

## MISDEMEANOR DIVERSION PROGRAM WORKFLOW

### Initial Appearance/Arraignment

At or before the Arraignment, defense counsel and Defendant should determine from the information in the Diversion Packet whether the offense charged is eligible for diversion. See O.R.C. §2935.36. If the offense is eligible and diversion is opted, a Plea/Initial Diversion Hearing should be scheduled at the arraignment for four (4) weeks thereafter.

### Submission of Diversion Application and Accompanying Documents

Subsequent to the Initial Appearance/Arraignment, the Defendant must complete the "Diversion Application", "Misdemeanor Diversion Program Standards Acknowledgement", and "Participation Agreement" sections of the Diversion Packet. Defendant/defense counsel should retain the Time Waiver and the Provisions Waiver from the Diversion Packet for later use. Completed documents can either be filed in person at the Butler County Prosecuting Attorney's office Monday through Friday between the hours of 9:00 AM - 12:00 PM and 1:00 PM - 4:00 PM, or mailed to Attn: Misdemeanor Diversion, 315 High St. 10th Floor, Hamilton, Ohio 45011. A non-refundable diversion application fee of \$150.00 must accompany these documents. The diversion application fee is payable only by money order, attorney's check, or cashier's check and should be made payable to the "Butler County Prosecutor Diversion Program". **Personal checks will not be accepted.** Incomplete applications or applications not accompanied by the full application fee will be rejected and returned to the Defendant. After receipt of completed application and full application fee, a criminal background check will be conducted by the Prosecutor's Office in order to confirm eligibility. Defense counsel will be advised prior to the Plea/Initial Diversion Hearing of the defendant's eligibility or lack thereof.

### Notification of Victim and Law Enforcement Officer

While the background check is being conducted, the Prosecuting Attorney's office will send notification of the Defendant's diversion application to the victim of the offense and the involved law enforcement officer. Either party may lodge an objection; however, an objection lodged will not necessarily preclude the defendant's acceptance into the program. If a loss was incurred as a result of the defendant's conduct, a restitution amount will be determined based on the forms and documentation returned to the Prosecutor's Office by the victim.

## **Plea/Initial Diversion Hearing**

At the Plea/Initial Diversion Hearing the defendant shall enter a plea of Guilty and present to the Court the Time Waiver and Provisions Waiver from the Diversion Packet. A Diversion Completion Hearing will be scheduled approximately three (3) months thereafter. Following the Plea/Initial Diversion Hearing, the defendant will need to schedule an intake appointment with either Community Behavioral Health, ACCESS Ohio, Pathways for Life, or Modern Psychiatry and Wellness for a determination of the appropriate intervention program. Prior to the Diversion Completion Hearing, defendant must complete the assigned intervention program, and make full restitution to the victim(s) if applicable.

## **Diversion Completion Hearing - three (3) months**

If the defendant has successfully completed the assigned intervention program, he/she will present to the Court a certificate of completion from either Community Behavioral Health, ACCESS Ohio, Pathways for Life, or Modern Psychiatry and Wellness, payment of all court costs, and a receipt for restitution to victim(s), if applicable. In lieu of a restitution receipt, the defendant must make payment **in full** for the **exact** amount of restitution, prior to the date of the diversion completion hearing, to the “Butler County Prosecutor’s Office Diversion Program” by way of money order, attorney’s check or cashier’s check. **Personal checks will not be accepted.** The Court will then dismiss the charge(s) filed against the defendant.

Should the defendant have failed to complete the required intervention programming, or have failed to make full restitution to the victim(s), he/she may ask for a continuance of three (3) months to remedy any deficiency. A second Diversion Completion Hearing will then be scheduled for approximately three (3) months thereafter the first (six (6) months thereafter the Plea/Initial Diversion Hearing).

If at any time since the Plea/Initial Diversion Hearing the defendant has violated any of the conditions of the participation agreement, he/she will be terminated from the program and his/her case will be reactivated on the respective Area Court's regular docket. Notification of removal from the diversion program will have been provided to defense counsel prior to the three (3) month Diversion Completion Hearing.

## **Diversion Completion Hearing - six (6) months (if necessary)**

Again the defendant will be expected to present to the Court a certificate of completion from either Community Behavioral Health, ACCESS Ohio, Pathways for Life, or Modern Psychiatry and Wellness, payment of all court costs, and a receipt for restitution to victim(s), if applicable. If, by the time of this hearing, the defendant still has either failed to complete the required intervention programming, failed to make full restitution to the victim(s), or violated any of the conditions of the participation agreement, he/she will be terminated from the program and his/her case shall be reactivated on the respective Area Court's regular docket. Notification of removal from the diversion program will have been provided to defense counsel prior to the six (6) month Diversion Completion Hearing.

## **MISDEMEANOR DIVERSION PROGRAM STANDARDS ACKNOWLEDGEMENT BUTLER COUNTY, OHIO**

It is within the discretion of the Prosecuting Attorney to establish a misdemeanor diversion program for adults who are accused of committing misdemeanor level criminal offenses and who the Diversion Office and the Prosecuting Attorney believe probably will not offend again. Applicants to the program qualify to participate only upon satisfying the requirements as outlined in this packet. Applications that are not submitted in a timely fashion, incomplete or involve cases which do not warrant diversion will be rejected.

### **I. GENERAL DESCRIPTION**

**A.** In order to participate in the diversion program you must be a first-time misdemeanor offender charged with a non-violent offense. A prior non-violent misdemeanor conviction will not necessarily disqualify an applicant. Acceptance will be determined on a case to case basis.

**B.** The diversion program shall not be available to persons accused of:

1. Repeat or violent offenders or offenses of violence;
2. Offenses involving the violation of Chapter 2925 or 3719 of the Revised Code, or which involve the use, possession, sale or distribution of controlled substances or other drug offenses, with the exception of a minor misdemeanor marijuana offense (2925.11C3a);
3. Drug dependent persons or persons in danger of becoming drug dependent persons or anyone eligible for Intervention in Lieu of Conviction (ILC) pursuant to R.C. 2951.041;
4. Residential burglaries;
5. Offenses involving the use or threat of use of weapons;
6. Offenses in which the victim was assaulted or was in significant danger of suffering physical harm, including, but not limited to, domestic violence or child endangering;
7. Offenses involving a violation of R.C. 4511.19, or equivalent offenses;
8. Sex offenses;
9. Offenders who have previously entered treatment, intervention or diversion programs, whether successfully completed or not;
10. Offenders who have significant traffic or juvenile records, as determined in the sole discretion of the Prosecuting Attorney;
11. Offenders who are charged with multiple crimes or who have charges in multiple jurisdictions;
12. Offenders who appear to be at risk of flight or failing to appear for future court proceedings and intervention programming;

13. Offenders charged with crimes which demonstrate a risk to the public safety or for which diversion would demean the seriousness of the offenses;

14. Offenders charged with crimes involving economic loss to victims who cannot demonstrate the ability or willingness to make full restitution within a reasonable period of time;

15. Offenses for which community control may not be granted under Ohio law or which require a period of mandatory incarceration.

