Services caseworkers. Eligibility for the program is informally determined by both the court and the treatment provider. Specifically, the treatment provider determines the appropriate recommendation and court coordinator determines if the individuals are appropriate for the program. The treatment provider also determines the level of substance abuse through the SASSI, MAPP, MAST, and a psychosocial evaluation. Additional assessment tools are used on an “as needed” basis. No risk/needs assessment is being completed.

The drug court program lasts, on average, 9 months. While initial plans originally called for a phase system, continuous problems regarding a phase system have kept the program from implementing one. Program review hearings are held on a weekly basis and are on the record.. Supervision services are not provided, however, case management is the responsibility of the treatment provider. Drug testing is the responsibility of the court but no formal policy is in place. Participants are not required to pay any fees.

A number of treatment services are available to clients. Residential substance abuse treatment is usually available, though a wait is sometimes necessary. All participants receive intensive outpatient substance abuse treatment. Furthermore, aftercare services are available but it is not clear whether all participants receive such services. Twelve-step programming is reported to be a main component in each treatment setting. It was noted that compliance with the 12-step program determines progress in the entire program. It was further noted that other substance abuse services are used “in conjunction with any recommendations for residential in-patient treatment.” In addition to substance abuse treatment, other services are made available to

clients. Specifically, clients may be referred for mental health services, GED classes, and housing assistance. Finally, parenting services are also provided through individual meetings with parents.

Graduation from the drug court is dependent on the “completion of recommended intensive outpatient, residential treatment, and stepped-down aftercare sessions.” While there have not been any graduates to date, the court plans to hold a graduation ceremony to honor the achievements of the clients. Graduating participants will also be presented with a framed certificate of completion. Individuals who refuse to cooperate with treatment programming, fail to comply with court and probation expectations, or continue to use drugs and alcohol throughout the drug court process are unsuccessfully terminated. There have been 3 terminations to date.

The drug court does not have a continuum of sanctions or a continuum of rewards in place; instead sanctions and rewards are handled on an individual basis. The program has received donations from local businesses such as tickets to sports activities. Additionally, the court has bought movie passes, food, and art supplies to be used as rewards. Individuals who relapse may lose privileges or may be referred to more intensive treatment. Clients may also have visitation limited as a result of relapse. The court reported that “new offenses have not yet occurred” and it appears that no formal policy is in place.

The drug court has not had any type of evaluation completed; however, they are using the University of Cincinnati database. There is not any type of oversight or steering committee in place. Funding for the first and second year of the family drug court was provided through an ODADAS Drug Court grant. Additionally, local funding is used towards the coordinator’s salary.

Drug court team members have received training through the Supreme Court of Ohio in addition to local training seminars. The drug court coordinator reported that team members are knowledgeable about addiction, recovery, and the court system but “are biased from their own professional background.” She further noted that as time passes, each participant is becoming more understanding of the various roles and responsibilities and beginning to arrive at a general consensus of opinion regarding the drug court program. Future training needs were identified as knowledge about sanctions/rewards, relapse, behavioral concerns, and how to handle drug and alcohol “...usage if all other aspects of their lives are improving.”

Obstacles faced by the program include creating appropriate sanctions and rewards, funding for rewards, programming services, and slow referrals from Children’s Services. Finally, it was noted that the limited availability of inpatient treatment is another limitation of the program. The program has made some changes since its inception. Specifically, the court has “improved parenting skills education,” and is adapting treatment components to fit the individual needs of the client. Furthermore, the team members have begun to work more closely with Children’s Services caseworkers. Future changes the court would like to make include redefining “success” and clarifying how the team should deal with relapse issues. It was also noted that phases need to be better clarified, and that the court staff and treatment staff need to better understand each others roles and responsibilities. Finally, strengths of the program were identified as cohesion among drug court team members, consistency regarding decisions and processes, and a willingness to work with participants on specific goals.

PROFILE OF JUVENILE DRUG COURTS

Currently, twelve Juvenile Drug Courts are operating in the state of Ohio. This section contains descriptions of nine of those courts⁷. Clermont County, Summit County, and the Morrow County Juvenile Drug Courts did not return surveys.

Belmont County

The Belmont County Juvenile Drug Court is under the jurisdiction of Belmont County and began January 1, 1998. It is in a rural setting; Belmont county has a population of 71,000 people. The drug court projects serving 40-50 clients annually. It has had 46 participants since its inception and currently has 23 active participants. There have been 14 graduates and 7 terminations to date.

The drug court accepts clients of varying legal status. Clients may enter the court as a diversion case, treatment/intervention in lieu of conviction, post-adjudication, or as the result of a probation/community control violation. The target population of the drug court are non-violent substance abusing offenders. There do not appear to be any specific eligibility criteria. Potential clients are referred to Crossroads Counseling Services for an evaluation. The appropriateness of clients is based on abuse history, diagnostic impressions, and the prognosis. Potential clients are referred to the drug court through juvenile court personnel. Substance abuse assessment is conducted by court personnel. The Treatment Intervention Inventory (TII), SASSI, and a psychosocial evaluation are the basis of the substance abuse assessment. Once ordered into the program, clients receive a risk/needs assessment.

The drug court program lasts, on average, 9 months and consists of four phases. Phase I lasts two to three months. Juveniles are required to attend drug and alcohol counseling twice a

⁷ Cuyahoga County Juvenile Drug Court did not return a survey, however some descriptive information was available from previous contact.

week, appear in court bi-weekly, and submit to a minimum of two random drug screens per week. Furthermore, a probation officer visits the home or school on a weekly basis. A parental contract and agreement must be signed and parents are required to attend a parents' group. Finally, clients must abide by a 8:00 p.m. curfew, grades are monitored, and participants give a weekly written report on grades. Movement to the next phase of the program requires a review session held with the treatment team, and a written request by the juvenile. Participants must remain in Phase I for a minimum of two months.

Phase II of the program typically lasts between two and four months. Participants must complete a minimum of 4 months in the program before being eligible for advancement to Phase III. During Phase II, the treatment plan will be modified as needed. Parents must complete the parents' group and the participant must continue to make biweekly appearances before the court. Parents are contacted by the case manager on a weekly basis and the probation officer will continue to make weekly visits. Drug and alcohol treatment are continued as needed and parents are required to attend a drug court meeting at Crossroads. Juveniles must continue to report their grades on a bi-weekly basis and the curfew is extended to 10:00 p.m. Participants must submit to a minimum of four random drug screens monthly. Finally, during this phase, rewards are given as appropriate. Movement to Phase III is dependent on progress. Clients must write a formal request for advancement which must be signed by the parents.

Phase III of the program generally last three to four months. Participants continue to receive drug and alcohol treatment as needed and are required to attend AA/NA. Nine week transcripts of grades must be sent to the court. Participants continue to submit to a minimum of two random drug screens a month, appear in court on a monthly basis, and have visits with the probation officer as needed. The curfew is extended to 11:00 p.m. during the weekend and

remains 10:00 p.m. during the week. Finally, rewards are given as appropriate and parents are able to give permission for more freedoms. Movement to the final phase requires a minimum of 7 months in the program and a written request to the court. Once approved by the court and drug court team, the participant moves to the final phase of the program. Phase IV lasts three months and requires participants to submit to a minimum of one random drug screen per month. The only other requirement is to attend aftercare treatment as ordered.

Throughout the program, participants must attend two weekly 12-step meetings. Following an introduction to 12-steps, participants are required to gain a sponsor for the duration of the program. Other treatment services include mental health referrals on a case by case basis, and, as noted, parenting and family groups. Additional family counseling is offered as needed.

Participants must complete Phase IV of the program before being eligible for graduation. Additional graduation criteria include following all behavioral requirements, pass all drug screens for “a very long, consistent time period” and be active in counseling and recovery. Finally, participants must attend all required AA/NA meetings. Fourteen participants have participated from the drug court. A graduation ceremony is held for successful participants. During the ceremony, graduates receive a plaque, certificate, t-shirt, and gift certificates. Individuals who have continuous problems in treatment or an unwillingness to participate may be terminated. There have been 7 terminations to date.

The drug court does not have a continuum of sanctions or a continuum of rewards in place. However, participants receive a list identifying possible sanctions. These include Sargus time, community service, C-CAP, curfew restrictions, filing of new charges, or moving back a phase. Other sanctions may include placement in a long-term residential treatment facility, loss of time in phase, house arrest, or restitution. Although a continuum of rewards is not in place,

the program has received donations from local businesses. Examples include T-shirts from various businesses, pizzas from Papa Johns and DiCarlo's and a dinner card from Boston Market.

There is not a specific procedure for handling relapse. Participants may receive additional charges, detention, or house arrest. They may also be sanctioned to increased counseling, or an increase in the number of required AA/NA meetings. Participants who commit a new offense will have a new charge filed. As a result, clients may serve time in the local detention center. It is also possible that the sentence may be suspended on the condition of successful completion of the drug court.

The program has not yet received any type of evaluation. It is currently using the University of Cincinnati database. There is not an oversight/steering committee in place. The court received an OJP/DCPO planning grant in 1997. Funding for 1998 was provided through an OJP/DCPO Implementation grant. The court received an OCJS JAIBG funding grant for 1999. Further details on funding were not provided.

Drug court team members have been offered numerous trainings throughout the state of Ohio. The coordinator reported that the team most recently attended a training in August, 2000. Furthermore, it was noted that team members are knowledgeable about recovery, addiction, and the court system, but that there "is always room for more knowledge." Specific training needs were not identified. Local leaders and organizations have been educated about drug court programming.

Obstacles identified by the coordinator include high levels of relapse and new offenses, a shortage of funding, and difficulty in coordinating services between the drug court staff and probation staff. Several changes have occurred since the program's inception. A secretary was

assigned to the drug court, and more awards are given at graduation. Additionally, a drug testing policy was put into place. Finally, the coordinator is hopeful that future changes will include the hiring of additional staff such as another supervision officer and a director of programming.

Cuyahoga County

The Cuyahoga County Juvenile Court began in March 1998. The target population includes juveniles charged with drug related offenses (felony level 3 or 4) who have no prior felony level 1 or 2 offenses and no violent offenses. In addition to the juveniles charged with drug related offenses (F3 or F4), the Cuyahoga County Department of Children and Family Services will refer 50 percent of the dependency, neglect, and abuse cases from their newly formed program, Sobriety Treatment and Recovery Teams (START). The eligibility criteria are based on the offender's offense and criminal history, as well as the approval of the police department and the offender's willingness to participate. The court has served a total of 64 juveniles. Further details are unavailable as a survey was not completed.

Delaware County

The Delaware County Juvenile Drug Court began June 27, 2000 and is under the jurisdiction of the Delaware County Juvenile Court. Delaware County has a population of 110,000 people and is a suburban jurisdiction. There have been 23 participants since its inception; all 23 clients are currently active. The program is too new to have had any graduates. There have not been any terminations.

Drug court clients enter the program post-adjudication. They may also be classified as having received intervention in lieu of conviction. The program targets juveniles between the ages of 14 and 17 and a half who have a history of drug or alcohol abuse. Targeted offenses include drug abuse, drug paraphernalia, abuse of harmful intoxicants, OMVI, school truancy,

unruly behavior, or other alcohol or drug related offenses. Furthermore, offenses must have been determined to be motivated by drug or alcohol abuse dependency. Individuals with a violent history, sex offense charges, or drug trafficking offenses are ineligible for the drug court program. Participants are also required to have a “support unit consisting of a responsible adult available and willing to attend counseling and to appear in drug court proceedings with the child.” Additionally, juveniles must be willing to contract and participate in drug/alcohol treatment plan, must be willing to participate in the juvenile drug court process, and finally, must be physically and mentally capable of participating in drug/alcohol treatment. Referrals to the drug court are made by intake officers, the probation department, magistrates, judges, and attorneys.

Eligibility screening is the responsibility of the treatment provider. A pre-screening instrument is used to assess eligibility. The treatment provider also assesses substance abuse through the use of the MAST. Finally, a clinical interview and pre-sentence investigation is conducted to assess risk and needs.

Once accepted into the program, clients begin and are entered into one of three tracks. Each track has three phases. Track one is targeted towards individuals who have been charged or adjudicated of OMVI. Phase I of the first track lasts one month. Participants are required to attend group twice a week, attend one sober support meeting per week, attend school, and submit to random drug screens. Additionally, parents must attend one parent group. Finally, clients must attend one individual counseling session. Phase IIA of the first track lasts for three months. Participants attend group sessions once a month, attend weekly sober support meetings, and must submit to random drug screens. Parents continue to attend a parent group and individual counseling is increased to two sessions. Phase IIB requires individuals to attend group sessions

on a biweekly basis, attend weekly sober support meetings, and submit to random drug screens. Parents continue to attend a parenting group and the number of individual counseling sessions is decreased to one. Phase III requires participants to attend group sessions once a month, continue attending sober support sessions on a weekly basis, and submit to random drug screens. This phase generally lasts 2 months.

