



# 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**

This recertification application meets the minimum requirements for intervention court certification applications listed in Miss. Code Ann. § 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, however, judges share the same supporting documents (policy and procedure manuals, forms, etc.), these materials should only be submitted once.**

The Administrative Office of Courts will review each court’s application to ensure compliance with applicable federal and Mississippi law, the Alyce Griffin Clark Intervention Court Act, and the Adult Drug Intervention Court Rules. 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.

**Section 3: Intervention Court Team**

Pursuant to Adult Drug Intervention Court Rule Section 12, each intervention court must have an intervention court team. 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
	Senior Judge			
	Judge			
	Prosecutor			
	Defense Attorney			
	Treatment Rep			
	Coordinator			
	Supervision Off.			
	Law enforcement			

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

This section should include contact information on those working directly or indirectly for the intervention court. Please include 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 5: 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 companies, state mental health agencies, 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) and Adult Drug Intervention Court Rules, Operations Section 20(i)(1).

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 6: Ancillary Service Providers**

This section should include all ancillary service providers to which the court orders or refers participants. This section should include services such as support groups, GED education classes, vocational education classes, life-skills education, anger-management classes, parenting classes, monitoring services, etc.

Service Provider	Type of Service	Contact Name	Contact Phone	Contact Email

**Section 7: Description of Need**

In this section, please describe the need for an intervention court program in your jurisdiction. How does substance use disorder impact your community, particularly in regards to criminal activity?

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

In this section, please list the intervention court program’s target population and eligibility criteria.

**Section 9: Identifying Appropriate Participants**

In this section, please describe how the intervention court program targets medium to high-risk offenders for participation. Include the description of the timing of the process for identifying appropriate participants by the use of both the MDOC risk and needs assessment and the SASSI or other clinical assessment.

**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 providing the clinical assessment (including their credentials) and the tools that are being using to determine the level of care needed. This may contain some duplicate information from Section 9.

**Section 11: Intervention Components**

In this section, please describe in detail the type of substance use disorder treatment and/or mental health treatment components that will be used to treat your intervention court participants. This will be specific to the resources and treatment provider(s) in your area and should include an anticipated budget and implementation plan.



**Section 12: Pre-Court Staffings**

In this section, please describe in detail how intervention court staffings are used in reviewing participant progress and imposing potential incentives or sanctions for performance by the intervention court team. 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 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 intervention court. You will also describe the measures used to determine successful completion of the 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 the intervention court. The detail should include the testing methods, collection methods, methods of determining randomization of tests, and team members designated to perform tests. Include the frequency of testing by phase and the panels tested.

**Section 16: Data Collection and Reporting**

With the ongoing implementation of CaseWorx, specific requirements for entering data in CaseWorx and submitting this data to the AOC will be provided during the 2021 recertification process. Therefore, please describe your current method for collecting and entering data into CaseWorx to comply with Miss. Code Ann. § 9-23-11(2)(b)(vi).

**Section 17: Attachments**

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

Attachment 1.) Intervention Court Policy and Procedure Manual (Rule 20(a))

Attachment 2.) Intervention Court Participant Handbook (If separate from Policy and Procedure Manual)

Attachment 3.) County Policy and Procedure Manual (Rule 13(a))

Attachment 4.) Copies of all current M.O.U. or Contracts between the intervention court program and any service providers. (Rule 20(i)(2), Fiscal Rule 4(f)(3))  
(If these were provided separately with your court’s FY2022 Budget Request, there is no need to provide again.)

Attachment 5.) Copies of current Certifications for all treatment or mental health providers. (Rule 20(i)(1))

Attachment 6.) A current list of all intervention court team members authorized to access CaseWorx. (Rule 20(f)(4))

Attachment 7.) Copies of Judicial Form Orders used in the intervention court.

Attachment 8.) Copies of any forms that are used in the intervention court.

**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 Adult Drug Intervention Court Rules is necessary in order to retain certification.

\_\_\_\_\_  
**Intervention Court Judge**

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

\_\_\_\_\_  
**Intervention Court Coordinator**

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

Please submit application and supporting documents, in PDF format, to:  
**<https://courts.ms.gov/upload/fileupload.php>**  
Alternatively, documents may be emailed to:  
**Jim Burris**  
**Intervention Courts Operations Analyst**  
**[interventioncourts@courts.ms.gov](mailto:interventioncourts@courts.ms.gov)**