C. In making the determination to approve or disapprove the offender's application for diversion, the Butler County Prosecuting Attorney/Diversion Office will also take into consideration the written objections of the victim and arresting law enforcement officer(s). Such applications may be disapproved based upon objections from victims or law enforcement agencies.

## II. THE APPLICATION PROCESS

A. You must complete and return the Diversion Application and its accompanying documents either by mail, or in person at the Butler County Prosecuting Attorney's Office Monday through Friday between the hours of 9:00 AM - 12:00 PM and 1:00 PM - 4:00 PM. It will take approximately fourteen (14) to twenty-one (21) days to determine your eligibility and acceptance in the diversion program. Your application and its accompanying documents must be signed and dated where applicable. Your application for the diversion program will not be processed if it is incomplete in any way

B. A non-refundable \$150.00 diversion application fee must be paid in full by money order, attorney's check, or cashier's check made payable to the "Butler County Prosecutor Diversion Program" at the time your application is filed/sent. **Personal checks will not be accepted.** Your application for the diversion program will not be processed without full payment of the fee.

C. If the Prosecuting Attorney and/or his designee disapprove, you will not be accepted in to the diversion program.

## III. IF YOU ARE NOT ACCEPTED:

Your case will proceed through the criminal court system like any other criminal case.

## IV. IF YOU ARE ACCEPTED:

A. At the time of your plea hearing you must enter a plea of guilty and also waive all statutory and constitutional "speedy trial" provisions. You may not waive reading of the facts as listed on the complaint.

B. You must report directly to the program provider for your initial interview.

C. Your length of participation in the diversion program will be between from one to three months.

D. You are required to pay full restitution for any damages caused by your conduct as determined by the Prosecuting Attorney. Restitution must be paid **in full** for the **exact** amount as a condition of successful completion of diversion and dismissal of your case. Restitution payments are to be made payable to the “Butler County Prosecutor’s Office Diversion Program” by way of money order, attorney’s check, or cashier’s check. **Personal checks will not be accepted. Restitution payments are to be brought to the Prosecutor’s Office no later than the day before your completion hearing.**

E. You must obey and abide by all local laws. You must not be charged with any other crimes in any state or federal court while in the diversion program.

F. You must fulfill all requirements set forth by the Butler County Prosecutor’s Office. These requirements include, but are not limited to, the following:

1. You must actively participate in any and all counseling deemed necessary in your case.
2. You will be required to comply with the rules for the diversion program established by the Butler County Prosecuting Attorney, as well as the specific terms of your diversion agreement, which may include requirements of restitution, community service, counseling or treatment. If necessary, you will also be required to testify against co-defendants and not invoke your right to remain silent.

## V. SUCCESSFUL COMPLETION

Upon successful completion of the diversion program, the charges against you in this case will be dismissed and you may apply to have your record sealed and expunged if you qualify to do so, the granting of which will be determined in accordance with R.C. section 2953.31 et seq. and 2953.51 et seq. Before the Court dismisses your case and seals your record you must pay all outstanding court costs including appointed attorney fees.

Further, you shall agree to hold the arresting law enforcement agency, Butler County Prosecuting Attorney, and victim(s) harmless and indemnify said party(s) against any and all claims and actions arising out of the allegations forming the basis of the charge(s) against you, and your participation in the diversion program.

## VI. UNSUCCESSFUL COMPLETION

If you are terminated due to violating program rules, you agree to waive any right to further hearing on these violations. Upon termination from the program for non-compliance, your case will be reactivated on the respective Area Court's regular docket.

## VII. TERMINATION OF DIVERSION

If you violate the terms of your diversion agreement or if you are charged with and convicted of new crimes, your diversion will be terminated in the sole discretion of the Prosecuting Attorney without further hearing.

**I, HEREBY, ACKNOWLEDGE THAT I HAVE READ THE TERMS OF THE DIVERSION PROGRAM, UNDERSTAND THOSE TERMS, AND AGREE TO ABIDE BY THE TERMS OUTLINED IF ADMITTED TO THE PROGRAM.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (PLEASE PRINT)

\_\_\_\_\_  
Attorney Signature (REQUIRED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Name (PLEASE PRINT)

## ORC 2935.36: PRE-TRIAL DIVERSION PROGRAMS

(A) The prosecuting attorney may establish pre-trial diversion programs for adults who are accused of committing criminal offenses and whom the prosecuting attorney believes probably will not offend again. The prosecuting attorney may require, as a condition of an accused's participation in the program, the accused to pay a reasonable fee for supervision services that include, but are not limited to, monitoring and drug testing. The programs shall be operated pursuant to written standards approved by journal entry by the presiding judge or, in courts with only one judge, the judge of the court of common pleas and shall not be applicable to any of the following:

(1) Repeat offenders or dangerous offenders;

(2) Persons accused of an offense of violence, of a violation of section 2903.06, 2907.04, 2907.05, 2907.21, 2907.22, 2907.31, 2907.32, 2907.34, 2911.31, 2919.12, 2919.13, 2919.22, 2921.02, 2921.11, 2921.12, 2921.32, or 2923.20 of the Revised Code, or of a violation of section 2905.01, 2905.02, or 2919.23 of the Revised Code that, had it occurred prior to July 1, 1996, would have been a violation of section 2905.04 of the Revised Code as it existed prior to that date, with the exception that the prosecuting attorney may permit persons accused of any such offense to enter a pre-trial diversion program, if the prosecuting attorney finds any of the following:

(a) The accused did not cause, threaten, or intend serious physical harm to any person;

(b) The offense was the result of circumstances not likely to recur;

(c) The accused has no history of prior delinquency or criminal activity;

(d) The accused has led a law-abiding life for a substantial time before commission of the alleged offense;

(e) Substantial grounds tending to excuse or justify the alleged offense.

(3) Persons accused of a violation of Chapter 2925. or 3719. of the Revised Code, with the exception that the prosecuting attorney may permit persons accused of any of the following to enter a pre-trial diversion program:

(a) A misdemeanor, fifth degree felony, or fourth degree felony violation of section 2925.11 of the Revised Code;

(b) A misdemeanor violation of section 2925.12, 2925.13, or division (C)(1) of section 2925.14 of the Revised Code.

(4) Persons accused of a violation of section 4511.19 of the Revised Code or a violation of any substantially similar municipal ordinance;

(5)(a) Persons who are accused of an offense while operating a commercial motor vehicle or persons who hold a commercial driver's license and are accused of any offense, if

conviction of the offense would disqualify the person from operating a commercial motor vehicle under Chapter 4506. of the Revised Code or would subject the person to any other sanction under that chapter;

(5)(b) As used in division (A)(5) of this section, "commercial driver's license" and "commercial motor vehicle" have the same meanings as in section 4506.01 of the Revised Code.