Track two is more intensive and is targeted towards participants who have evidence of abuse/dependency. Phase I requires group sessions twice a week, two sober support meetings per week, random drug screens, and weekly home visits. Furthermore, participants must obtain a sponsor/mentor by the sixth week, participate in tutoring, and attend individual counseling sessions once a month. Finally, a treatment plan is created during this phase, a home behavior contract is signed, and parent/family group sessions take place. This phase lasts for two months. Participants in Phase II attend group sessions once a week, attend three sober support systems per week, and continue to have weekly home visits. Clients must continue to submit to random urine tests, and attend individual counseling sessions once a month. Parenting/family group sessions continue to occur and the home contract is revisited. Phase IIB decreases attendance at group sessions to bi-weekly attendance. Participants must continue to attend sober support meetings three times a week, and must continue to submit to random drug screens. Finally, parent/family sessions continue to be required. Phase III consists of three months of aftercare. During this phase, participants attend group sessions once a month, and participate in monthly individual counseling sessions. Finally, the home contract is revisited.

The third track of the program is the most intensive and is targeted towards individuals who have both dependency and mental health issues. During Phase IA of this track, clients attend group sessions twice a week, sober support sessions three times a week, and individual

sessions twice a month. Furthermore, participants must obtain a sponsor/mentor by the 6th week of the program and submit to random drug screens. Finally, parent/family sessions occur throughout this phase. Participants continue to attend sober support meetings three times a week, individual sessions twice a month, and weekly group sessions during Phase IB. During Phase IIB, participants attend bi-weekly group sessions, individual sessions twice a month, and three support sessions a week. Additionally, parent/family groups continue to take place, and participants continue to be randomly drug tested. Group sessions are stepped down to once a month during Phase IIB. During this phase of the program, clients continue to attend individual sessions once a month, support meetings three times a week, and must submit to random drug screens. Parent/family groups continue to occur. During Phase IIIA, participants are considered to be in aftercare. They attend individual and group sessions once a month and sober support meetings three times a week. They also continue to have random drug screens. The final section of this track is Phase IIIB. This phase requires group sessions once a month, support meetings three times a week, and urine screens on a random basis.

Throughout the program, substance abuse treatment can occur in a number of settings. Although not provided directly through the court, referrals may be made for detoxification, inpatient hospitalization, residential treatment, or placement in a halfway house. While AA/NA is used as a supplement to the program, the court reports that treatment modalities utilized by the program include family systems, cognitive behavioral, and reality therapy. In addition to substance abuse treatment, the program has formed a partnership with the schools and vocational programming. Additionally, referrals may be made for housing assistance when necessary.

Requirements for graduation are dependent upon the track. Track one requires participants to have had two consecutive court appearances, clean urine for 12 weeks,

satisfactory compliance with probation terms, and no pending offense. Furthermore, clients must have satisfactory compliance with treatment, and must have maintained school and/or employment for 8 weeks. Graduation from the second track requires three consecutive court appearances, clean urine for 16 weeks, and satisfactory compliance with probation terms and with treatment. Furthermore, there must not be a pending offense. Finally, participants must have been in school or have been employed for 12 weeks. The graduation criteria for the third track is more stringent. Participants must have 5 consecutive court appearances, clean urine for 20 weeks, and satisfactory compliance with treatment and probation. Clients should not have any pending offenses, and must attended school or employment for 12 weeks. The program is too new to have had any graduates. There are not any termination criteria in place, nor have there been any terminations.

The survey indicates that the drug court has both a continuum of sanction and rewards in place. However, no further details were provided. Relapse is dealt with on an individual basis dependent on “how they [the client] dealt with relapse.” Often, new offenses are heard in drug court and do not result in an automatic termination.

The Delaware County Juvenile Drug Court is too new to have had any type of evaluation conducted, however, they are using the University of Cincinnati database for data collection purposes. A 13 member oversight/steering committee, which includes some members of the drug court team, is in place. The court received an OJP/DCPO Planning grant during 1999 and an OJP/DCPO Implementation grand during 2000.

The drug court team has been offered team building training and is reported to be knowledgeable about addiction, recovery, and the court system. Future training needs include

information on how to “get families to buy in to drug courts,” working with dual-diagnosis juveniles, and utilizing a family system and holistic approach in drug court.

The program is too new to identify specific aspects of the program that need changing. However, the coordinator reported that changes are always being made. The court faces several obstacles including money, docket time, and space. The use of in-house treatment services was identified as a strength of the program.

Fairfield County

The Fairfield County Juvenile Drug Court began in June, 1997 and is under the jurisdiction of the Fairfield County Juvenile/Probate Court. Fairfield county is a suburban jurisdiction with a population of 150,000. The drug court serves 50-60 clients per year and currently has 37 active participants. There have been 69 participants since the program’s inception. Sixteen clients have graduated and 17 have been terminated.

The court targets post-adjudicated juveniles, between the ages of 13 and 17, who have current convictions of the following offenses: delinquent offense (includes misdemeanors or non-violent felonies), unruly offenses, or traffic offenses involving DUI/OMVI. Eighteen year-olds may be accepted into the court on an exceptional basis. Individuals who have been previously adjudicated on offenses other than those noted are ineligible. Potential clients must have had an initial and at least one subsequent positive urine drug screen while on probation, there must be reported continual alcohol use, and juveniles must be diagnosed as being high-risk substance abuse or substance dependent. Furthermore, potential clients must have been previously referred for substance abuse treatment but has failed at achieving abstinence. Additionally, participants must be free of serious mental illness. Finally, potential clients must

be approved by the drug court team. Referrals to the drug court are made by probation officers, judges and treatment providers.

Eligibility screening is conducted by drug court counselors and probation officers. Screening is conducted through the use of the POSIT. The SASSI is also used when the eligibility of a potential client is less clear. Drug court counselors are also responsible for assessing substance abuse. The SASSI and a psychosocial evaluation are used to determine level of severity. Aside from the POSIT, no risk/needs assessment is conducted.

Once accepted into the program, participants begin the first phase of a three phase, 12 month program. Phase I is designed to last 30 days. During this time, participants are required to attend three meetings per week with a substance abuse counselor, meet with a probation officer two or three times a week, submit to a minimum of one urine screen per week, and attend weekly status hearings in front of a judge. Additionally, participants must comply with any other court orders and are under weekend surveillance. Movement to Phase II requires four consecutive clean urine screens, 90% confirmed school attendance, no infractions of home rules, attendance at a designated number of AA meetings and a minimum of 24 individual counseling sessions. Finally, participants must complete all other requirements of probation.

Phase II of the program is designed to last 5 months. During this phase, participants must attend one or two sessions per week with a substance abuse counselor, submit to a minimum of one urine screen per week, and meet with a probation officer a minimum of once a week. Additionally, clients must appear at a minimum of two status hearings per month and comply with any other probation or court orders. Successful completion of this phase requires six consecutive clean urine screens, the completion of a minimum of 48 individual counseling sessions, a minimum of 12 family sessions, a minimum of 24 group sessions, and a designated

number of AA meetings. Additionally, there must be 90% confirmed attendance, no infraction of home rules, and compliance with any other specific rules issued by the court of probation officer.

The final phase of the program is an aftercare phase and is designed to last six months. During Phase III, participants must meet with both a substance abuse counselor and a probation officer once every two weeks, submit to a urine screen once every two weeks, and attend a status review hearing once every three weeks. Finally, participants must comply with any other probation or court orders. Successful completion of this phase requires 12 consecutive clean urine screens, attendance at a minimum of 24 individual counseling sessions, and attend a designated number of AA meetings. School attendance must be 90% and verified, and there must not be any infractions of home rules. Finally, clients must complete all other requirements of probation.

Graduation from the drug court occurs upon the successful completion of all three phases. No other criteria are in place. A graduation ceremony is held to honor participants for their achievements. During the ceremony, graduates are awarded a certificate. Graduates who were adjudicated on a misdemeanor offense will have their conviction removed from the record. Graduates who were convicted of a felony offense will have their conviction removed if they remain substance free for 18 months after graduation. To date, 16 participants have graduated. There are not any automatic termination criteria in place. However, participants who commit a new offense, commit a felony offense and are sent to DYS, or who continually fail to comply with drug court requirements may be terminated. There have been 17 terminations from the drug court.

The Fairfield County Juvenile drug court reports having both a continuum of sanctions and a continuum of rewards in place. Possible sanctions include increase reporting to probation and counseling, increased drug testing, reduce curfew, increase surveillance, written reports, suspension of driving privileges, attendance at video seminars, MADD, DARE, or other programs, perform public speaking at a local elementary school, or visit the coroner's office on DUI cases. Other possible sanctions include attendance at intervention groups or alternative school, tutoring, court hearings, increased fines and costs, time out program, work program or community service work, or participation in the RESIST or DEFT program. Furthermore, participants may have more frequent status hearings, be moved back a phase in the program, have phase time lengthened, or have more reviews in between status hearings. Finally, sanctions may consist of electronic monitored house arrest, detention, foster care, longer term or in-patient treatment, or commitment to the Department of Youth Services. Possible rewards include praise from the bench and drug court staff, certificates or medallions for completion of phases, extended curfews, reduced amount of reporting, fewer drug tests, a reduction in the required number of AA meetings, a reduction in the cost of the program, or a reduction of time spent in the second and third phases. Additional rewards involved court payment of drug screens, driving privileges, fewer days ordered for time out, work program or detention, or fewer hours of community service. Finally, participants may receive certificates for restaurants, putt-putt golf, local stores, movie passes, pizza parties, bowling party, billiards party, attend school sporting events, or receive nine holes of gold as rewards. Several local businesses have provided donations as rewards. Relapse is dealt with on an individual basis; the first relapse is likely to be treated more lightly than repeated relapses. Often, sanctions are assigned in response to a relapse. New offenses are tried separately. Although a policy is not in place, clients may be

terminated in response to a new offense. Decisions regarding termination and continuation in the drug court program is dependent on the severity of the new offense. Generally, however, felonies result in commitment to DYS.

A process evaluation was completed by Steve Thomas of Hocking College in January, 1999. There has not been any type of outcome evaluation or cost-benefit analysis conducted. The court is using the University of Cincinnati database for data collection purposes. It is unclear whether a steering/oversight committee is in place. Information detailing training opportunities, training needs, strengths and limitations of the drug court, and changes made since inception were not reported in the survey.

Hocking County

The Hocking County Rural Juvenile Drug Court, under the jurisdiction of the Hocking County Juvenile Court, began on January 1, 2000. Hocking County is a rural jurisdiction and has a population of 27,000. The court anticipates serving 20 clients annually. At the time of the survey, the program had a total of 14 clients which is also the total number served. There have not been any graduates or unsuccessful terminations.

The court targets non-violent juveniles who have had previous contact with the court system. Eligible participants are juveniles who have been adjudicated on a drug or alcohol related crime or were under the influence while committing the crime. Furthermore, parental approval is required. Referrals to the drug court come from TASC, probation officers, and the school system.

The drug court program was designed to last, on average, 12 months. A system of three phases is utilized, however, details regarding the phases were not provided. While the frequency of program hearings was not reported, it was noted that such hearings are held on the record.

Supervision services are provided by the probation department while TASC provides case management services. TASC is also responsible for drug testing. Participants must submit to three drug tests a week during the first phase. The frequency of drug testing varies during the remaining phases. Participants are not required to pay any fees.

Participants are provided with a variety of treatment services. Residential placements are available when needed and generally last 30 days. Both intensive outpatient and outpatient services are also utilized. Relapse prevention is provided informally and is on an individual basis. Finally, while aftercare was not in place at the time of the survey, the court reported that it plans to provide aftercare in conjunction with AA/NA services. Throughout the program, participants are required to attend weekly twelve step meetings. Family counseling is also provided on a weekly basis. In addition to substance abuse treatment, the drug court also refers clients for mental health services when needed. Finally, juveniles are required to be in school during the course of the program.

Individuals who successfully complete all three phases are honored at a graduation ceremony. While there have not been any graduates yet, the court reported it plans to present graduates with rewards at the ceremony. Individuals who are adjudicated of a violent crime are unsuccessfully terminated from the program. There had not been any unsuccessful terminations at the time the survey was completed.

The drug court reports having both a continuum of sanctions and a continuum of rewards in place. However, aside from noting that discretion is used when determining sanctions, no further details regarding sanctions were provided. Donations from business such as Pizza Hut, McDonalds, and Dairy Queen have been used as rewards. Relapse is also dealt with on an individual basis and generally results in a sanction or a violation of court order being filed.

However, relapse is not grounds for detention. Similarly, new offenses are also dealt with on an individualized basis. It was noted that new violent offenses do not automatically result in termination from the program.

The court has not yet had any type of evaluation completed; however they are using the University of Cincinnati database. A 23 member advisory board is in place to provide assistance to the drug court. The first year of the drug court was funded through an OCJS Byrne Grant and through RECLAIM.

