

**In the Franklin County Municipal Court
Columbus, Ohio**

Administrative Order Number: 02-2009

Effective: August 13, 2009

1. The Alcohol/Drug Addiction Program Specialty Docket (“ADAP”) is intended to promote effective treatment as an alternative to incarceration for a defendant who has been charged with offenses that relate in some way to the person’s alcohol and/or other chemical dependence (“AOD”) and negatively impact the person’s quality of life and community safety. Many of these defendants have a history of multiple arrests (typically for OVI), criminal behavior, drug addiction, poverty and transient housing. ADAP will:

- A. provide a comprehensive and coordinated approach to the F4 and F5 felony cases and misdemeanor cases that are associated with AOD;
- B. address numerous issues, including alcohol and/or other drug addiction, homelessness, physical health care, social isolation and economic independence in the treatment plan; and
- C. require limited court involvement in treatment planning and compliance and utilize more effectively other county and court resources.

2. The ADAP coordinator will screen and identify defendants charged with offenses that qualify for the program. The guidelines for acceptance into ADAP are:

- A. Defendant has been cited for at least one charge in the previous year that is associated with AOD use.
- B. Defendant understands the voluntary nature of the program, that ADAP will last up to one year and the consequences of non-compliance with the program.
- C. Defendant has been assessed by a licensed, state certified clinician with the credentialing board.
- D. If defendant has been charged with an offense of violence as defined in R.C. 2901.01, the prosecutor must agree to defendant’s admission into ADAP. Further, the accountability of the defendant, the protection and safety of the victim, the relationship of the victim to the defendant will be among the factors considered in the decision whether to accept a defendant charged with an offense of violence into ADAP.

The decision to admit a defendant into the program will be made after consultation with defendant’s counsel, the prosecutor, the ADAP coordinator, the judge(s) elected to oversee the program and, if necessary, other alcohol and/or other drug professionals. The assignment of a case qualifying for the program is governed by FCMC Local Rule 8.04.

3. ADAP shall comply with all state and federal requirements for confidential communications, including but not limited to C.F.R. Title 42 and the Healthcare Insurance Portability and Accountability Act. Defendant's counsel and the prosecutor shall be present at all hearings and may, at their discretion, attend staffing with the ADAP coordinator. The judge(s) elected to oversee the program shall determine whether the defendant has successfully completed the program. At the successful completion of ADAP, the defendant's plea(s) may be vacated and the case(s) may be dismissed. If the defendant has been charged with OVI, the prosecutor must agree to the plea being vacated and the charge being dismissed.

4. The following terms and definitions shall be used by ADAP:

A. *Assessment* - Collection of information with which to rate development and performance. Assessment may include observing a client, interviewing and using formal tests to measure specific skills and determine strengths and needs. Results may be used to plan for appropriate services. For the purposes of this program, the assessment may be completed by a LICDC, LSW, LISW, LPC, or LPCC.

B. *Axis I Diagnosis* – A substance abuse or dependence disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which identifies the pathology of the abuse, addiction, mental illness and signs and symptoms that are often prevalent. Cannabis Abuse or Dependence, Cocaine Abuse or Dependence, Polysubstance Dependence, are all acceptable AXIS I diagnoses for ADAP. Mental retardation and personality disorders, such as Narcissistic, Histrionic, Borderline, and Anti-Social disorders fall on Axis II of the DSM-IV and, standing alone in diagnosis, are not acceptable for ADAP.

C. *Mental Status Exam (MSE)* - Assessment by an interviewer of a client's competence in such areas as general orientation to time, place, and person; recent and remote memory; immediate memory; insight and judgment; reading, writing, spelling; and arithmetical concentration. Such an evaluation can be conducted in cases of brain injury, when a client appears confused, or when the interviewer simply wants to obtain some indication of the client's general mental functioning. All areas assessed should be interpreted within a developmental framework, using age-appropriate norms or age-appropriate expectations.

D. *Psychiatric Evaluation* - A medical evaluation conducted by a licensed psychiatrist that addresses the prevention, cause and treatment of mental disorders.

E. *Psychological Evaluation* - An assessment of an individual, which, usually consists of a clinical assessment interview and the administration of a battery of psychological tests concerned with mental process and behavior conducted by a licensed psychologist.

F. *Staffing* - meetings held by the ADAP Coordinator with clinicians and case managers to consider a defendant's admission into the program or review defendant's progress in the program.

8/13/09
Date

Carrie E. Glaeden
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Administrative and Presiding Judge