(B) An accused who enters a diversion program shall do all of the following:

(1) Waive, in writing and contingent upon the accused's successful completion of the program, the accused's right to a speedy trial, the preliminary hearing, the time period within which the grand jury may consider an indictment against the accused, and arraignment, unless the hearing, indictment, or arraignment has already occurred;

(2) Agree, in writing, to the tolling while in the program of all periods of limitation established by statutes or rules of court, that are applicable to the offense with which the accused is charged and to the conditions of the diversion program established by the prosecuting attorney;

(3) Agree, in writing, to pay any reasonable fee for supervision services established by the prosecuting attorney.

(C) The trial court, upon the application of the prosecuting attorney, shall order the release from confinement of any accused who has agreed to enter a pre-trial diversion program and shall discharge and release any existing bail and release any sureties on recognizances and shall release the accused on a recognizance bond conditioned upon the accused's compliance with the terms of the diversion program. The prosecuting attorney shall notify every victim of the crime and the arresting officers of the prosecuting attorney's intent to permit the accused to enter a pre-trial diversion program. The victim of the crime and the arresting officers shall have the opportunity to file written objections with the prosecuting attorney prior to the commencement of the pre-trial diversion program.

(D) If the accused satisfactorily completes the diversion program, the prosecuting attorney shall recommend to the trial court that the charges against the accused be dismissed, and the court, upon the recommendation of the prosecuting attorney, shall dismiss the charges. If the accused chooses not to enter the prosecuting attorney's diversion program, or if the accused violates the conditions of the agreement pursuant to which the accused has been released, the accused may be brought to trial upon the charges in the manner provided by law, and the waiver executed pursuant to division (B)(1) of this section shall be void on the date the accused is removed from the program for the violation.

(E) As used in this section:

(1) "Repeat offender" means a person who has a history of persistent criminal activity and whose character and condition reveal a substantial risk that the person will commit another offense. It is prima-facie evidence that a person is a repeat offender if any of the following applies:



(a) Having been convicted of one or more offenses of violence and having been imprisoned pursuant to sentence for any such offense, the person commits a subsequent offense of violence;

(b) Having been convicted of one or more sexually oriented offenses or child-victim oriented offenses, both as defined in section 2950.01 of the Revised Code, and having been imprisoned pursuant to sentence for one or more of those offenses, the person commits a subsequent sexually oriented offense or child-victim oriented offense;

(c) Having been convicted of one or more theft offenses as defined in section 2913.01 of the Revised Code and having been imprisoned pursuant to sentence for one or more of those theft offenses, the person commits a subsequent theft offense;

(d) Having been convicted of one or more felony drug abuse offenses as defined in section 2925.01 of the Revised Code and having been imprisoned pursuant to sentence for one or more of those felony drug abuse offenses, the person commits a subsequent felony drug abuse offense;

(e) Having been convicted of two or more felonies and having been imprisoned pursuant to sentence for one or more felonies, the person commits a subsequent offense;

(f) Having been convicted of three or more offenses of any type or degree other than traffic offenses, alcoholic intoxication offenses, or minor misdemeanors and having been imprisoned pursuant to sentence for any such offense, the person commits a subsequent offense.

(2) "Dangerous offender" means a person who has committed an offense, whose history, character, and condition reveal a substantial risk that the person will be a danger to others, and whose conduct has been characterized by a pattern of repetitive, compulsive, or aggressive behavior with heedless indifference to the consequences.

## ELIGIBLE OFFENSES

### Chapter 2903 - Assault

§2903.14(A)	Negligent Assault
§2903.16(A) or (B)	Failing to Provide for a Functionally Impaired Person
§2903.31(A) or (B)	Hazing
§2903.34(A)(2) or (3)	Patient Abuse/Neglect
§2903.341(B) or (C)	Patient Endangerment
§2903.35(A)	Filing False Patient Abuse or Neglect Complaints

### Chapter 2905 - Kidnapping and Related Offenses

§2905.03(A) or (B)	Unlawful Restraint
§2905.05(A), (B) or (C)	Criminal Child Enticement
§2905.12(A)	Coercion
§2905.22(A)(3)	Extortionate Extension of Credit; Criminal Usury

### Chapter 2907 - Sex Offenses

§2907.06(A)	Sexual Imposition
§2907.08(A), (B) or (D)	Voyeurism
§2907.09(A), (B) or (C)	Public Indecency
§2907.23(A) or (B)	Procuring
§2907.24(A)(1)	Soliciting
§2907.241(A)	Loitering to Engage in Solicitation
§2907.25(A)	Prostitution
§2907.311(A)	Displaying Matter Harmful to Juveniles
§2907.33(A)	Deception to Obtain Matter Harmful to Juveniles
§2907.38(B)	Permitting Unlawful Operation of Viewing Booths Depicting Sexual conduct
§2907.39(B)	Permitting Juvenile on Premises of Adult Entertainment Establishment
§2907.40(B) or (C)	Illegally Operating Sexually Oriented Business; Illegal Sexually Oriented Activity in Sexually Oriented Business

### Chapter 2909 - Arson and Related Offenses

§2909.06(A)	Criminal Damaging or Endangering
§2909.07(A)	Criminal Mischief
§2909.08(B) or (C)	Endangering Aircraft or Airport Operations
§2909.09(B)	Vehicular Vandalism
§2909.10(A), (B), (C) or (D)	Railroad Vandalism or Criminal Trespass; Interference with Operation of Train
§2909.101(A)	Railroad Grade Crossing Device Vandalism
§2909.29(A)	Money Laundering in Support of Terrorism

### Chapter 2911 - Robbery, Burglary, Trespass and Safecracking

§2911.21(A)	Criminal Trespass
§2911.211(A)	Aggravated Trespass
§2911.23(B)	Criminal Trespass on Place of Public Amusement
§2911.32(A)	Tampering with Coin Machines

### Chapter 2913 - Theft and Fraud

§2913.02(A)	Theft
§2913.03(A)	Unauthorized Use of Vehicle

§2913.04(A)	Unauthorized Use of Property
§2913.07(B)	Motion Picture Piracy
§2913.11(B)	Passing Bad Checks
§2913.21(A), (B) or (C)	Misuse of Credit Cards
§2913.32(A)	Criminal Simulation
§2913.33(A)	Making or Using Slugs
§2913.34(A)(2),(3),(4) or (5)	Trademark Counterfeiting
§2913.40(B) or (C)	Medicaid Fraud
§2913.401(B)	Medicaid Eligibility Fraud
§2913.42(A)	Tampering with Records
§2913.43(A)	Securing Writings by Deception
§2913.441(A)	Law Enforcement Emblem Display
§2913.45(A)	Defrauding Creditors
§2913.47(B)	Insurance Fraud
§2913.48(A)	Workers' Compensation Fraud
§2913.51(A)	Receiving Stolen Property