The drug court team participated in a three day training on substance abuse conducted by ODADAS. Representatives of the local school and Department of Human Services as well as other local leaders were invited to attend the training in an effort to educate community leaders on the drug court process. The drug court coordinator indicated that the team members were knowledgeable about addiction and the court system, but were not as knowledgeable about the recovery process. Specifically, she noted that not everyone understands that “relapse is part of the process.” She further indicated that she believes training on gaining funding, report writing, and the roles of drug court team members would be helpful.

While the program is relatively new, some changes have been implemented. Specifically, participants are no longer automatically placed into Phase I. Instead, juveniles who have just been released from a residential treatment setting may now begin the program in Phase II. Though the coordinator felt the program was too new to identify obstacles, she did note that the lack of a drug court program for violent offenders is a limitation. Additionally, she reported that the court would be improved if more people were able to be hired. Finally, several strengths were identified. Specifically, the court is able to provide individualized services because of its

small size, the local mental health agencies are committed to working with the drug court, and finally, the program enjoys a great deal of community support.

Lorain County

The Lorain County Juvenile Drug Court began in February 2000 and is under the jurisdiction of the Lorain County Domestic Relations Court. Lorain County is an urban jurisdiction and has a population of approximately 225,000. The court anticipates serving 20 juveniles annually, and currently has 9 active participants. There have been 10 participants since the program began and one unsuccessful termination. There have not been any graduates.

The drug court targets male and female juveniles who are between the ages of 14 and 16 though 13- and 17-year olds are considered on an individual basis. Juveniles must be felony offenders and have no “major pattern” of violent or mental health offenses. Potential clients must be diagnosed with dependency and must be in need of intensive outpatient treatment. Participation in the drug court is voluntary. Juveniles are referred to the drug court by probation officers and magistrates. Screening for eligibility is conducted by the court and the treatment provider; the treatment provider determines recommendations while the court determines appropriateness for the program. Screening is done informally. The treatment provider also screens for substance abuse through the use of the SASSI, MAPP, MAST, and a psychosocial evaluation. Risk and needs are not assessed.

The drug court program lasts, on average, 9 months. While initial plans originally called for a phase system, continuous problems regarding a phase system have kept the program from implementing one. Program review hearings are held on a weekly basis and are on the record.. Supervision services provided through the court while case management is the responsibility of

the treatment provider. Drug testing is also the responsibility of the court though no formal policy is in place. Participants are not required to pay any fees.

A number of treatment services are available to clients. All participants receive intensive outpatient substance abuse treatment. Furthermore, aftercare services are available but it is not clear whether all participants receive such services. Twelve-step programming is reported to be a main component in each treatment setting. It was noted that compliance with the 12-step program determines progress in the entire program. It was further noted that other substance abuse services are used “in conjunction with any recommendations for residential in-patient treatment,” though it is not clear whether residential treatment is available for juveniles. In addition to substance abuse treatment, other services are made available to clients. Mental health referrals are made when necessary. The court reports working closely with the school system and that efforts are being made to provide vocational assistance when appropriated.

Graduation from the drug court is dependent on the “completion of recommended intensive outpatient, residential treatment, and stepped-down aftercare sessions.” While there have not been any graduates to date, the court plans to hold a graduation ceremony to honor the achievements of the clients. Graduating participants will also be presented with a framed certificate of completion. Individuals who refuse to cooperate with treatment programming, fail to comply with court and probation expectations, or continue to use drugs and alcohol throughout the drug court process are unsuccessfully terminated. There has been one termination to date.

The drug court does not have a continuum of sanctions or a continuum of rewards in place; instead sanctions and rewards are handled on an individual basis. The program has received donations from local businesses such as tickets to sports activities. Additionally, the

court has bought movie passes, food, and art supplies to be used as rewards. Individuals who relapse may lose privileges or may be referred to more intensive treatment. Clients may also have visitation limited as a result of relapse. New offenses are officially handled through the court's legal process. They do not automatically result in termination from the program.

The drug court has not had any type of evaluation completed; however, they are using the University of Cincinnati database. There is not any type of oversight or steering committee in place. Funding for the first and second year of the family drug court was provided through an ODADAS Drug Court grant. Additionally, local funding is used towards the coordinator's salary.

Drug court team members have received training through the Supreme Court of Ohio in addition to local training seminars. The drug court coordinator reported that team members are knowledgeable about addiction, recovery, and the court system but "are biased from their own professional background." She further noted that as time passes, each participant is becoming more understanding of the various roles and responsibilities and beginning to arrive at a general consensus of opinion regarding the drug court program. Future training needs were identified as knowledge about sanctions/rewards, relapse, behavioral concerns, and how to handle drug and alcohol "...usage if all other aspects of their lives are improving."

Obstacles faced by the program include creating appropriate sanctions and rewards, funding for rewards, programming services, and slow referrals from Children's Services. Finally, it was noted that the limited availability of inpatient treatment is another limitation of the program. The program has made some changes since its inception. Specifically, the court has adopted treatment components to fit the individual needs of the client. The court also reported changes it would like to make in the future. For example, the court would also like to redefine

“success” and to clarify how the team should deal with relapse issues. It was also noted that phases need to be clarified, and that the court staff and treatment staff need to better understand each others roles and responsibilities. Finally, strengths of the program were identified as cohesion among drug court team members, consistency regarding decisions and processes, and a willingness to work with participants on specific goals.

Miami County

The Miami County Recovery Council Drug Court Program, under the jurisdiction of the Miami County Juvenile Court, began May 16, 2000. Miami county has a population of 97, 302 and is considered a suburban jurisdiction. The program anticipates serving 15 juveniles annually with a limit of 10 active participants at any time. To date, there have been 9 participants; they are all currently active. There have not been any graduates or terminations.

Clients enter the court either post-adjudication or as the result of a probation/community control violation. The target population includes non-violent juvenile offenders between the ages of 13 and 17 and a half. Eighteen-year-olds are considered on a case by case basis. Potential clients must have probationable offenses which are not traffic offenses. Furthermore, criminal behavior must be motivated by alcohol or drug use/abuse and juveniles must be determined to have a significant problem with drugs or alcohol. Potential clients must have been referred to other community resources for substance abuse education or counseling but have been unable to maintain abstinence. Eligible clients must also demonstrate a willingness and motivation to complete the drug court and all the conditions as well as become actively involved in a program of positive change. Parents and guardians must also demonstrate a willingness and motivation to become a part of the drug court process and all of its condition. Juveniles who demonstrate a significant emotion, mental, or physical condition that would impair participation

are ineligible for the program. Additionally, individuals who have holds from other jurisdictions or have evidence of significant drug trafficking are ineligible. Finally, potential participants must be residents of Miami County, and must receive the approval of the drug court coordinator and the presiding judge.

Individuals may be referred to the program through a number of sources including probation officers, judges, magistrates, the juvenile court, and treatment providers. Eligibility screening is the responsibility of the treatment provider and the drug court staff. Screening is conducted using a clinical interview and the SASSI. The treatment provider is also responsible for assessing substance abuse severity. The SASSI and a psychosocial evaluation are used to determine the level of treatment necessary. Clients are not assessed on risk or needs.

Juveniles accepted into the drug court program go through a three phase system which lasts, on average, 9 months. During Phase I participants complete intake and assessment, and must submit to urine hearings twice a week. Additionally, participants must appear for bi-weekly status hearings and are in contact with case management twice a week. Furthermore, participants must comply with all probation rules, follow all treatment provider recommendations, and begin payment of court fees. Finally, participants must be enrolled in school full-time or the equivalent. Phase I lasts a minimum of two months. Upon completion of all the requirements, participants enter Phase II which has a three-month minimum time frame. Participants continue to submit to urine screens twice a week, have bi-weekly status hearings, and weekly contact with case management. Further, juveniles must continue to comply with probation rules, follow treatment recommendations, and be enrolled in school full-time or the equivalent. During this phase, the family program should be completed, progress should be

made on the payment of court fees, and all community services hours should be completed to date.

Upon successful completion of Phase II, participants begin the final phase of the program. Phase III lasts a minimum of four months. During this phase, juveniles must submit to weekly urine screens, complete all treatment recommendations, comply with all probation rules, and must be enrolled full-time in school or the equivalent. Furthermore, juveniles must attend status hearings bi-weekly early in this phase and monthly towards the end of the phase. Case management contact is reduced to monthly and bi-monthly frequency during this time. Finally, participants must have paid all court fees and have completed all community service hours.

Several options are available for substance abuse treatment including detoxification, inpatient hospitalization, and residential placement. Intensive outpatient and outpatient treatment are used most often. Both relapse prevention and aftercare are also in place. Twelve step meetings are used as indicated by the treatment provider. Finally, while the drug court does not have funding to treat other needs, referrals are made for mental health, educational, and vocational services. Finally, a four-week family program is used to assist families in supporting and understanding the client's needs.

Graduation from the program requires a minimum of nine months participation and the successful completion of all three phases. While there have not been any graduates yet, the court anticipates presenting graduates with a token and a gift certificate. Individuals who have exhausted all treatment options and have fail to comply with the conditions and rules of the program are unsuccessfully terminated from the program. There have not been any terminations to date.

While the court has identified possible sanctions and rewards, they do not have a continuum of sanctions or rewards in place. Possible sanctions include increased drug testing, essay writing, increased frequency of court appearances, community service work, and a reversal of phase status. Additional sanctions are increase restrictions of supervision conditions, more restrictive curfew, restricted driving privileges, and house arrest. Finally, participants may be placed in short-term detention, removed from the home, or terminated from the drug court. Possible rewards include less frequent drug testing, less frequent court appearances, faster advancement through phases, and increased privileges. Additional privileges include the restoration of driving privileges, extended curfews, or graduation. Both relapse and new offenses are dealt with on a “case by case” basis.

The program is too new to have had any type of evaluation completed, however, the court is using the University of Cincinnati database. Currently, there is not an oversight/steering committee in place. However, the court reports that they are asking the community corrections planning board to fill that role. Funding for the program has been secured through an ODADAS drug court grant for both 2000 and 2001.

The drug court team members have received training from both the Supreme Court of Ohio and through NADCP. Additionally, the program has made efforts to education local leaders and organizations such as the County Commissioners, the Rotary Club, and treatment and human service agencies. While the court reports that team members are knowledgeable about the court system, it was noted that team members are not as knowledgeable about addiction and recovery as they need to be. Finally, the court reported that training on effective treatment is needed, as is training specific to adolescents and their families.

Obstacles faced by the drug court program are a lack of “buy in from the court and local parties,” and limited staff and resources. Since the program’s inception, several changes have been made. Changes include refining referral and sanction policies, hiring additional staff, and the addition of in-home counseling. The court identified setting a sanction and reward schedule and increased involvement from prosecutors and the police department as aspects of the program they would like to change. Finally, the identified strengths of the program include a strong treatment interaction and support.

Montgomery County

The Montgomery County Drug Court began January 28, 1998 and is under the jurisdiction of the Montgomery County Juvenile Court. Montgomery County is an urban jurisdiction with a population of 537,000. The court serves an estimated 75 clients annually and has had a total of 274 participants since the program began. Currently, the court has 63 active participants; there have been 46 graduates and 19 terminations.

The drug court is diversionary; it also accepts clients post-adjudication and those who have had a probation/community control violation. The target population is non-violent, felony 4 or 5 offenders who are chemically dependent and between the age of 13 and 17 and a half. Furthermore, potential clients must have a positive urinalysis to be accepted into the program. Potential clients are referred to the court through magistrates and probation officers.

Eligibility screening is conducted by three agencies. Clients are first screened by the Court, then by Crisis Care, and finally by TASC. Both the SASSI and the JASAE are used for screening purposes. Crisis Care is also responsible for assessing the severity of substance abuse. The SASSI and a “home-grown” assessment are used to determine the level of substance abuse treatment. Finally, clients are assessed on risk and needs through the use of the Yo-Lsi.

Once accepted into the drug court, participants begin a phase system which generally lasts 9 months. Specific details on the phase system were not provided. Both supervision services and case management are provided by TASC. Weekly hearing reviews are held on the record. While unclear, it appears that the frequency of hearings is decreased to bi-weekly as participants progress through the program. The court reported a drug testing policy has been developed; however details were not provided. Participants are not required to pay any fees.

A number of treatment services are available to clients. Intensive outpatient treatment is required for all participants throughout the duration of the program. Additionally, the court reports providing both relapse prevention and aftercare services. Twelve-step programming is not used by the drug court program. Treatment modalities reported to be in use by the program are behavioral-cognitive, family systems, and strength base counseling techniques. The program offers several other services to meet additional client needs. Participants may receive individual, group, or family counseling for mental health issues. Additionally, educational needs are met through the use of both traditional and alternative school settings. Clients may also be referred to GED classes. Clients in need of vocational services may be referred to the ISUS program, a County Joint Vocational Service. Additionally, it appears that case managers provide assistance to graduations who are searching for a job. Housing assistance is provided on an as-needed basis. Finally, while the court requires substance abuse treatment providers to provide family services along with substance abuse treatment, individuals and families may be referred to community agencies for further family services.

