



# Supreme Court of Mississippi

Administrative Office of Courts

## Application for Adult Felony Drug Intervention Court Recertification

### Section 1: Judicial Information

Jurisdiction of Court:
Senior Intervention Court Judge:
Judge Phone Number - Office: _____ Cell: _____
Judge Email:
Judge Mailing Address:

### Section 2: Program Contact

Intervention Court Coordinator:
Coordinator Phone Number - Office: _____ Cell: _____
Coordinator Email:
Coordinator Mailing Address:

#### **Instructions for Completing Application**

The minimum requirements for intervention court applications are listed in MS Code §9-23-11(2)(b)(Rev. 2019). The Application for Adult Felony Drug Intervention Court Recertification must be filled in completely and returned to the Administrative Office of Courts along with all required supporting documents. If additional space is needed in any section, please attach a separate sheet.

**If multiple judges within a single jurisdiction preside over a separate and distinct intervention court docket, each judge will be required to submit a separate recertification application. If the same supporting documents (policy and procedure manuals, forms, etc.) are used by all judges, these materials should only be submitted once.**

The Administrative Office of Courts (AOC) will review each court’s application to ensure compliance with applicable federal and Mississippi law, the Alyce Griffin Clark Intervention Court Act (Miss. Code Ann. § 9-23-1 through 9-23-23 (Rev. 2019)), the MS Adult Drug Intervention Court Rules (2021), and its own policy and procedure manual. If the AOC determines that the court is not in compliance, the court will receive a list of findings which must be corrected for the court to retain its certificate of approval. All adult felony intervention court programs will be required to recertify with the Administrative Office of Courts every (2) years.

**Section 3: Intervention Court Team**

Pursuant to MS Adult Drug Intervention Court Rule Section 12, each intervention court must have an intervention court team, including at a minimum all identified positions in the chart below. The team should collaboratively develop, review and agree upon all aspects of the intervention court operation including the mission, goals, eligibility, performance measures, and drug testing protocols, as well as participant progress.

Name	Member	Agency	Phone	Email
	Judge			
	Prosecutor (or representative from prosecutor's office)			
	Defense Attorney			
	Treatment Provider			
	Coordinator			
	Supervision Officer (may also be called a Case Manager)			
	Law enforcement (may also be called a Field Officer)			

**Section 4: Intervention Court Operations Support Staff**

This section should include contact information of any others working directly or indirectly for the adult felony intervention court. Please include additional case managers, probation or field officers, treatment providers, prosecution representatives, defense representatives, peer support specialists, mentors, and others that provide ongoing operational support to the intervention court. There is no need to relist the team members provided in Section 3 above.

Name	Title	Agency	Phone	Email

**Section 5A: In-Patient Treatment or Detoxification Program**

This section should include all treatment providers to which the court orders or refers participants to undergo substance use disorder treatment. This includes private agencies, state or community mental health providers, treatment facilities, and individual providers. Any person providing substance use disorder treatment or counseling services to intervention court participants must be licensed to provide such services pursuant to Miss. Code Ann. § 9-23-13(2).

Service Provider	Type of Service	Contract or MOU? (please specify)	Certified by DMH or other appropriate agency? (yes/no)	Effective Date of Provider Certification

**Section 5B: Substance Use Disorder Treatment**

This section should include all treatment providers to which the court orders or refers participants to undergo substance use disorder treatment. This includes private agencies, state or community mental health providers, treatment facilities, and individual providers. Any person providing substance use disorder treatment or counseling services to intervention court participants must be licensed to provide such services pursuant to MS Adult Drug Intervention Court Rules, Section 20(i)(1-2).

Service Provider	Type of Service	Contract or MOU? (please specify)	Certified by DMH or other appropriate agency? (yes/no)	Effective Date of Provider Certification



**Section 7: Description of Need**

In this section, please describe the need for an adult felony intervention court program in your jurisdiction pursuant to Miss. Code Ann. § 9-23-11(2)(b)(i). How does substance abuse impact your community, particularly in regards to criminal activity?

**Section 8: Target Population and Eligibility Criteria**

In this section, please list the adult felony intervention court program’s target population and eligibility criteria pursuant to Miss. Code Ann. § 9-23-11(2)(b)(ii,iii)..

**Section 9: Identifying Participants**

In this section, please describe how the adult felony intervention court program targets high offenders for participation. Include the description of the timing of the process for identifying appropriate participants by the use of both a risk and needs assessment and a clinical assessment that are valid, reliable, and appropriate for the participant population. This is pursuant to Miss. Code Ann. § 9-23-11(2)(b)(iv,v).

**Section 10: Determining Levels of Treatment**

In this section, please describe in detail how a participant’s level of substance use disorder treatment is determined. Include information on the person(s) providing the clinical assessment (including their credentials) and the validated tool(s) being using to determine the level of care needed. This may contain some duplicate information from Section 9.