### **Chapter 2915 - Gambling**

§2915.02(A)	Gambling
§2915.03(A)	Operating a Gambling House
§2915.04(A) or (B)	Public Gaming
§2915.05(A)	Cheating
§2915.06(A)	Skill-based Amusement Machine Prohibited Conduct
§2915.081(A) or (E)	Distributor License for Bingo Supplies
§2915.082(A) or (D)	Manufacturer of Bingo Supplies License
§2915.09(A), (B), (C) or (D)	Rules for Conducting Bingo
§2915.091(A) or (C)	Rules for Conducting Instant Bingo
§2915.092(B)	Raffles
§2915.094(C) or (D)	Owner or Lessor of Location for Conducting Instant Bingo Other Than at a Bingo Session
§2915.10(A) or (I)	Records to be Kept for Three Years
§2915.13	Veteran's, Fraternal, or Sporting Organization Conducting Instant Bingo

### **Chapter 2917 - Offenses Against the Public Peace**

§2917.04(A)	Failure to Disperse
§2917.11(A) or (B)	Disorderly Conduct
§2917.12(A)	Disturbing a Lawful Meeting
§2917.13(A)	Misconduct at Emergency
§2917.21(A) or (B)	Telecommunications Harassment
§2917.32(A)	Making False Alarms
§2917.40(B), (C) or (F)	Required Crowd Safety Measures at Live Entertainment Performances
§2917.41(A),(B),(C),(D) or (E)	Misconduct Involving Public Transportation System
§2917.46(A),(B),(C) or (D)	Unauthorized Use of Block Parent or McGruff House Symbol

### **Chapter 2919 - Offenses Against the Family**

§2919.01(A)	Bigamy
§2919.121(B)	Performing or Inducing Unlawful Abortion Upon Minor
§2919.171(C)	Physicians Who Perform Abortions Required to Submit Report
§2919.18(A) or (B)	Performance of Abortion After the Twentieth Week of

	Gestation Prohibited
§2919.192(A)	Pre-abortion Disclosure Requirements
§2919.21(A)(B)(C)	Nonsupport or Contributing to Nonsupport of Dependents
§2919.222	Parental Education Neglect
§2919.224(A)	Misrepresentation by Child Care Provider
§2919.225(A)(B)	Failure of a Type A or Type B Family Day-Care Home to Disclose Death or Serious Injury of a Child
§29129.227(A)( or (B)	Failure of Child Care Center to Disclose Death or Serious injury of a Child
§2919.23 (A) or (B)	Interference With Child Custody
§2919.231(A)	Interfering With Action to Issue or Modify Support Order
§2919.24(A)	Contributing to Unruliness of Child

### **Chapter 2921 - Offenses Against Justice and Public Administration**

§2921.13(A)	Falsification in Theft Offense
§2921.14(A)	Making or Causing False Report of Child Abuse or Neglect
§2921.21(A)	Compounding a Crime
§2921.22(A)(B)(C) or (D)	Failure to Report a Crime of Knowledge of a Death or Burn Injury
§2921.23(A)	Failure to Aid a Law Enforcement Officer
§2921.24(A)	Disclosure of Confidential Information
§2921.29(A)	Failure to Disclose One's Personal Information
§2921.31(A)	Obstructing Official Business
§2921.321(A)(B)(C) or (D)	Assaulting or Harassing Police Dog or Horse or Assistance Dog
§2921.33	Resisting Arrest
§2921.331(A) or (B)	Failure to Comply With Order or Signal of Police Officer
§2921.42(A)	Having an Unlawful Interest in a Public Contract
§2921.43(A), (B) or (C)	Soliciting or Receiving Improper Compensation
§2921.44(A), (B) or (C)	Dereliction of Duty
§2921.45(A)	Interfering with Civil Rights
§2921.61(B)(C)or (D)	Impersonating Peace Officer
§2921.62(B)(1)(2) or (3)	Using Sham Legal Process

### **Chapter 2923 - Conspiracy, Attempt, and Complicity; Weapons Control; Corrupt Activity**

§2923.12(A) or (B)	Carrying Concealed Weapons
§2923.122(C)	Illegal Possession of Object Indistinguishable From firearm in School Safety Zone
§2923.1211(B)	Possessing Revoked or Suspended License
§2923.131(B)	Possession of Deadly Weapon While Under Detention
§2923.15(A)	Using Weapons While Intoxicated
§2923.16(C),(E)(1),(2),(3) or (5)	Improperly Handling of Firearms in a Motor Vehicle
§2923.162(A)	Discharge of firearm On or Near Prohibited Premises
§2923.19(A)	Failure to Secure Dangerous Ordnance
§2923.201(A)	Defacing Identification Marks of Firearm
§2923.211(B)	Underage Purchase of Firearm or Handgun
§2923.24(A)	Possessing Criminal Tools

### **Chapter 2925 - Drug Offenses**

§2925.11(A)	Possession of Marihuana
§2925.141( C)	Illegal Use or Possession of Marihuana Drug Paraphernalia

**Chapter 2927 - Miscellaneous Offenses**

§2927.01(A)	Abuse of a Corpse
§2927.02(B) or (C)	Illegal Distribution of Cigarettes or Other Tobacco Products
§2927.03	Interference with Fair Housing Rights
§2927.11(A)	Desecration
§2927.12	Ethnic Intimidation
§2927.15(A)	Unlawful Collection of Bodily Substance
§2927.17(A)	Unlawful Advertising of Massage
§2927.27(A) or (B)	Illegal Bail Bond Practices

**Chapter 43 - Liquor Control Law**

§4301.69(A) - (F)	Offenses Involving Underage Persons
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# Butler County, Ohio

## MISDEMEANOR DIVERSION PROGRAM APPLICATION

### Personal Information:

Name:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Place of Birth \_\_\_\_\_

County of Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

### Employment:

Employer name: \_\_\_\_\_

Employer address: \_\_\_\_\_

Employer telephone: \_\_\_\_\_

### Transportation:

Driver's License status: Valid      Suspended      If suspended, why? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

**Prior Convictions:**

Please list all prior convictions and/or juvenile adjudications and date of conviction/adjudication

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**Additional Information:**

Please provide any additional information that you feel would be helpful in determining your eligibility for the diversion program:

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**I certify that the above information is true and accurate to the best of my knowledge. ANY FALSE STATEMENTS OR INCOMPLETE INFORMATION WILL BE THE BASIS FOR REJECTION OF THE APPLICANT FOR THE DIVERSION PROGRAM OR REVOCATION OF THE APPLICATION FOR DIVERSION.**

\_\_\_\_\_  
**Applicant Signature**

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

\_\_\_\_\_  
**Applicant Name (PLEASE PRINT)**

\_\_\_\_\_  
**Attorney Signature**

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

\_\_\_\_\_  
**Attorney Name (PLEASE PRINT)**

\_\_\_\_\_  
**Attorney Email Address**

\_\_\_\_\_  
**Case No.**

\_\_\_\_\_  
**Area Court (I, II, or III)**

**BUTLER COUNTY DIVERSION  
PARTICIPATION AGREEMENT**

STATE OF OHIO

Case No. \_\_\_\_\_

v.

\_\_\_\_\_

.....