Participants are eligible for graduation when they have successfully completed Phase III. Additional graduation criteria include no new charges of adjudications, and no positive urinalysis screens during the previous three months. A graduation ceremony and luncheon is held for

successful participants. In honor of their achievements, graduates receive a certificate and rewards from local communities and businesses. The court has graduated 46 participants since its inception. Individuals who have been adjudicated on a violent felony or any first or second degree felony are unsuccessfully terminated from the program. To date, there have been 19 terminations.

The court reports having a continuum of sanctions in place. Sanctions meted out include increased reporting to case management, increased urinalysis, community service work, and electric home monitoring. Although the program does not have a continuum of rewards in place, it was reported that local businesses such as Barnes & Noble Bookstores, McDonald's, Domino's Pizza, and Midas Muffler have donated rewards for participants. Relapse is handled on an individual basis; however, possible responses include increasing treatment, increasing supervision, increasing urinalysis, electronic home monitoring, or community service work. A hearing is conducted for clients who commit a new crime and the judge makes the final decision regarding sanctions.

The Montgomery County Juvenile Drug Court has had a process evaluation conducted by Dr. Harvey Siegal of Wright State University. There have not been any outcome, impact, or cost-benefit analysis conducted, however the court is utilizing the University of Cincinnati database. It was further reported that an oversight/steering committee is in place though no further details were provided. Funding for the program has come from both federal and local sources. Specifically, the court has received a DCPO planning grant was awarded for 1997. The first year of the program was funded through an OJP/DCPO Implementation grant, and a Law Enforcement Block grant. The second and third year of the program was funded through an

OJP/DCPO Continuation grant. Finally, additional funding for the program was received through an ADMHS Board match of \$65,000 for each of its first three years.

Drug court team members have received training through the Supreme Court of Ohio. Specifically, they have received training for Team Building and Drug Testing. In-service training on chemical dependency and relapse prevention has also been provided via the program coordinator. It was further reported that while all team members are registered candidates for Chemical Dependency Certification, some team members are more knowledgeable about addiction and recovery than others. It was further noted that team members are becoming increasingly knowledgeable about the court system and the goals of the drug court program (i.e. divert family away from court system). The program has also made efforts to educate community leaders, organizations, and stakeholders about drug court programming. Future training needs were identified as probation officer training, basic substance abuse training, family intervention training, and crisis intervention training. Furthermore, it was noted that relapse prevention training, cognitive/behavioral training, and brief therapy training are also needed. Finally, it was reported that technical assistance regarding case management process and tools would be helpful.

Treatment issues appear to be the main obstacle for the drug court program. It was reported that treatment options are limited and inconsistent. Aside from treatment issues, no other obstacles were identified nor were any other desired changes reported. Several improvements have been made to the program since its inception. Specifically, changes include streamlined random urinalysis testing, increased supervision requirements, and field testing urinalysis screening. Additionally, a Drug Court Alumni Group has been initiated and efforts are made to make sure youth are linked to community resources following graduation. Finally,

the court has implemented a “strength base” approach to treatment, supervision, and case management. Finally, the program identified several strengths including intensive supervision, the use of family system approach, the investment of the Judge, and “state of the art” urinalysis testing. Additionally, the court is pro-active is monitoring treatment progress, staff and youth develop a discharge plan together, and relapse prevention groups and planning are utilized. Finally, staff are committed to the philosophy of the court and specifically the drug court.

Richland County

The Richland Drug Court, under the jurisdiction of the juvenile court, began March 31, 1999. Richland county, a suburban county, has a population of 127,342 . Since its inception, there have been 44 participants, five graduates, and 7 unsuccessful terminations. Currently, there are 32 active participants and the court projects serving 45 clients on an annual basis.

Clients entering the program do so post-adjudication. The target population is juveniles between the ages of 12 and 17 who are nonviolent offenders. Individuals who are identified as dealers or as sex offenders are not eligible to participate in the drug court. Referrals to the court come through Partners Intensive Services, regular probation, treatment providers, and parents of probationers. Screening of eligibility is conducted by the court and the treatment provider through the use of an intake form. Both the court and the treatment provider also assess for substance abuse severity through the use of the SASSI, AAIS, UMS, and a Self-Evaluation Questionnaire for Counselors. Finally, risks and needs are identified through the use of the Intensive Services Risk/Needs Assessment.

Juveniles accepted into the program move through a phase system. No details were provided regarding the number, length, and requirements of phases. The program lasts, on average, for 12 months during which time participants attend bi-weekly program review

hearings. Both supervision services and case management services are provided by the court. The court is also responsible for drug testing, though no formal policy is in place. Substance abuse treatment services available to participants include detoxification, inpatient hospitalization, and residential treatment. Additionally, participants may go through intensive outpatient treatment for six weeks and receive outpatient treatment once a week for 8 weeks. Relapse prevention and aftercare are also provided. Twelve step programming is used through various treatment providers and through the use of AA meetings. In addition to substance abuse treatment, the program also offers family counseling in the home on a weekly basis.

Graduation from the drug court requires the completion of a drug and alcohol program, compliance with all probation rules, testing negative for 90 consecutive days, marked differences in attitudes and behaviors, and a favorable response from the parent. Graduates are honored with a ceremony where they receive a plaque and certificate. Individuals who receive a new felony charge and committed to ODYS with no chance of returning on a judicial release are unsuccessfully terminated from the program.

While there is not a continuum of rewards, the court reports having a continuum of sanctions in place. No other details were provided regarding the sanctions. No set policy is in place regarding relapse. The response to relapse is dependent on the individual and the amount of time between entering the program and the relapse. Responses include detention, increased drug and alcohol counseling, increased AA meetings, and community service. New offenses are heard and disposed of in the drug court. Sanctions for new offenses are determined on a case by case basis.

The court has not had any type of evaluation conducted but is using the University of Cincinnati database. There is not any type of oversight or steering committee in place. Details regarding funding were not provided.

Drug court team members have received training from the Supreme Court of Ohio. Team members are reported to be knowledgeable about addiction, recovery, and the court system. Future training needs desired include information on how to receive funding for treatment for individuals.

The court reports its limitations to include a lack of funding for inpatient and outpatient treatment, and the number of clients serviced because of staffing limitations. Changes made to the program include the addition of a number of treatment providers at court, and the addition of a "RCCSB" worker at court. Finally, strengths of the program were identified as the existence of a team concept among providers which has helped streamline the process.

SUMMARY

The descriptions presented in this report make it clear that there are many differences and similarities among the drug courts in Ohio. While there are many variations in the operation and structure of drug courts, we feel that some generalizations can be drawn from the survey data.

What is the structure of drug courts?

- Only one common pleas drug court reports diversion of offenders from adjudication as its target group. The remainder of the common pleas courts report serve post-adjudicated clients with a legal status of treatment or intervention in lieu, or who have violated probation or community control conditions.
- Crawford County Municipal Drug court, the only municipal court to report its structure, serves individuals who have violated conditions of probation or community control.
- Both family courts report serving participants post-adjudication; Lorain County also reports serving probationers.
- Belmont County and Montgomery County juvenile drug courts reported using diversion; however, all of the juvenile drug courts also reported serving clients post-adjudication.

Who are drug courts targeting? What is the eligibility criteria?

- The common pleas courts accept non-violent felony offenders who are identified as having a substance abuse problem. None of the courts accept felony level 1 or 2 offenders. Furthermore, offenders with a history of trafficking are generally excluded from eligibility.
- The municipal drug courts target non-violent felony offenders, however, to be eligible the charges must be able to be amended to misdemeanor offenses. Moreover, participants must have a substance abuse problem.
- Family drug courts target non-violent families whose children have been adjudicated abused, neglected, or dependent.
- Non-violent felony or delinquent juvenile offenders are accepted into the juvenile drug courts. Juveniles must be substance abusers and, in some courts, parents must be willing to become a part of the drug court process.

What are the referral sources?

- Potential participants are referred to the common pleas drug courts largely through judges, probation departments, and attorneys (both prosecutors and defense attorneys).
- Municipal drug courts receive referral mostly through judges, probation departments and treatment providers.
- Clients are referred to family drug courts through Family or Children Services.
- Juveniles are referred to the drug courts largely by employees of the court system, treatment providers, and TASC.

Who conducts eligibility screening? What tools are used?

- Eligibility screening for common pleas drug courts is usually the responsibility of the treatment provider or employees of the drug court such as the drug court coordinator or a probation officer. Eligibility is determined through the use of the substance abuse assessments like the SASSI and through psychosocial interviews.
- Treatment providers and court employees screen potential municipal drug court participants. Eligibility is determined through use of the SASSI.
- The treatment provider also determines eligibility for the family courts. Delaware County uses the SASSI and both courts also rely on a psychosocial interview.
- Both court personnel and treatment providers screen juveniles who have been referred to drug courts. Similar to the other types of courts, eligibility is largely determined through the use of a substance abuse assessment like the SASSI and a psychosocial interview.

What risk/needs assessments are used by the courts?

- Only four of the common pleas drug courts report assessing risk and needs. Two use the LSI-R while another uses the Sober Support Environment Assessment. The fourth court uses the OPI.
- The only municipal court assessing risks and needs is Summit Municipal Drug Court. They are using the LSI-R.
- Neither of the family courts are assessing risks and needs.
- Four of the juvenile drug courts report assessing risks and needs. Instruments reported to be used include the Yo-LSI and POSIT. It was also reported that clinical interviews and pre-sentence investigations were used to gauge risk and needs.

What agency conducts substance abuse screening? What instruments are used?

- Every common pleas court reported the treatment provider is responsible for substance abuse assessment. The instruments most often reported include the SASSI, the MAPP, and psychosocial evaluations.
- Treatment providers are responsible for assessing substance abuse for each of the municipal courts. Again, the SASSI is the most commonly used instrument.
- Similar to the other courts, the family drug courts also rely on the treatment provider to assess substance abuse. Both courts report using the SASSI and a psychosocial evaluation.
- While the majority of the juvenile drug courts give responsibility for assessment of substance abuse to the treatment providers, three reported that drug court personnel conduct assessments. All but one of the juvenile courts use the SASSI.

How often are program review hearings held?

- The majority of the common pleas drug courts hold hearings bi-weekly. Three courts hold hearings bi-weekly while a fourth varies frequency of hearings with phase status. Six courts hold the hearings on the record; four hold them off the record and one holds hearings both on and off the record.
- Two of the municipal courts hold hearings bi-weekly. One holds them weekly. Another holds hearings weekly for the first month and only “for problems” after that. All of the courts hold hearings on the record.
- Lorain County Family Drug Court holds hearings on a weekly basis. The frequency of Delaware County Family Drug Court hearings is dependent on phase status and ranges from weekly to monthly. Both family courts holds hearings on the record.
- Three of the juvenile drug courts hold hearings on a bi-weekly basis while two of the courts holds them on a weekly basis. Both Delaware County and Fairfield County vary the frequency of hearings dependent on phase status. All of the courts hold hearings on the record.

What is the average caseload for supervision and case management staff?

- Only five of the common pleas drug courts reported a supervision caseload size. Supervision caseloads range from three to 120. Five courts reported on case management caseloads. These caseloads range from 9 to 120.
- Three municipal courts reported a caseload size for supervision; these ranged from 7 to 50 with an average of 32. Mansfield Municipal and Summit Municipal were the only courts to report case management caseloads; these were 50 and 40 respectively.

- Delaware County Family Drug Court reported a supervision caseload of 30 while Lorain County Family Drug Court reported a case management caseload of 3.
- Every juvenile court reported a supervision caseload. The average is 19 and the range is between 10 and 32. Six courts reported case management caseloads. The mean case management caseload is 19 and the range is between 10 and 32. It should be noted that the juvenile drug courts are the only type of court that appears to be consistently offering both supervision and case management services.

Do Drug Courts have a continuum of sanctions and a continuum of rewards in place?

- Seventy percent of the common pleas drug courts reporting this answer indicated they have a continuum of sanctions; thirty percent indicated they did not and one court did not provide a response. In contrast, forty-five percent of the courts reported having a continuum of rewards in place while fifty-five percent indicated they did not.
- Half of the municipal courts report having both a continuum of sanctions and a continuum of rewards in place; the remaining half have neither in place.
- Both of the family drug courts report having a continuum of sanctions in place; only Delaware County reported also having a continuum of rewards in place.
- Sixty-three percent of the juvenile drug courts have a continuum of sanctions in place while only fifty percent have a continuum of rewards in place.

Who conducts drug testing? Is there a drug testing policy in place?