**Section 11: Treatment Protocol**

In this section, please describe in detail the type of evidence-based substance use disorder treatment and/or mental health co-occurring treatment modalities and interventions that will be used to treat your adult felony intervention court participants. This will be specific to the resources and treatment provider(s) in your area.

**Section 12: Pre-Court Staffings**

In this section, please describe in detail how adult felony intervention court staffings are used by the team in reviewing participant progress and imposing potential incentives or sanctions for performance. Discuss how often these meetings take place and list those who regularly attend along with their title.

**Section 13: Ongoing Judicial Interaction with Each Participant**

In this section, please describe any and all planned or structured judicial interactions with participants in the adult felony intervention court.

**Section 14: Phase Structure and Successful Completion Criteria**

In this section, please describe the requirements individuals must meet in order to advance through each phase of the adult felony intervention court. Also describe the measures used to determine successful completion of the adult felony intervention court. This description should match your Phase Structure and Successful Completion Criteria in your policy manual.

**Section 15: Drug and Alcohol Testing Protocol**

In this section, please describe in detail the drug and alcohol testing protocol used by your adult felony intervention court. The detail should include the testing methods, collection methods, methods of determining randomization of tests, and team members designated to perform tests. Also include the frequency of testing by phase; the panels tested; and the process by which designated team members will be trained to perform tests.

**Section 16: Data Collection and Reporting**

In this section, please describe in detail the method used to collect and enter data into CaseWorx to comply with the minimum data plan responsibilities listed in MS Code § 9-23- 11((2)(b)(vi)(Rev.2019).

**Section 17: Attachments**

Please be sure that the following items are submitted along with this Application for Adult Felony Drug Intervention Court Recertification.

- Attachment 1.) Adult Felony Intervention Court Policy and Procedure Manual (Section 20(a))
- Attachment 2.) Adult Felony Intervention Court Participant Handbook/Manual (*if separate from Policy and Procedure Manual*)
- Attachment 3.) County Policy and Procedure Manual (Section 13(a))
- Attachment 4.) Copies of all current, Board of Supervisor-approved Memorandums of Understanding (MOU) or Contracts between the intervention court program and any service providers (Section 20(i)(2), Section 25(f)(3))  
*(If these were provided with your court's FY2024 Budget Request, there is no need to provide again.)*
- Attachment 5.) Copies of current certifications and/or licenses for all substance use disorder treatment and/or mental health providers (Section 14(f), 20(i)(1))
- Attachment 6.) A current list of all adult felony intervention court team members authorized to access CaseWorX (Section 20(f)(4))
- Attachment 7.) Copies of any bonds (if applicable for any staff members) (Section 7(f)(5)(B-C))
- Attachment 8.) Copies of Judicial Form Orders used in the adult felony intervention court
- Attachment 9.) Copies of any forms that are used in the adult felony intervention court, including but not limited to the following: (Section 20(2)(M))
  - Orientation Acknowledgement Form
  - Participation Agreement
  - Notice of Rights of Confidentiality Form
  - Confidentiality Statement Form (if guests are allowed in staffings)
  - Consent for Disclosure Form
- Attachment 10.) Copies of annual CEU hours obtained for the following adult felony intervention court team members from 07/01/21 – 06/30/23: Coordinator, Field Officer(s), and Case Manager(s) (Section 17(c), 18)
- Attachment 11.) Copies of Drug/Specimen Collection Training documentation for all team members performing specimen collections (Section 19(c))
- Attachment 12.) Copies of any adult felony intervention court team hiring orders, resumes, college degrees, termination letter or orders (from last 2 year period), and law enforcement training certificates if not yet submitted to the AOC (Section 13(d))
- Attachment 13.) Copy of the adult felony intervention court's documented revenue schedule (Section 20(2)(L))
- Attachment 14.) Copy of the adult felony intervention court's documented fee schedule (Section 20(2)(L))
- Attachment 15.) Completed signature page (p.16) of Adult Felony Drug Intervention Court Recertification Compliance Criteria document

**Section 18: Signatures**

By signing, I attest that the information contained within this application and its supporting documents are true and correct. I understand that compliance with the Alyce Griffin Clarke Intervention Court Act and the MS Adult Drug Intervention Court Rules are necessary in order to retain certification.

\_\_\_\_\_  
**Adult Felony Intervention Court Judge**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Adult Felony Intervention Court Coordinator**

\_\_\_\_\_  
**Date**

Please submit application and supporting documents in PDF format to:

<https://courts.ms.gov/upload/fileupload.php>

*or*

Alternatively, the application may be emailed to:

**Joetta Brashear**

**Adult & Veterans Intervention Courts – Legal Operations Analyst**

**Joetta.brashear@courts.ms.gov**