Diversion is a VOLUNTARY program established by the Prosecutor according to Ohio Revised Code section 2935.36. This program is made available to certain defendants by the courts on an entirely VOLUNTARY basis. Your successful participation will result in a recommendation that the charge(s) now pending against you be dismissed without trial. In order to become enrolled as a participant, you must agree to the following conditions and initial each condition as acknowledgment of agreement.

- \_\_\_\_\_ 1. I understand this program is entirely VOLUNTARY and agree to participate.
- \_\_\_\_\_ 2. I understand that under the Ohio Constitution and the Revised Code of Ohio, I have the right to a speedy trial. In order to participate in the Diversion Program, I must waive those rights.
- \_\_\_\_\_ 3. I understand that I may withdraw from the program at any time and must answer to the Judge assigned to my case for the charges made against me.
- \_\_\_\_\_ 4. I agree not to bring charges against and/or take action against the Prosecuting Attorney and/or his Designee; the victim/complainant; the investigating law enforcement agency; and/or the Butler County Child Support Enforcement Agency.
- \_\_\_\_\_ 5. I understand that if I am charged with another criminal charge, either before I am accepted into the program or while I am in the program, I am subject to immediate removal from the program and prosecution will begin for the original charge(s).
- \_\_\_\_\_ 6. I understand that if I am charged with a crime during the screening process I may not be accepted in to the Diversion Program.
- \_\_\_\_\_ 7. I understand that if I am charged with a misdemeanor after I am accepted in to the Diversion Program I shall be subject to immediate removal; however, the Prosecuting Attorney may elect to await the outcome of the misdemeanor proceedings before determining whether I shall be terminated from the program.
- \_\_\_\_\_ 8. I understand that serious traffic offense(s) (OVI, DUS, No OL) will be considered as misdemeanors that may result in my termination from the program.
- \_\_\_\_\_ 9. I understand that I must report any prior criminal record as a juvenile and as an adult when applying for the Diversion Program. Additionally, I understand that I must report all new charges immediately to the Butler County Prosecutor's



Office/Diversion Office. I understand that failure to report prior conviction(s) or new charge(s) may result in my removal from the program even if I am found not guilty of the new charge(s).

- \_\_\_\_\_ 10. I understand that I must not be involved in the use, possession, or sale of any drugs that are on Controlled Substances Schedules I, II, III, and IV, or other substance or illegal drugs or mood altering substances or intoxicants (i.e. K2, spice, bath salts, duster, etc).
- \_\_\_\_\_ 11. I understand that I must attend all appointments that are arranged with other agencies or service providers as part of my diversion participation conditions. I understand that any missed appointment or tardiness may be grounds for removal from the program.
- \_\_\_\_\_ 12. I understand that I must fulfill all requirements set forth by the Butler County Prosecutor's Office. These requirements include, but are not limited to, the following:
- a. I must receive and actively participate in any and all counseling deemed necessary in my case.
  - b. I must complete all community service, if applicable
  - c. I must participate in any career counseling or other career programs deemed necessary in my case.
  - d. I must follow all of the general rules of diversion established for Butler County.
  - e. I may be required to testify against co-defendants and not invoke my right to remain silent.
  - f. I must pay all court costs associated with the case and reimburse Butler County for the cost of my appointed attorney, if applicable.
- \_\_\_\_\_ 13. I further agree to the following special conditions:
- a. Participation in the Program for one (1) to three (3) months.
  - b. No contact with victim(s).
  - c. Pay restitution of as determined by the Butler County Prosecutor's Office
  - d. Attend intervention programming at Community Behavioral Health, ACCESS Ohio, Pathways to Life, or Modern Psychiatry and Wellness.
  - e. Perform twenty (20) hours of Community Service, if applicable.
- \_\_\_\_\_ 14. I understand that failure to fulfill any of the obligations outlined in this document and other documents as referenced herein may be considered sufficient reason to terminate my participation in the diversion program and proceed with prosecution of this case.
- \_\_\_\_\_ 15. I understand that I may be unsuccessfully terminated from the program in the sole discretion of the Prosecuting Attorney for any of the reasons stated herein or in related documents, and hereby waive any right to further hearing if unsuccessfully terminated from the program.

**FOR NON-SUPPORT OFFENDERS ONLY, THE FOLLOWING RULES ALSO APPLY:**

\_\_\_\_\_ 16. I understand that I waive the right to any Ohio Department of Job and Family Services State Hearings and County Conferences pertaining to the order and applicable SETS number.

\_\_\_\_\_ 17 I understand that I must pay my monthly child support obligation in full and on time each and every month as previously ordered by the Butler County Domestic Relations or Juvenile Court.

\_\_\_\_\_ 18. I understand that I must repay the child support arrearage amount of \$ \_\_\_\_\_ according to the separate Repayment Agreement I agree to with the Diversion Officer.

\_\_\_\_\_ 19. I understand that failure to make any payments, incomplete payments, false documentation or untimely payments in accordance with 18 and 19 listed above is grounds for removal from the Diversion Program. I understand that my payment status will be monitored by the Butler County CSEA and the Diversion Officer.

**I agree that I have read, initialed and understand the general rules of the Diversion Program. I also understand that if I successfully abide by all terms of the Diversion Program a dismissal of all charges in this case will be recommended by the Prosecuting Attorney. Upon approval by the Court, my case will be dismissed without trial, resulting in no conviction. I understand that I may apply for my record to be sealed and expunged, if eligible.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Date

**STATE OF OHIO, BUTLER COUNTY  
AREA COURT**

**STATE OF OHIO**

**Plaintiff**

**vs.**

**Defendant**

**CASE NO.** \_\_\_\_\_

\_\_\_\_\_, J.

**WAIVER OF CONSTITUTIONAL AND  
STATUTORY PROVISIONS**

In consideration for participation in the Butler County Diversion Program the Defendant hereby waives herein the provisions of certain constitutional and statutory rights:

The right to remain silent in regard to the pending charge

*Initial* \_\_\_\_\_ *Date:* \_\_\_\_\_

The right not to be compelled to testify in criminal proceedings against co-defendants

*Initial* \_\_\_\_\_ *Date:* \_\_\_\_\_

The right to object to any failure to commence case within statutorily prescribed period of time

*Initial* \_\_\_\_\_ *Date:* \_\_\_\_\_

The right to be free from warrantless searches of property or person

*Initial* \_\_\_\_\_ *Date:* \_\_\_\_\_

The right to contest the statutory time priods under Chapter 2981 of the Ohio Revised Code for any forfeiture actions filed regarding property taken at the time of arrest

*Initial* \_\_\_\_\_ *Date:* \_\_\_\_\_

I agree to abide by the rules and conditions of the Diversion Program, and consent to release any pertinent medical, mental or other information and I agree to sign documents that allow a release. I state that I have read and understand the waiver of my Constitutional and Statutory rights as indicated above, and knowingly, intelligently and voluntarily waive all my rights as a condition of my participation in the Diversion Program

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney for Defendant

\_\_\_\_\_  
Date

cc: Prosecutor's Office  
Attorney for Defendant

STATE OF OHIO, BUTLER COUNTY  
AREA COURT

STATE OF OHIO

Plaintiff

vs.