- Sixty-three percent of the common pleas drug courts have a drug testing policy in place. The responsibility of drug testing is evenly split between treatment providers and the court or probation department.
- Only one of the municipal courts reported having a drug testing policy in place. The treatment provider provides drug testing for each of the courts though Crawford County and Mansfield Municipal reported that drug testing is also the responsibility of the court.
- Both Family Drug Courts reported drug testing to be the responsibility of the court; only Delaware County reported having a policy in place.
- Five of the juvenile drug courts have a drug testing policy in place while two do not. One court did not respond to this item. Agencies responsible for drug testing are quite varied. Five of the courts rely on members of the court system such as parole or supervision officers while two programs use TASC for drug testing. Only one court, Miami County, reports using the treatment provider.

What is the average length of the program?

- The common pleas drug courts, on average, last between 12 and 36 months. The majority of the courts reported an average length of 18 months.
- Each of the municipal courts reported the average length of the program to be 12 months.
- Delaware County Family Drug court reported an average length of 12 months while Lorain County Family Drug Court reported an average length of 9 months.
- The average length of the juvenile drug court programs range from 9 to 15 months.

What graduation criteria are in place? Is a graduation ceremony held? Are awards/rewards presented to successful clients?

- All but one of the common pleas drug courts reports having (or planning to have) a graduation ceremony and presents graduates with awards such as certificates. Graduation criteria are largely based on completion of phases, sobriety, payment of all fees, and compliance with supervision conditions.
- The municipal drug courts generally require 90 days of sobriety and completion of all treatment to be eligible for graduation. Crawford County did not report any graduation criteria. All municipal courts, except for Miami County, hold a graduation ceremony. Each court also presents graduates with awards or rewards.
- Completion of treatment requirements are necessary to graduate from the family drug court. Both courts report holding graduation ceremonies and presenting graduates with awards or rewards.
- Juveniles are generally required to complete all treatment requirements or phases. Three courts also require a set period of clean drug screens. All but two courts reported holding or planning to hold graduation ceremonies and all but one court reported presenting or planning to present graduates with awards or rewards to honor their achievements.

What unsuccessful termination criteria are in place?

- While many of the common pleas courts report not having any set criteria in place, some reported that the commission of a violent crime or continued non-compliance with treatment or probation were terms for dismissal.
- Individuals who fail to comply with treatment or probation or who abscond are unsuccessfully terminated from the municipal drug courts. Mansfield Municipal does not have any termination criteria in place.

- The family drug courts report failure to comply with treatment or probation conditions and a continued use of alcohol or drugs result in an unsuccessful termination from the drug court.
- The unsuccessful termination criteria for the juvenile drug courts are quite varied. Generally, however, most of the juvenile courts terminate individuals who have committed a new serious or violent offense or those who have failed to comply with treatment.

How many participants does each type drug court serve?

- The common pleas courts project serving an average of 72 clients per year. The projected number served ranges from 10 to 250. At the time the surveys were completed, there were 607 active participants. The courts have served a total of 1447 participants; 475 clients have graduated while 396 have been unsuccessfully terminated.
- The municipal courts anticipate serving an average of 83 clients per year and a range of 12 to 250 clients per year. At the time of the survey, the courts had 216 active participants and had served a total of 891 clients. There have been 306 graduates from municipal drug courts and 720 unsuccessful terminations. It should be noted that Summit Municipal Drug court is substantially larger than the other municipal courts being reported on; thus the majority of clients have been served by Summit Municipal. See table 6.2 in the appendix for more detailed information.
- The family drug courts project serving an average of 30 clients per year with a range of 20 to 40. There were 30 active participants at the time the surveys were completed. There have been a total of 41 participants, four graduates, and four unsuccessful terminations.
- An average of 38 clients per year are projected to be served by juvenile drug courts. The number to be served ranges from 10 to 75; Delaware County did not respond to this item. At the time of the survey, there were 210 active participants. There have been a total of 489 clients served with 81 of those clients graduating and 51 being unsuccessfully terminated.

What treatment services are available to participants?

- While the majority of the common pleas drug courts have detoxification and inpatient hospitalization available for clients these are only used on an as-needed basis. Residential treatment and halfway houses are also primarily used only when needed. All but one of the courts has intensive outpatient treatment available and 7 courts reported that all clients receive this service. Outpatient is also available through all but one court and three courts reported all clients are required to participate in this type of treatment. Educational services are available in 7 courts and is provided as needed. Ten of the eleven courts reported relapse prevention available and four courts appear to provide it to

all participants. Finally, aftercare services are available in eight of the courts; four of the courts require this of all clients.

- Three of the municipal courts provide detoxification services as needed while two courts have access to inpatient hospitalization and halfway houses when needed⁸. Residential treatment is also available as needed in all three courts. Both intensive outpatient and outpatient treatment is available in all three courts as are educational services. Finally, relapse prevention and aftercare services are also available in all three courts.
- None of the family courts have access to detoxification services, inpatient hospitalization, or halfway houses. Both courts have intensive outpatient and aftercare services while only Lorain County has access to residential treatment when needed. Delaware County also has access to outpatient treatment, educational services, and relapse prevention when needed.
- Three of the juvenile drug courts provide detoxification services or inpatient hospitalization when needed. Five of the courts have access to residential treatment while only one is able to utilize a halfway house as needed. Six of the courts provide intensive outpatient services and it appears that two of the courts require such treatment of everyone. Six courts also have outpatient services; five of these courts require everyone to participate in this type of treatment. Four courts report that educational services are available though it appears that the majority of the courts merely mandate school attendance. Relapse prevention is provided in six of the courts though it appears it is largely used on an as needed basis. Finally, all of the juvenile drug courts provide aftercare though again it is unclear that all participants receive this service.

What type of evaluations have been conducted?

- Fifty-five percent of the common pleas drug courts have had a process evaluation completed; however, none of the courts has had any type of outcome, impact, or cost-benefit analysis completed. It should be noted that the University of Cincinnati is in the final stages of conducting an outcome evaluation on the Erie County Common Pleas Drug Court.
- None of the municipal drug courts have had any type of evaluation conducted. It should be noted that the University of Cincinnati is in the process of conducting an outcome evaluation on the Summit Municipal Drug Court.
- Neither of the family courts has had any type of evaluation conducted.
- Two of the juvenile drug courts report having had a process evaluation completed but none of the courts have had an outcome, impact, or cost-benefit analysis conducted.

⁸ Crawford County Municipal Drug Court did not respond to any items regarding available treatment services. Thus, this discussion is based on Mansfield Municipal, Miami County, and Summit County Municipal Drug Courts.

What data collection tool is being utilized?

- Ninety percent of the common pleas courts are using an automated data collection tool. Of these courts, eighty percent are using the University of Cincinnati database.
- Three of the municipal drug courts are utilizing the University of Cincinnati database. It appears that Crawford County Municipal Drug Court is not using any type of data collection instrument.
- Both of the family drug courts report using the University of Cincinnati database.
- Six of the juvenile drug courts are using the University of Cincinnati database. The other two courts did not report using any type of data collection tool.

Do courts have an oversight or steering committee in place?

- Forty-five percent of the common pleas drug courts reported having some type of oversight or steering committee in place.
- Two of the municipal courts report having an oversight or steering committee in place.
- Neither of the family drug courts have an oversight or steering committee in place.
- Three of the juvenile courts have an oversight or steering committee in place.

How are drug courts being funded?

- The majority of the common pleas drug courts are receiving funding through OJP/DCPO planning, implementation, and enhancement grants. Two courts have also received Byrne grants while three courts have received an ODADAS drug court grant. Finally, two of the courts have also received local funding.
- Two of the municipal drug courts failed to report funding sources. Mansfield Municipal has received Law Enforcement Block grants and OJP/DCPO Implementation grants while Miami County has been funded through the ODADAS Drug Court Grants.
- Both family drug courts have receive ODADAS funding. Lorain County Family Drug Court has also received local funding.
- Three of the juvenile drug courts have received funding primarily through OJP/DCPO planning, implementation, and continuation grants while two juvenile courts have relied on ODADAS drug court grants. Hocking County Juvenile Drug Court has been funded through an OCJS Byrne grant and has received RECLAIM Funding. Two of the juvenile drug courts did not report their funding sources.

APPENDIX

Table 1.1. Team Member Level of Involvement

Court	Judge	Coordinator	Prosecutor	Defense Attorney	Supervision Officers	Treatment Agency	TASC/ Case Mgmt	School	Human Services	Law Enforcement
Common Pleas										
Belmont County	Very	Very	Very	Very	Very	Very	Very	Minimal	Minimal	Minimal
Butler County	Very	Very	Very	--	Very	Very	Minimal	--	--	Somewhat
Erie County	Very	--	Very	Very	Very	Very	--	Somewhat	--	--
Huron County	Very	Very	Minimal	Minimal	Very	Very	--	--	--	--
Lucas County	Very	--	--	--	Very	Somewhat	Somewhat	--	--	--
Mahoning County	Very	Very	Very	Somewhat	Somewhat	Very	Very	--	Minimal	--
Miami County	Somewhat	Very	Minimal	Minimal	Very	Very	Very	--	Minimal	--
Montgomery County	Very	--	--	Minimal	Very	--	--	--	--	Very
Richland County	Very	Very	Somewhat	Somewhat	Very	Very	--	--	--	--
Stark County	Very	Very	Very	Very	--	Very	--	--	--	--
Trumbull County	Very	Very	Very	Very	Very	Very	--	--	--	--

Table 1.2. Team Member Level of Involvement

Court	Judge	Coordinator	Prosecutor	Defense Attorney	Supervision Officers	Treatment Agency	TASC/ Case Mgmt	School	Human Services	Law Enforcement
Municipal										
Crawford County	Very	Very	--	--	Very	Very	--	--	--	--
Mansfield Municipal	Very	Very	--	--	Very	Very	--	--	--	--
Miami County	Very	Very	Minimal	Minimal	Very	Very	Very	--	Minimal	--
Summit County	Very	Very	--	--	--	Very	--	--	--	--
Family										
Delaware County	Very	Very	Somewhat	Very	--	Very	--	--	Very	Somewhat
Lorain County	Very	Very	Very	Minimal	--	--	--	--	None	--

Table 1.3. Team Member Level of Involvement

Court	Judge	Coordinator	Prosecutor	Defense Attorney	Supervision Officers	Treatment Agency	TASC/ Case Mgmt	School	Human Services	Law Enforcement
Juvenile										
Belmont County	Very	Very	Very	Very	Very	Very	--	--	--	Minimal
Delaware County	Very	Very	Somewhat	Somewhat	Very	Very	--	--	Very	Somewhat
Fairfield County	Very	Very	--	--	Very	Very	--	--	--	--
Hocking County	Very	Somewhat	Very	--	Very	Very	Very	Minimal	Somewhat	--
Lorain County	Very	Very	Minimal	Minimal	Very	--	--	--	Very	--
Miami County	Minimal	Very	Somewhat	Somewhat	--	Very	Very	--	Minimal	--
Montgomery County	Very	Very	Minimal	Minimal	Very	Somewhat	Very	Minimal	Somewhat	Minimal
Richland County	Somewhat	Minimal	--	--	Very	Very	--	--	--	--

Table 2.1 Team Members' Presence in the Courtroom

Court	Judge	Coordinator	Prosecutor	Defense Attorney	Supervision Officers	Treatment Agency	TASC/ Case Mgmt	School	Human Services	Law Enforcement
Common Pleas										
Belmont County	No	Yes	Yes	No	Yes	Yes	Yes	No	No	No
Butler County	Yes	Yes	Yes	--	Yes	Yes	No	--	--	No
Erie County	Yes	--	Yes	Yes	Yes	Yes	--	No	--	--
Huron County	Yes	Yes	No	No	Yes	Yes	--	--	--	--
Lucas County	Yes	--	--	--	Yes	No	No	--	--	--
Mahoning County	Yes	Yes	Yes	No	Yes	Yes	Yes	--	No	--
Miami County	Yes	Yes	No	No	Yes	Yes	Yes	--	No	--
Montgomery County	Yes	--	--	No	Yes	Yes	--	--	--	Yes
Richland County	Yes	Yes	No	No	Yes	Yes	--	--	--	--
Stark County	Yes	Yes	Yes	Yes	--	Yes	--	--	--	--
Trumbull County	Yes	Yes	Yes	Yes	Yes	Yes	--	--	--	--

Table 2.2 Team Members' Presence in the Courtroom

Court	Judge	Coordinator	Prosecutor	Defense Attorney	Supervision Officers	Treatment Agency	TASC/ Case Mgmt	School	Human Services	Law Enforcement
Municipal										
Crawford County	Yes	Yes	No	No	Yes	Yes	--	--	--	--
Mansfield Municipal	Yes	Yes	--	--	Yes	Yes	--	--	Yes	--
Miami County	Yes	Yes	No	No	Yes	Yes	Yes	--	No	--
Summit County	Yes	Yes	--	--	--	Yes	--	--	--	--
Family										
Delaware County	No	Yes	No	Yes	--	Yes	--	--	Yes	No
Lorain County	Yes	Yes	No	No	--	--	--	--	Yes	--

Table 2.3 Team Members' Presence in the Courtroom

Court	Judge	Coordinator	Prosecutor	Defense Attorney	Supervision Officers	Treatment Agency	TASC/ Case Mgmt	School	Human Services	Law Enforcement
Juvenile										
Belmont County	Yes	Yes	Yes	Yes	Yes	Yes	--	--	--	No
Delaware County	No	Yes	No	Yes	Yes	Yes	--	--	Yes	No
Fairfield County	Yes	Yes	--	--	Yes	Yes	--	--	--	--
Hocking County	Yes	No	Yes	--	Yes	Yes	Yes	No	No	--
Lorain County	Yes	Yes	No	No	Yes	--	--	--	Yes	--
Miami County	No	Yes	Yes	Yes	--	Yes	Yes	--	No	--
Montgomery County	Yes	Yes	No	No	Yes	No	Yes	No	No	No
Richland County	Yes	No	--	--	Yes	Yes	--	--	--	--

Table 3.1 Overview of Drug Court Process

Common Pleas Courts	Structure of The Program	Target Population/ Eligibility Criteria	Referral Source	Screening Agency/ Screening Instrument	Risk/Needs Assessment	Substance Abuse Assessment
Belmont County	Diversion	Felony 4 or 5 drug offenses or other drug offenses. No sex, arson, or weapons offenses in their past, non- violent offenders, diagnosed with chemical dependency.	Prosecutor’s Office	Drug Court Coordinator UNCOPE AUDIT Questionnaire Drug Use Questionnaire (DAST 20) SASSI – Substance Abuse Subtle Screening Inventory	--	Treatment Provider --
Butler County	Treatment in Lieu of Conviction, Intervention in Lieu of Conviction, Post-Adjudication, Probation, Community Control Violation	Drug dependent felony level 3, 4, or 5 offenders. Non-violent offenses and no past history of violence, no drug traffickers.	Pre-trial Services Prosecutor’s Office Defense Attorneys Hamilton and Middletown Police Departments	Pre-trial Services and Treatment provider OPI	--	Treatment Provider --
Erie County	Post-Adjudication, Probation/ Community Control Violation, Pre- Adjudication	Adults charged w/ a drug or alcohol related misdemeanor or felony offense that is non-violent	Public Defender’s Office Prosecutor’s Office Drug Task Force Private Defense Attorneys Huron & Vermilion Municipal Courts Erie County Court	Prosecutor’s Office, Public Defender’s Office, Treatment Provider, Erie County Court Self-Reporting Chemical Use Questionnaire, Individual interviews, ODADAS Protocol, and DSM IV Criteria, Background checks.	Physical Health Assessment, Sober Support Environment Assessment	Treatment Provider --
Huron County	Treatment in Lieu of Conviction, Post Conviction	Probationable offense, Non-violent offenders, No history of severe mental illness, Current and past criminal behavior is drug and/or alcohol motivated, Demonstration of sincerity and willingness to participate in at least an eighteen month treatment process, No acute health condition currently exists, Approval of the prosecutor’s office, Offender is deemed to be alcohol or drug dependent, The offender must be charged with a felony offense, nothing more serious than a third degree felony (this excludes drug trafficking), No DUI or DWI, no holds on offender from other jurisdictions.	Judge, Prosecutor, Defense Counsel, Treatment Provider, Probation Department	Probation/Treatment Provider --	--	Treatment Provider --

Table 3.1 Con't . Overview of Drug Court Process

Common Pleas Court	Structure	Target Population/ Eligibility Criteria	Referral Source	Screening Agency/ Instrument	Risk/Needs Assessment	Substance Abuse Assessment
Lucas County	Post Adjudication	Felony 3,4,5 offenders, Non-violent offense, No extensive violent history	Judges, Defense Attorneys, Initial Case Review forms	Pretrial and Probation TASC ASIS	--	COMPASS ASIS
Mahoning County	Intervention in Lieu of Conviction	Drug related 4th or 5 th degree felony offenders who are drug or alcohol addicted, no history of any sexual, violent, or weapons related charges	Law Enforcement, Defense Attorneys Prosecutors, Probation Officers, Self-referral	Prosecutor's Officer SASSI	OPI and Psychosocial Evaluation	TASC SASSI, OPI, MAPP, MAST
Miami County	Probation/ Community Control Violation, Treatment in Lieu of Conviction	Current/past criminal behavior is motivated by alcohol and drug abuse, current offense is felony level 2,3,4,5, Current offense is sanctionable by community control, Instant offense is not a traffic offense, No holds from another jurisdiction, No history of violent behavior patterns, Agreeable to all conditions of community control supervision, No significant emotional, mental or physical condition that would impair participation, Determined to be alcohol or drug dependent or at high risk for such, Willingness and motivation to meet all conditions of the drug court and become actively involved in recovery, Miami county resident, Approval of the drug court coordinator, Approval of the sentencing judge	Probation, Judges, Attorneys, Treatment Providers	Treatment Provider SASSI Chemical Assessment	--	Treatment Provider SASSI Psychosocial Provider
Montgomery County	Treatment in Lieu of Conviction, Intervention in Lieu of Conviction, Post Adjudication, Probation Community Control Violation	Possession of Cocaine (felony 5) offenders, non-violent offenders, absence of mental illness, drug dependence or in danger of becoming drug dependent	Judges, defense attorneys, adult probation department, police agencies	Crisis Care, Court SASSI	LSI	Crisis Care SASSI

Table 3.1 Con't . Overview of Drug Court Process

Common Pleas Court	Structure	Target Population/ Eligibility Criteria	Referral Source	Screening Agency/ Instrument	Risk/Needs Assessment	Substance Abuse Assessment
Richland County	--	Probationable offense, No history of violent behavior patterns, No history of severe mental illness, Current and past criminal behavior is drug and or alcohol motivated, Demonstration of sincerity and willingness to participate in an eighteen month treatment process, No acute health condition currently exists, Approval of the county prosecutor, Offender is deemed to be alcohol and/or drug dependent, Offender must be charged with a felony offense, Nothing more serious than a third degree felony, Offender is not referred with a DUI or DWI, offender has no holds from another jurisdiction and is otherwise eligible for security release, No evidence of drug trafficking	Judges, Attorneys, Self-referral, Pre-trial services, Probation, Prosecutor's office, Law enforcement	Treatment Coordinator of SATC MAPP	None	Treatment Provider SASSI, MAPP, Psychosocial Evaluation
Stark County	Post Adjudication	--	Pretrial or Defense Attorney	Court, Prosecutor's Office, Treatment Provider Defendant Questionnaire	LSI-R	Treatment Provider Psychosocial Evaluation
Trumbull County	--	18 years or older, Non-violent substance abuse felony offenders, No violent felonies or violent juvenile adjudications, No felony sex offenses or felony level 1,2,3 trafficking or juvenile offenses, No prior state commitments, No felony or non-adjudicated misdemeanor DUI(s)	Judges, Attorneys, Defendants, Treatment specialist, Family members, Probation officers, Defense attorneys, Prosecutors	Prosecutor's office Drug Court Coordinator Eligibility Criteria, Background Check, Texas Christian University Drug Dependence Screen	--	Treatment Provider ASI, MAPP, STAXI, DUSI

Table 3.2 Overview of Drug Court Process

Municipal Drug Courts	Structure	Target Population Eligibility Criteria	Referral Source	Screening Agency/ Instrument	Risk/Needs Assessment	Substance Abuse Assessment
Crawford County	Probation/ Community Control Violation	A person who had inpatient treatment and continues to need more help and has previous history of substance abuse.	Treatment Agency, Judge, Probation	Treatment Provider --	--	Treatment Provider
Mansfield Municipal	--	Non-violent felony offenders who enter the Mansfield Court system with drug/alcohol related cases.	Judges, Probation Officers, Law Director, Attorneys, Law Enforcement	Court --	--	Treatment Provider SASSI, MAPP, Who Me
Miami County	--	Criminal behavior motivated by alcohol or drug use, Current offense is a misdemeanor level or can be amended to a misdemeanor level, Current offense is probationable, Instant offense is not a traffic offense, No holds from another jurisdiction, No significant history of drug trafficking, No history of violent behavior patterns, Agreeable to all conditions of probation supervision, No significant emotional, mental or physical problems exist that would impair participation, Determined to be alcohol or drug dependent or at high risk for such, Willingness and motivations to meet all conditions of the drug court and become actively involved in recovery, Miami county residents, Approval of the drug court coordinator, the prosecuting attorney, and the presiding judges	Probation, Judges, Attorneys, Treatment Providers	Treatment Provider SASSI, Clinical Assessment	None	Treatment Provider SASSI, Psychosocial interview
Summit Municipal	--	Level 4 and 5 Felony Offenders, Charged with drug abuse, possession, or complicity, Plead down to misdemeanor attempted drug abuse	Pretrial in the Common Pleas Court	Narcotics unit, Prosecutor, Police, Judge, Oriana House, Case workers SASSI	LSI-R	Treatment Provider SASSI
Family Courts						
Delaware County	Post Adjudication	Families receiving services from the Department of Jobs and Family Services for abuse, neglect, and/or alcohol abuse or who have been ordered for drug and alcohol assessment, Non-violent individuals	Court, Department of Jobs and Family Services, Guardian ad litem	Treatment Provider SASSI, Clinical Interview	--	Treatment Provider SASSI, Psychosocial Evaluation
Lorain County	Post Adjudication, Probation	Parents or legal guardians who have children adjudicated abused, neglected of dependant	Lorain County Children Services caseworkers	Court, Treatment Provider Individual criteria	--	Treatment Provider SASSI, MAPP, MAST, Psychosocial Evaluation

Table 3.3 Overview of Drug Court Process

<i>Juvenile Court</i>	Structure	Target Population Eligibility Criteria	Referral Source	Screening Agency Screening Instrument	Risk/Needs Assessment	Substance Abuse Assessment
Belmont County	Diversion, Treatment in Lieu of Conviction, Intervention in Lieu of Conviction, Post Adjudication, Probation/ Community Control Violation	Non-violent substance abusing offender.	Juvenile Court Personnel	Treatment Provider Client Interview	--	Court Personnel TII (treatment intervention inventory), SASSI, and Psychosocial Evaluation
Delaware County	Post Adjudication	--	Intake, Probation, Magistrates, Judges, Attorneys	Treatment Provider Pre-Screen	Clinical Interview and PSI	Treatment Provider MAST
Fairfield County	Post Adjudication	Post-adjudicated juvenile offenders who have delinquent offenses, unruly offenses, or DUI/OMVI, At least one subsequent positive urine drug screen has been reported by the youth's probation officer, Parent's or youth have reported alcohol use by the youth on a continuing basis regardless of frequency, Youth is between the ages of 13 and 17 (18 will be accepted on an exceptional basis), Youth has been referred to other community resources for substance abuse education or counseling, but has been unable to achieve abstinence, Youth has been referred for substance abuse evaluation and is diagnosed as high-risk substance abuse or substance dependent, Youth has not been diagnosed as psychotic, schizophrenic, or as having any other mental health problem that would severely limit their understanding of the program and requirements, No pattern of felony violence	Probation, Judge and Treatment Provider	Drug Court Staff , Counselors, Probation Officers POSIT SASSI	POSIT	Drug Court Counselors SASSI, Psychosocial Evaluation
Hocking County	Post-Adjudication	Nonviolent recidivists, drug and alcohol related crime or under the influence while committing crime. Parental agreement to Drug Court	TASC, Probation Officers, School	--	--	--

Table 3.3. Con't Overview of Drug Court Process

Juvenile Court	Structure	Target Population Eligibility Criteria	Referral Sources	Screening Agency/ Instrument	Risk/Needs Assessment	Substance Abuse Assessment
Lorain County	Post Adjudication, Probation	Fourteen to sixteen year old (13 and 17 year olds considered on individual basis) male and female non-violent felony offenders, No major mental illness, Voluntary cooperation, Diagnosis of dependency	Lorain County Children Services	<i>Court, Treatment Provider</i> --	--	Treatment Provider SASSI, MAPP, MAST, Psychosocial evaluation
Miami County	Post Adjudication, Probation/ Community Control Violation	Criminal behavior is motivated by alcohol and drug abuse, Current offense is probationable, Youth is between the ages of thirteen and seventeen (eighteen-years olds will be considered on a case by case basis), No history of violent behavior patterns, No significant emotional, mental or physical condition exist that would impair participation, Instant offense is not a traffic offense, Determined to have a significant problem with alcohol or drugs, Youth has been referred to other community resources for substance abuse education and counseling but has been unable to maintain abstinence, Willingness and motivation to complete the drug court and all the conditions as well as become actively involved in a program of positive change, Parents/guardian willingness and motivation to become part of the drug court process and all of it conditions, No holds from other jurisdictions, There is no evidence of significant drug trafficking, Resident of Miami county, Approval of the drug court coordinator, and the presiding judge	Juvenile Court, Probation Officers, Judges, Magistrates, Treatment Providers	Treatment Provider (Drug Court Staff) SASSI & Clinical Interview	--	Treatment Provider SASSI, Psychosocial Evaluation
Montgomery County	Diversion, Post Adjudication, Probation/ Community Control Violation	Non-violent, Felony 4 and 5 offenders, Chemically Dependent via SASSI, Positive Urinalysis, 13 to 17.5 years of age	Magistrates, Probation Officers	Court, Crisis Care, TASC SASSI, JASAE	YO-LSI	Crisis Care SASSI, Agency Assessment Tool
Richland County	Post Adjudication	Ages 12-17, Nonviolent offenders, No sex offenders, No dealers	Partners Intensive Services (ISP) Juvenile, Regular Probation, Treatment, Parents of Probationers	Court, Treatment Provider Intake Form	Intensive Services Risk/Needs Assessment	Court, Treatment Provider SASSI, AAIS, UMS, Self-Evaluation Questionnaire for Counselors