\_\_\_\_\_

Defendant

CASE NO. \_\_\_\_\_

\_\_\_\_\_, J.

TIME WAIVER

---

The Defendant hereby waives the provisions of Section 2945.71 et seq., Revised Code, and all other applicable provisions and law, regarding the time within which he must be brought to trial in this within matter.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Attorney for Defendant

cc:  
Prosecutor's Office  
Attorney for Defendant

# COMMUNITY BEHAVIORAL HEALTH



COMMUNITY FIRST SOLUTIONS

820 S. Martin Luther King Jr. Blvd. Hamilton, Ohio 45011

Phone: (513) 887-8500 Fax: (513) 737-8196

[CBHReferrals@Community-First.org](mailto:CBHReferrals@Community-First.org)

[www.Community-First.org/CBH](http://www.Community-First.org/CBH)

# COMMUNITY BEHAVIORAL HEALTH



COMMUNITY FIRST SOLUTIONS

## SUBSTANCE USE SERVICES

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- Partial Hospitalization Page 5
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- Outpatient (OP)\* Page 6
- Relapse Prevention (RP) Page 6
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## EDUCATION SERVICES

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CBH serves clients age 7 and older.

*\* Jail Services: Services also offered in the Butler County Jail.*

# COMMUNITY BEHAVIORAL HEALTH



COMMUNITY FIRST SOLUTIONS

## DIRECTORS

### **BOB TUCKER**

*Executive Director of  
Behavioral Health Services*  
BTucker@Community-First.org

### **CHRISTY WEBER**

*Director of  
Behavioral Health Services*  
CWeber@Community-First.org

## VICE PRESIDENT

### **ERIN DAY**

*Vice President of Behavioral Health Services*  
EDay@Community-First.org

# SUBSTANCE USE SERVICES

## HOW TO BEGIN:

All clients start with a private, personalized assessment.

Walk-in assessment hours: Monday thru Friday 8:30 am – 2:00 pm

Location: 820 S. Martin Luther King Jr. Blvd., Hamilton - (513) 887-8500

## PAYMENT OPTIONS:

Medicare, Medicaid and other State-Financed Health Insurance, Private Health Insurance\*, assistance available for those meeting indigent qualifications, and Private Pay (cash, check, credit card).

We also offer a sliding fee scale for clients who pay out-of-pocket.

*For any financial questions or to see if we accept your insurance, contact:  
Molly Hartel, Phone: (513) 868-5137, Email: [MHartel@Community-First.org](mailto:MHartel@Community-First.org)*



## SUBSTANCE USE SERVICES

### AMBULATORY DETOX

This service is targeted for individuals who want to safely taper off opioids such as heroin, suboxone, methadone, and most pain pills. Our detox program lasts approximately one week. No overnight stays are required. The hours of operation are Monday through Friday 8:00 a.m. – 4:30 p.m. with lunch provided. During this time, patients will be monitored by licensed medical professionals and medications will be tailored to patient specific needs. Comfort medicines will help lessen withdrawal symptoms. Referrals for mental health services are made if desired. Once safely detoxed from opioids, participation in the PHP program is encouraged. We accept referrals from several organizations such as courts, doctor offices, attorneys, and employers. Self-referrals are welcomed as well.

### PARTIAL HOSPITALIZATION

PHP is the most intensive level of outpatient treatment. Addiction, life skills, new ways of coping with problems, and many other issues are addressed. This program is offered with or without participation in ambulatory detox. We gladly accept court referrals. Urine drug screens at random throughout treatment.

### INTENSIVE OUTPATIENT

The Intensive Outpatient Program (IOP) provides psycho-educational groups designed to educate the customer about substance abuse. This group is appropriate for customers with a diagnosis of moderate to severe substance use disorder. In some instances, a moderate use disorder is acceptable, especially if the customer has met the criteria for a severe substance use disorder in the past. Customer must complete treatment program, attend weekly individual sessions with SUD counselor, and complete all other requirements of the IOP program in order to graduate. IOP is typically 9 hours per week. Urine drug screens at random throughout treatment.

#### **5 Day a Week IOP:**

Five day a week IOP is designed for customers who need more structure than what is offered in regular IOP, but have enough recovery resources that they are not appropriate for residential treatment. This group is often used for customers who have struggled to maintain sobriety in IOP and have a diagnosis of severe substance use disorder. Customers will be moved to a different level of care when appropriate. Urine drug screens at random throughout treatment.

# SUBSTANCE USE SERVICES

## OUTPATIENT

The Outpatient Program (OP) is designed for individuals needing non-intensive outpatient treatment. It is appropriate for customers with a diagnosis of mild to moderate substance use disorder. Customer must complete two-hour sessions twice weekly, attend monthly individual sessions with SUD counselor, and complete all other requirements of the program in order to graduate. Urine drug screens at random throughout treatment.

## RELAPSE PREVENTION

This group is for customers who have just completed OP or meet requirements. Customer must attend two-hour sessions once weekly, attend monthly individual sessions with therapist, and complete all other requirements of the program in order to graduate. Urine drug screens at random throughout treatment.

## JAIL SERVICES PROGRAM

The Jail Services Program is a collaborative, correctional-based program located in the Butler County Jail. Community Behavioral Health's multi-disciplinary team offers Intensive Outpatient, Individual Counseling, Case Management and linkage services. The goal of the program is to provide early treatment interventions and increase linkage to treatment and other resources after release. The belief is that this will increase the number of clients who are able to maintain abstinence, while decreasing the number of clients who experience new arrests, after release.

### **Link inmates to appropriate services in the jail and upon release**

Every person booked into the Butler County Jail is screened for substance use and mental health disorders. If identified, jail staff meet with client to evaluate individual needs.

Clients are offered education groups run by certified peer supporters to prepare for release. Clients will connect with peer support specialist and their first meeting post release will be scheduled. Follow up treatment is set up with the agency of the client's choice. Usually client is transported upon release to first treatment appointment.

### **Link inmates with Medication Assisted Treatment upon release**

The court orders client to be released upon agreement to participate in the Medication Assisted Treatment program (Vivitrol and Sublocaide). Client is assessed and diagnosed. The client receives blood work and oral challenge, from Community Behavioral Health nurse. Client is seen by Community Behavioral Health prescriber. Jail staff then schedule client's follow up care with their provider. The client receives the Vivitrol injection and is released from jail. Upon release, client begins Medication Assisted Treatment Services outside the jail.

### MEDICATION ASSISTED TREATMENT (MAT)

This program is targeted for individuals who are opioid/alcohol dependent. Once the client is abstinent from opioids/alcohol for approximately 7-14 days, they may be a candidate for Vivitrol and our MAT program.