Table 4.1. Overview of Drug Court Process

Court	Frequency of Program Review Hearings	Hearings on/off Record	Staffings Prior to Hearings	Supervision Agency Caseload	Case Mgmt Agency Caseload	Continuum of Sanctions in place	Continuum of Rewards in place
Common Pleas							
Belmont County	Bi-weekly	On	Yes	3	--	Yes	No
Butler County	Bi-weekly	Off	Yes	--	--	Yes	No
Erie County	Phase I & II weekly, Phase III Bi-monthly, Phase IV Monthly	Both	Yes	--	43	Yes	Yes
Huron County	Bi-weekly	On	Yes	--	9	Yes	Yes
Lucas County	Bi-weekly	Off	Sometimes	40	--	No	No
Mahoning County	Weekly	Off	Yes	120	120	Yes	Yes
Miami County	Bi-weekly	On	Yes	10	10	No	No
Montgomery County	Weekly	On	Yes	38	--	Yes	Yes
Richland County	Bi-weekly	Off	Yes	--	--	Yes	Yes
Stark County	Bi-weekly	Off	Yes	--	7-28	No	No
Trumbull County	Weekly	Off	Yes	--	--	--	No

Table 4.2. Overview of Drug Court Process

Court	Frequency of Program Review Hearings	Hearings on/off Record	Staffings Prior to Hearings	Supervision Agency Caseload	Case Mgmt Agency Caseload	Continuum of Sanctions in place	Continuum of Rewards in place
Municipal							
Crawford County	Bi-weekly	On	Yes	7	--	No	No
Mansfield	Bi-weekly	On	Yes	50	50	Yes	Yes
Miami County	Weekly	On	Yes	--	--	No	No
Summit Municipal	Weekly first month Only meet for problems after that	On	Yes	40	40	Yes	Yes
Family							
Delaware County	Weekly or Monthly dependent on phase	On	No	30	--	Yes	Yes
Lorain County	Weekly	On	Yes	--	3	Yes	No

Table 4.3. Overview of Drug Court Process

Court	Frequency of Program Review Hearings	Hearings on/off Record	Staffings Prior to Hearings	Supervision Agency Caseload	Case Mgmt Agency Caseload	Continuum of Sanctions in place	Continuum of Rewards in place
Juvenile							
Belmont County	Bi-weekly	On	Yes	25	25	No	No
Delaware County	Varies	On	Yes	20	--	Yes	Yes
Fairfield County	Phase I: Weekly Phase II: Bi-weekly Phase III: Tri-weekly	On	No	17-20	--	Yes	Yes
Hocking County	--	On	Yes	14	14	Yes	Yes
Lorain County	Weekly	On	Yes	10	10	No	No
Miami County	Bi-weekly	On	Yes	10	10	No	Yes
Montgomery County	Weekly	On	Yes	25	25	Yes	No
Richland County	Bi-weekly	On	Yes	32	32	Yes	No

Table 5.1. Overview of Drug Court Policies

Common Pleas Court	Drug Testing Agency	Drug Testing Policy in Place	Participants Required To Pay Fee	Average Length of Program	Graduation Ceremony Held	Graduation Awards/Rewards	Graduation Criteria	Unsuccessful Termination Criteria
Belmont County	Treatment Provider, Crossroads Counseling	Yes	Yes	Minimum 12 months, Maximum 36 months	No graduates yet	No graduates yet	52 weeks in program, 4 consecutive months of clean time, Must have completed all required treatment meetings, Participant must have fulfilled all the treatment requirement, Participant must make full restitution as stipulated by the judgment entry signed by the judge at the plea hearing, Participants must complete an exit questionnaire and meet with the entire treatment team prior to graduation	Committing a crime that makes a client ineligible, Judge's discretion
Butler County	Court, Adult Probation	Yes	Yes	12 months	Yes	Yes	Complete all four phases of treatment, Pay all treatment fees	No set criteria other than commission of a violent crime
Erie County	Adult Probation	Yes	Yes	17 months	Yes	Yes	Successful completion of all program requirements and any special conditions; No new criminal charges participant has presented an appropriate discharge recovery plan; Participant has remained clean and sober for the last six consecutive month; Participant has been employed for at least the last six consecutive months; Benchmark team members and the chief probation officer have reviewed the applicant and recommend graduation, Judge has approved graduation	Non-compliance with the program after repeated efforts have been made and/or sanctions have been tried to bring the participant into compliance, New criminal charges of a violent or other serious nature, Repeated positive drug screens over a period of time
Huron County	Probation, Treatment provider	Yes	No	18 months	Yes	Yes	Complete treatment, Remain drug free, Continuous sobriety, Pay all fines, Community control, Community service completed	Violation of probation, Continued non-compliance
Lucas County	Centralized drug testing unit	No	Yes	18 months	Yes	Yes	No positive drug screens for 90 consecutive days, Gainful employment or involvement in vocational training, Understanding of treatment tools stable living environment, Any aftercare plans with treatment	No set policy
Mahoning County	Treatment Provider	Yes	Yes	18 months	Yes	Yes	Minimum of 52 weeks in program, 6 months of "clean time", Complete all treatment requirements, Make full restitution, Client must have a sponsor and have completed step 8 of the 12 step program, Complete graduation questionnaire, Meet with entire treatment team, Must be willing to be contacted following graduation	Arrest for a violent offense, Arrest for drug trafficking, Numerous positive urine tests, Multiple sanctions for non-compliance with treatment

Table 5.1 Con't. Overview of Drug Court Policies

Common Pleas Court	Drug Testing Agency	Drug Testing Policy in Place	Participants Required To Pay Fee	Average Length of Program	Graduation Ceremony Held	Graduation Awards/Rewards	duration Criteria	Unsuccessful Termination Criteria
Miami County	Treatment Provider	No	No	12 months	No grads yet	Yes	Minimum of 12 months, Meet the requirements of the individual phases	Exhaustion of treatment options or unwillingness/inability to control
Montgomery County	Court & Treatment Provider	Yes	Yes	12 months	Yes	Yes	Six consecutive months of treatment, Successful completion of treatment, Must be employed, on SSI or be enrolled in school, Payment of court costs and supervision fee, No felony convictions within six months	Involvement in violent offense or offenses involving a firearm, Technical violations of supervision (i.e. unsuccessful discharge from treatment programs, continued use of illicit drugs despite treatment interventions, absconding from supervision) are evaluated on case by case basis in termination of Drug Court
Richland County	Court	No	Yes	18 months	Yes	Yes	Maintain contact with the court, treatment facility, and probation officer, Appear for drug and alcohol screening and schedule court appearances, Maintain sobriety, Attend and participate within the treatment team, Failure to abide by conditions of supervision, No new charges	Opposite of graduation criteria
Stark County	Treatment Provider	Yes	Yes	12 to 18 months	Yes	Yes	Complete Phases, Employed Full time, Pay fee, Clean for 90 days, All community service done; No outstanding charges	Case by case except Domestic Violence convictions; Usually new felony charge, absconsion, or failure to comply
Trumbull County	Adult probation department and coordinator	No	No	18 months	--	--	Successful completion of the original treatment program and successful entrance into aftercare; Attainment of a high school diploma or GED equivalent; Payment of all fine, treatment fees or restitution as required by the court	Request by the individual for release; Failure to comply with court rules; Failure to comply with treatment rules; AWOL

Table 5.2. Overview of Drug Court Policies

Municipal Court	Drug Testing Agency	Drug Testing Policy in Place	Participants Required To Pay Fee	Average Length of Program	Graduation Ceremony Held	Graduation Awards/Rewards	duration Criteria	Unsuccessful Termination Criteria
Crawford County	Court; Treatment Provider	No	No	12 months	Yes	Yes	--	Failure to follow the requirements of probation and the treatment agency
Mansfield Municipal	Court; Treatment Provider	No	Yes	12 months	Yes	Yes	90 days sober; Completed treatment; Employed; Obtain diploma or GED	Individualized
Miami County	Treatment Provider	--	No	12 months	No	Yes	12 months and completion of all Phase requirements	Exhaustion of all treatment options or continued lack of progress
Summit Municipal	Treatment Provider	Yes	Yes	12 months	Yes	Yes	3 months of sobriety; Payment of any outstanding fines	Abscond
Family Courts								
Delaware County	Court	Yes	Yes	12 months	Yes	Yes	Negative drug and alcohol tests for a minimum of 3 consecutive months; Successful completion of all treatment phases; Implementation of a relapse prevention plan; Employed or demonstrated employability; No new crimes or technical violations for 3 consecutive months; Continued compliance with probation conditions (if on adult probation); Follow through and compliance with DHS case plan	Continued failure to appear for judicial case reviews; Repeatedly having positive drug and alcohol tests; Continued failure to attend treatment sessions; Participants engaging in criminal or other behavior which indicates non-amenability to treatment; Permanent surrender, or adoption, of the child or children.
Lorain County	Court	--	No	9 months	Yes	Yes	Completion of recommended intensive outpatient treatment, residential treatment, and stepped-down aftercare sessions	Refusal to cooperate with treatment programming; Refusal to comply with court's/probation's expectations, Continued drug or alcohol usage within treatment process and throughout drug court process with no reduction or positive efforts

Table 5.3 Overview of Drug Court Policies

Juvenile Court	Drug Testing Agency	Drug Testing Policy in Place	Participants Required To Pay Fee	Average Length of Program	Graduation Ceremony Held	Graduation Awards/Rewards	Graduation Criteria	Unsuccessful Termination Criteria
Belmont County	Counselors and Supervision Officer	Yes	No	9 months	Yes	Yes	Completion of Phase 4; Follow all behavior requirements; Pass all drug screens for a very long, consistent time period; Be active in counseling and recovery; Attend all required AA/NA meetings	Continuous problems in treatment or unwillingness to participate
Delaware County	Court	Yes	Yes	Unknown, the program is too new	--	--	--	--
Fairfield County	Parole Officers	Yes	Yes	12 to 15 months	Yes	Yes	Complete Phases	New felony offense; Sent to DYS continuous failure to comply with drug court requirements
Hocking County	TASC	Yes	No	12 months	In planning stage	In planning stage	Complete Phases	Any violent crime adjudications
Lorain County	Court	--	No	Between 6 and 12 months	Yes	Yes	Completion of recommended Intensive Outpatient, residential treatment, and stepped down aftercare sessions	Refusal to cooperate with treatment programming; Refusal to comply with Court's/ Probation's expectations; Continued D/A usage within treatment process and throughout Drug Court process with no reductions or positive efforts
Miami County	Treatment Provider	No	No	9 months	--	In planning stage	9 months and successful completion of all 3 phases	Exhaustion of treatment options and continued non-compliance
Montgomery County	TASC	Yes	No	9 months	Yes	Yes	Successful completion of Phase III; No new charges or adjudications; No positive urinalysis screens in past 3 months	New adjudicated violent felony; New adjudicated felony 1 or 2
Richland County	Court	No	No	12 months	Yes	Yes	Attended and completed D/A counseling program; Complied with all rules of probation; Tested negative at least 90 days before graduation; Marked difference in attitude & behavior; Favorable response from parent	New felony charge & commitment to ODYS w/ no chance of returning on judicial release

Table 6.1 Overview of Drug Court Participants

Court	Projected Number Served Annually	Number of Active Participants	Number Entered Since Inception	Total Number of Graduates	Total Number of Terminations
Common Pleas					
Belmont County	12	3	3	0	0
Butler County	75	70	220	110	143
Erie County	50	43	88	17	15
Huron County	10	5	5	--	0
Lucas County	18-24	39	66	4	30
Mahoning County	250	120	180	26	25
Miami County	10	7	10	0	3
Montgomery County	132	154	517	266	50
Richland County	80	67	162	37	50
Stark County	75-100	56	151	15	80
Trumbull County	50-70	43	45	0	0

Table 6.2 Overview of Drug Court Participants

Court	Projected Number Served Annually	Number of Active Participants	Number Entered Since Inception	Total Number of Graduates	Total Number of Terminations
Municipal					
Crawford	12	7	25	2	15
Mansfield	45	50	--	24	--
Miami	25	26	31	0	6
Summit	250	133	835	280	393
Family					
Delaware County	40	27	35	4	4
Lorain County	20	3	6	0	0

Table 6.3 Overview of Drug Court Participants

Court	Projected Number Served Annually	Number of Active Participants	Number Entered Since Inception	Total Number of Graduates	Total Number of Terminations
Juvenile					
Belmont County	40-50	23	46	14	7
Delaware County	--	23	23	0	0
Fairfield County	50-60	37	69	16	17
Hocking County	20	14	14	0	0
Lorain County	20	9	10	0	1
Miami County	10	9	9	0	0
Montgomery County	75	63	274	46	19
Richland	45	32	44	5	7

Table 7.1 Available Treatment Services

Common Pleas	Detoxification	Inpatient Hospitalization	Residential	Halfway House	Intensive Outpatient	Outpatient	Education	Relapse Prevention	Aftercare
Belmont County	Available if needed	Available if needed; Cost to client	Available if needed; New Outlook/	Small scale; New Outlook	Available at main office and New Outlook Phase 2	Available	Available during and after Phase 1	Available during Phase 3	Available during Phase 4
Butler County	--	--	Yes	--	Yes	Yes	--	Yes	--
Erie County	Provided on an as-needed basis	Provided on an as-needed basis	Provided on an as-needed basis	Provided on an as-needed basis	All participants receive this level of care	All participants receive this level of care	G.E.D. or diploma classes, interests assessments, and job readiness training is provided	This education is provided to every participant	All participants receive this level of care
Huron County	As needed	As needed	As needed	As needed	3 times a week for 8 weeks	Individualized and aftercare	As needed	Individualized and aftercare	1 time a week for 12 weeks
Lucas County	3 to 5 days; limited use	28 day program; limited use and usually has waiting list of	4-6 months; used fairly often (immediately available)	Occasionally used	3 times per week for 5 weeks; 24 hour-long sessions	Most clients go through Intensive Outpatient care	None	Individualized for several months; 1 hour sessions	2 times a week for 6 months; 1 ½ hour-long sessions
Mahoning County	Available	Available	Available	Available	Available	Available	Available	Available	Available
Miami County	Available	Provided on an as-needed basis	Available	Provided on an as-needed	Available	Available	Provided on an as-needed basis	Provided on an as-needed basis	Provided on an as-needed basis
Montgomery County	Available	--	--	--	--	--	--	--	--
Richland	--	--	24 hour halfway house based on individual needs	24 hour halfway house based on individual	3 three hour sessions each week for a minimum of 16 sessions	Available	--	3 hours of group sessions per week	Four 12-step meetings per week
Stark County	Available from Crisis Center, not often used	No	16 beds; limited availability	None	3 times a week for 8 weeks	2 times a week for 4 months	GED only	Once a week for 6 months	None
Trumbull County	Available	Available	Available	Available	Available	Available	Available	Available	Available

Table 7.2 Available Treatment Services

Municipal Drug Court	Detoxification	Inpatient Hospitalization	Residential	Halfway House	Intensive <i>Outpatient</i>	Outpatient	Education	Relapse Prevention	Aftercare
Crawford County	--	--	--	--	--	--	--	--	--
Mansfield Municipal	Available; 3-10 days	--	Available; 90 days	--	Available; 16 sessions	Available; 12 sessions	Available; 4 sessions	Available; 12 sessions	Available; 12 sessions
Miami County	Available	Other services needed for client care will be employed as needed.	Available	Other services needed for client care will be employed as needed.	Available	Available	Other services needed for client care will be employed as needed.	Other services needed for client care will be employed as needed.	Other services needed for client care will be employed as needed.
Summit County	Only cases that request service	Cannot order them into it	Depends on assessment min 30 day max 6 months	90 days- depends on assessment will not stay here unless unstable living	80 hours min 4 day per week for 4 weeks	3 weeks to 3 months – weekly meetings	GED	Outpatient service 80 hours if they fail earlier services	12 sessions in 15 weeks
Family Courts									
Delaware County	--	--	--	--	Available	Available	Available	Available	Available
Lorain County	--	--	Available for adults; Not available in local area	--	Required of all participants; Available within community	--	--	--	Available in community

Table 7.3 Available Treatment Services

Juvenile Court	Detoxification	Inpatient Hospitalization	Residential	Halfway House	Intensive Outpatient	Outpatient	Education	Relapse Prevention	Aftercare
Belmont County	--	--	As needed	--	--	5 hours group per week plus individual and family counseling. Also a	--	--	3 months of individual and/or family counseling
Delaware County	As needed	As needed	As needed	As needed	As needed	As needed	As needed	As needed	As needed
Fairfield County	--	--	--	--	--	Group and family counseling for parents and families as well as support groups like AA	Throughout the program participants are expected to attend school regularly and	Group and family counseling for parents and families as well as support	Group and family counseling for parents and families as well as support
Hocking County	--	Not part of program	30 days	--	3 months	3 times a week for 3 months	--	Informal; Individualized	Have plans to do this
Lorain County	--	--	--	--	<i>Used by all participants</i>	--	--	--	Available
Miami County	Available-not used yet	Available-not used yet	Used once at UVCM-ARC	--	4 weeks at UVMC-Choices	Usually used as follow up to IOP	Used minimally	Follow of up IOP	Follow up of IOP
Montgomery County	--	--	--	--	Requirement for the duration of treatment	--	--	Available	Available
Richland County	Medical Central Hospital; Psychiatric Ward as needed	Referred to outside agencies	Referred to agencies in Ohio for 30 day programs	--	Use several programs in the city including UMADOP, Med Central Freedom Hall and Richland Hospital (6 week program)	The Center is used once a week for 8 weeks	Regular schooling	Use several programs in the city including: UMADOP, Med Central Freedom Hall and Richland Hospital (6 month program)	Use several programs in the city including: UMADOP, Med Central Freedom Hall and Richland Hospital (6 week program)

Table 8.1 Overview of Evaluation and MIS

Court	Process Evaluation Completed	Outcome/Impact/ Cost-Benefit Analysis Completed	Data Collection Tool in Use	Oversight/Steering Committee in Place	Number of Committee Members
Common Pleas					
Belmont County	No	No	No	Yes	17
Butler County	Yes	No	MS Access developed by in-house MIS	No	--
Erie County	Yes	No	UC Database	Yes	9
Huron County	No	No	UC Database	No	--
Lucas County	Yes	No	UC Database	No	--
Mahoning County	Yes	No	UC Database	Yes	12
Miami County	No	No	UC Database	No	--
Montgomery County	Yes	No	Courtview 2000	No	--
Richland County	Yes	No	UC Database	Yes	12
Stark County	No	No	UC Database	No	--
Trumbull County	No	No	UC Database	Yes	0

Table 8.2 Overview of Evaluation and MIS

Court	Process Evaluation Completed	Outcome/Impact/ Cost-Benefit Analysis Completed	Data Collection Tool in Use	Oversight/Steering Committee in Place	Number of Committee Members
Municipal					
Crawford County	No	No	--	No	--
Mansfield Municipal	--	--	UC Database	Yes	--
Miami County	No	No	UC Database	No	--
Summit Municipal	No	No	UC Database	Yes	--
Family					
Delaware County	No	No	UC Database	No	--
Lorain County	No	No	UC Database	No	--

Table 8.3 Overview of Evaluation and MIS

Court	Process Evaluation Completed	Outcome/Impact/ Cost-Benefit Analysis Completed	Data Collection Tool in Use	Oversight/Steering Committee in Place	Number of Committee Members
Juvenile					
Belmont County	--	--	UC Database	No	--
Delaware County	No	No	UC Database	Yes	13
Fairfield County	Yes	--	--	--	--
Hocking County	No	No	UC Database	Yes	22
Lorain County	No	No	No	No	--
Miami County	No	No	UC Database	No	--
Montgomery County	Yes	No	UC Database	Yes	--
Richland County	No	No	UC Database	No	--

Table 9.1 Overview of Funding Sources by Year

Court	Planning	Year One	Year Two	Year Three	Year Four	Year Five	Year Six
Common Pleas							
Belmont County	--	ODADAS Drug Court Grant FY 00	--	--	--	--	--
Butler County	--	OJP/DCPO Enhancement Grant FY 98 ODADAS Drug Court Grant, FY 98	OJP/DCPO Enhancement Grant FY 99 ODADAS Drug Court Grant, FY 99	OJP/DCPO Enhancement Grant FY 00 ODADAS Drug Court Grant, FY 00	--	--	--
Erie County	--	Local Funding ADMHS Board FY 96	Local Funding ADMHS Board FY 97	OJP/DCPO Enhancement Grant FY 98 ADMHS Board FY 98	OJP/DCPO Enhancement Grant FY 99 ADMHS Board FY 99	OJP/DCPO Enhancement Grant FY 00 ADMHS Board FY 00	--
Huron County	--	--	--	--	--	--	--
Lucas	--	OJP/DCPO Implementation Grant FY 97 Local Funding Match FY 97	Byrne Grant Local Funding	Byrne Grant Local Funding	--	--	--
Mahoning County	DCPO Planning Grant FY 97-98	DCPO Implementation Grant FY 99	DCPO Implementation Grant FY 00	DCPO Implementation/Enhancement Grant FY 01	--	--	--
Miami County	ODADAS Drug Court Grant FY 00	--	--	--	--	--	--

Table 9.1. Con't. Overview of Funding Sources by Year

Court	Planning	Year One	Year Two	Year Three	Year Four	Year Five	Year Six
Montgomery County	OJP/DCPO Planning Grant	OJP/DCPO Implementation Grant	--	OJP/DCPO Enhancement Grant	--	--	--
Richland	OJP/DCPO Planning Grant FY 97-98	OJP/DCPO Implementation Grant FY 97-98 ODADAS Drug Court Grant FY 97	ODADAS Drug Court Grant FY 98	OJP/DCPO Implementation/Enhancement Grant FY 99-01 ODADAS Drug Court Grant FY 99	ODADAS Drug Court Grant FY 00	ODADAS Drug Court Grant FY 01	--
Stark County	OJP/DCPO Planning Grant FY 97	OJP/DCPO Implementation Grant FY 98	OJP/DCPO Implementation Grant FY 99	OJP/DCPO Implementation Grant FY 00	--	--	--
Trumbull County	--	OCJS Byrne Memorial Grant FY 00	OCJS Byrne Memorial Grant FY 01	--	--	--	--

Table 9.2. Overview of Funding Sources by Year

Court	Planning	Year One	Year Two	Year Three	Year Four	Year Five	Year Six
Municipal							
Crawford County	--	--	--	--	--	--	--
Mansfield Municipal	--	Law Enforcement Block Grant	Law Enforcement Block Grant	OJP/DCPO Implementation Grant Law Enforcement Block Grant	OJP/DCPO Implementation Grant	--	--
Miami County	ODADAS Drug Court Grant FY 00	ODADAS Drug Court Grant FY 00	ODADAS Drug Court Grant FY 01	--	--	--	--
Summit County	--	--	--	--	--	--	--
Family							
Delaware County	--	ODADAS Drug Court Grant FY 00	ODADAS Drug Court Grant FY 01	--	--	--	--
Lorain County	--	ODADAS Drug Court Grant FY 00 Local Funding	ODADAS Drug Court Grant FY 01 Local Funding	--	--	--	--

Table 9.3. Overview of Funding Sources by Year

Court	Planning	Year One	Year Two	Year Three	Year Four	Year Five	Year Six
Juvenile							
Belmont County	OJP/DCPO Planning Grant FY 97	OJP/DCPO Implementation Grant FY 98	OCJS/JAIBG Funding FY 99	--	--	--	--
Delaware County	OJP/DCPO Planning Grant FY 99	OJP/DCPO Implementation Grant FY 00	--	--	--	--	--
Fairfield County	--	--	--	--	--	--	--
Hocking County	--	OCJS Byrne Memorial Grant FY 00 RECLAIM	--	--	--	--	--
Lorain County	--	ODADAS Drug Court Grant FY 00; Local Funding	ODADAS Drug Court Grant FY 01; Local Funding	--	--	--	--
Miami County	ODADAS Drug Court Grant FY 00	ODADAS Drug Court Grant FY 00	ODADAS Drug Court Grant FY 01	--	--	--	--
Montgomery County	OJP/DCPO Planning Grant FY 97	OJP/DCPO Implementation Grant FY 98; Law Enforcement Block Grant FY 98; ADMHS Board Match	OJP/DCPO Continuation Grant FY 99; ADMHS Board Match	OJP/DCPO Continuation Grant FY 01	--	--	--
Richland County	--	--	--	--	--	--	--