#### **What is Vivitrol?**

Vivitrol is an injectable form of Naltrexone for extended-release suspension that has a long-acting formula, which means it only has to be administered once a month. When used with counseling, it has been shown to be effective for:

- Prevention of relapse to opioid dependence following opioid detox
- Treatment of alcohol dependence

Vivitrol binds to the opioid receptors throughout the body and produces an opioid blockade. As an opioid antagonist, there is no detox from Vivitrol. While counseling addresses the psychological aspect of addiction, Vivitrol works on the physical aspect by blocking the pleasurable feelings produced with opioid or alcohol use. This combination of medication and behavioral therapy treatment is proven to be more effective when combined together than as individual treatments.

#### **What is Buprenorphine?**

Clients will also be provided an opportunity for MAT treatment with Buprenorphine. Buprenorphine acts as a partial agonist (only partially stimulating the brain's opioid receptor), which must be tapered gradually when treatment is completed. Buprenorphine is regulated by state and federal legislation for prescription which clients must adhere to in addition to CBH policies for treatment.

- Suboxone: Pill form of buprenorphine.
- Sublocade (NEW): Once-a-month injection of buprenorphine.

Clients are required to attend our MAT Outpatient Program.

# MENTAL HEALTH SERVICES

## HOW TO BEGIN:

All clients start with a private, personalized assessment.

Walk-in assessment hours: Monday thru Friday 8:30 am – 2:00 pm

Location: 820 S. Martin Luther King Jr. Blvd., Hamilton - (513) 887-8500

## PAYMENT OPTIONS:

Medicare, Medicaid and other State-Financed Health Insurance, Private Health Insurance\*, assistance available for those meeting indigent qualifications, and Private Pay (cash, check, credit card).

We also offer a sliding fee scale for clients who pay out-of-pocket.

*For any financial questions or to see if we accept your insurance, contact:  
Molly Hartel, Phone: (513) 868-5137, Email: [MHartel@Community-First.org](mailto:MHartel@Community-First.org)*

# MENTAL HEALTH SERVICES

Mental Health Services are provided by our integrated multidisciplinary team. This includes a variety of psychiatric and therapeutic services to meet the needs of each individual:

- Assessments
- Counseling
- Rehabilitation
- Case Management
- Med-somatic services
- Identification of other referral sources needed
- Dual Diagnosis Treatment

Mental Health Services are certified by the Ohio Department of Mental Health and is accredited by the Joint Commission.

## MENTAL HEALTH ASSESSMENTS

Just like physical illness, mental illness is very common. Mental illness is nothing to be ashamed about; it is simply another medical problem. Trained clinicians are available to help you determine if you have a mental illness. Our Mental Health Assessor assess for Substance Abuse, Psychosis, Depressive, Conduct and Impulse Control, Mood, Personality, and Stress or Trauma Related Disorder.

## INDIVIDUAL & GROUP COUNSELING

These services focuses on providing a therapeutic environment that enables you to process emotions, develop self-regulatory skills, anger management and impulse control, increase positive communication, and develop higher levels of self-awareness that allow you to make sustainable changes across all settings in your life.

## MEDICATION MANAGEMENT

Medication management for mental health is the prescription, administration, and review of medications and their side effects for the treatment of mental illness. It also involves the monitoring of prescription medications that a patient takes to verify that he/she is fulfilling the prescribed medication regimen.

## CASE MANAGEMENT

The Case Management team provides individualized assistance to meet the specific needs of the customer. Case managers assess the current status of the customer and connect them to community agencies that can meet their needs. Case managers can assist with completing any necessary paperwork, help with transportation and advocate for our customers to obtain the benefits and services they need to improve their quality of life. Customers must have a mental health diagnosis in order to qualify.

Specific, individualized services are provided in the community and help people meet some of their basic needs which may include housing, food, clothing, establishing an income or obtaining medical insurance.

## CONNECTIONS

The Connections program is designed for Butler County residents who have a diagnosed mental illness, but are currently not connected with a mental health provider.

We provide temporary medication and referral support for individuals as they transition to a more permanent mental health provider.

### We Connect Clients Through:

- **JUSTICE SYSTEMS** – We support individuals coming out of County or State detention centers who have been on medication while incarcerated.
- **HOSPITALS** – Lack of follow up care is the greatest cause of readmission. Patients may be referred to Connections before discharge to ensure they receive the temporary assistance needed while they secure long-term mental health solutions.
- **RELOCATION** – We support individuals who have been treated outside of Butler County and now need to be connected after a move.

If needed, Connections staff will make in-patient visits before the client is discharged from the hospital to ensure continuity of care. The Client will be provided with medication and will meet a psychiatrist in the following weeks to review the plan of care. Clients will be connected to a mental health agency for the long-term services within 90 days.

**Clients must have a diagnosed mental illness before participating in the connections program.**

### Clients must provide the following:

Proof of Butler County Residency | Picture ID | Income Verification

## CONTACT

For more information or to make a referral, contact:

[CBHReferrals@Community-First.org](mailto:CBHReferrals@Community-First.org)

## RESIDENTIAL PLACEMENT

The Residential Placement Program provides low cost supervised housing options to Butler County residents (or becoming Butler County residents) who require assistance with medication compliance and other activities of daily living.

### We Connect Clients Through:

- **HOSPITALS** – Clients who may need step down services after hospitalization can be referred to the Residential Placement Program. Clients must have active case management and psychiatric services in place to be referred, or started with Connections.
- **AGENCIES** – Clients who have case management and psychiatric care may be referred by agencies or other treatment providers for an assessment.
- **PROBATE COURT** – Clients who require medication monitoring and supervised care for stabilization may be referred by a probate monitor and engaged with case management.

### Placement Process:

- **QUALIFY:** A referral must be made to the Residential Placement Coordinator and an assessment will be completed within 48-72 hours (unless otherwise discussed). All applicants will be provided with a list of required documentation at time of inquiry or assessment. \*Client must be in agreement of placement.
- **ASSESSMENT:** Upon completion, a determination of acceptance for Residential Placement will be communicated after all required documentation has been received.
- **REVIEW:** After the client has been found appropriate for Residential Placement, the group home/facility still has the option to decline their admission based on criteria established by each individual group home. After a customer is accepted to the group home/facility (this may take up to 4-5 business days) the client's referral source is responsible for arranging medication transfer, transportation, admission, and addressing other client needs.

### CONTACT

For more information or to make a referral, contact:

[CBHReferrals@Community-First.org](mailto:CBHReferrals@Community-First.org)

**(LIST OF REQUIRED DOCUMENTATION ON NEXT PAGE)**

**RESIDENTIAL PLACEMENT CHECKLIST**

Prior to contacting the Residential Placement Coordinator and to expedite the referral process please complete the following checklist of required documentation and criteria. Please submit this completed form with all completed documentation. All documentation must be submitted to be considered for residential placement:

- Patient must be diagnosed with an SMD diagnosis
- Patient must have an outpatient psychiatrist and case manager. MUST be receiving case management, not therapy only.
- Obtain documentation of an updated History and Physical (within the last 30 days). History and Physical must be signed by a doctor (not only electronically). If they have an existing H&P from a facility, an addendum may be added to the existing form (with doctor’s signature).
- Obtain documentation of a completed TB test (within the last 30 days)
- Obtain documentation of current income or completed application for social security.
- Obtain documented proof of Butler County residency (if available).
- Obtain documented proof of insurance (Medicaid, Medicare Part D, etc) or documentation of application for insurance.
- Obtain documentation of a complete list of current medications. Patient should be stable on any medications for 30 days (unless otherwise discussed). Further coordination of medication transfer with the facility will be required prior to admission.
- Obtain current outpatient provider Individualized Service Plan
- Patient must not have a history of legal charges related to sexual offenses or arson.
- Patient must not have a history of violence or significant physical aggression toward others, either in a residential setting or otherwise.
- Patient should not have any medical conditions that require personal assistance or 1:1 monitoring (includes incontinence, oxygen, etc)
- Patient MUST be in agreement with residential placement.

Please explain any criteria not checked: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Criteria are subject to change and revision)



# EDUCATION SERVICES

## **HOW TO BEGIN:**

All clients start with a private, personalized assessment.

Walk-in assessment hours: Monday thru Friday 8:30 am – 2:00 pm

Location: 820 S. Martin Luther King Jr. Blvd., Hamilton - (513) 887-8500

## **PAYMENT OPTIONS:**

Medicare, Medicaid and other State-Financed Health Insurance, Private Health Insurance\*, assistance available for those meeting indigent qualifications, and Private Pay (cash, check, credit card).

We also offer a sliding fee scale for clients who pay out-of-pocket.

*For any financial questions or to see if we accept your insurance, contact:  
Molly Hartel, Phone: (513) 868-5137, Email: [MHartel@Community-First.org](mailto:MHartel@Community-First.org)*

### ANGER MANAGEMENT

This program is for individuals who have committed a violent or threatening offense (non-partner violence).

#### PROGRAM DETAILS:

- Participants receive assessment to determine level of care based on risk to re-offend.
- Group counseling, lecture, and educational materials allow participant to address issues on the following topics; Self talk, faulty beliefs, anger as a cover up, etc.
- Separate groups for men and women have been established to focus on gender specific issues.
- Ongoing treatment plan developed before completion of program. Plan outlines action steps to be taken if participants have future issues in this area.

### SEX OFFENDER PROGRAM

This program is for individuals who have committed a sexual offense.

#### PROGRAM DETAILS:

- Participants receive a dual assessment to determine treatment needs, followed by a sexual offender risk assessment to determine appropriateness for the sexual offender program.
- Group counseling, lecture, and educational materials allow participant to address issues on the following topics; responsibility for offense, behavior changes, modify thinking, develop healthy interpersonal and relationship skills, etc.
- Group and/or individual treatment for all who have been recommended.
- Ongoing treatment plan developed before completion of program. Plan outlines action steps to be taken if participants have future issues in this area.

### CORRECTIVE THINKING

This program is to aid clients who have problems with judgment skills, problem-solving techniques, communication skills, boundaries, thinking errors, and difficulty dealing with stress.

#### PROGRAM DETAILS:

- The groups meet weekly using the TruThought curriculum.
- Focus on critical thinking issues, thinking errors and entitlement issues that are often at the root of theft and other property crimes.
- The program is an integrated, cognitive behavioral change program that includes cognitive restructuring, social skills development, and problem solving skills.
- Participants separated by risk level and gender, however they follow the same format and curriculum.
- Referral Partners: Courts, Agencies, Community Corrections/Probation & Parole Officers

### DIVERSION & COUNTERMEASURES

This full day educational program is geared toward misdemeanor offenses such as open container violations, underage consumption, and possession of drug paraphernalia.

#### PROGRAM DETAILS:

- The program consists of a screening and a class.
- Location: Oxford Area Courthouse, 118 W. High St., Oxford, OH 45056
- For registration and online payment, email: [CBHReferrals@Community-First.org](mailto:CBHReferrals@Community-First.org)

### THEFT INTERVENTION CLASS

This class is for individuals who have been arrested for theft or a related charge.

#### PROGRAM DETAILS:

- The theft program sets out to address behaviors, such as entitlement and thrill seeking, that are often driven by stress and frustration. The program emphasizes personal responsibility.
- Curriculum is based upon principles established by the National Corrective Training Institute.
- Workshop topics include (but not limited to): personal stories, identification of stress and stress management, and wellness, rationale for behavior, impact on society and community, anger reduction, substance abuse and entitlement issues, a review of budget skills, and the actual cost of the offense(s) factoring in legal process, attorney costs, etc.

## EDUCATION SERVICES

- Clients will be informally screened to determine if they need an Alcohol and Drug Assessment or a Mental Health Assessment to address more profound issues that may be the source of their instant offense.

### EXPANDED THEFT PROGRAM

This program offers a more in depth curriculum designed to provide greater focus on the issues addressed in the Theft Intervention Class.

#### PROGRAM DETAILS:

- Combines the one-day Theft Intervention Class along with a weekly group program.
- Weekly groups use the TruThought curriculum for Corrective Thinking.
- Curriculum focuses on critical thinking issues, thinking errors and entitlement issues that are often at the root of theft and other property crimes.

### SUBSTANCE ABUSE EDUCATION

This program is for individuals with a diagnosis of substance use disorder, or mild substance use disorder can be referred to this program. This group is especially useful for clients who may be under-reporting substance use during assessments, which prevents an accurate Substance Use Disorder diagnosis, since the individuals within this group will be screened for possible referral to a higher level of care.

### DOMESTIC VIOLENCE – OFFENDERS

This program is for men who have engaged in partner violence.

#### PROGRAM DETAILS:

- This Intervention Group combines group process, intervention and education on the coercive use of intimidation, emotional abuse, isolation, minimizing, denying, and blaming.
- Program addresses power and control issues in both a personal and social context through gender-based expectations, beliefs, and attitudes.
- This model acknowledges that violence is a learned behavior and can be unlearned.

### NEW PERSPECTIVE FOR SURVIVORS OF DOMESTIC VIOLENCE

This program is for women who are survivors of partner violence.

#### PROGRAM DETAILS:

- Combines group process, intervention and education on the improper use of intimidation, emotional abuse, isolation, minimizing, denying, and blaming.
- Focuses on safety for the women involved whether they are staying, leaving or have left the abusive relationship.
- Main Theme: The cycle of violence. The program addresses abuse in both a personal and social context through gender-based expectations, beliefs, and attitudes.
- Concurrent Mental Health and Substance Abuse counseling will be offered in circumstances where it has been identified as appropriate and necessary.
- Groups are female only.

### PARENTING CLASSES

This program is for both men and women working on bettering their parenting skills and building a healthier relationship with their children.

- This program is a closed 7 week program.
- Weekly Education Topics:
  1. Behavior Change & Discipline
  2. Emotional Regulation, Personal De-escalation & Prevention
  3. Emotional Cycles
  4. Changing How We Communicate with Each Other
  5. Compromise & Conflict Resolution
  6. Being Aware & Involved
  7. Keeping Up with Your Child's Changes

# Risk Reduction Education Program (RREP)

SUBSTANCE ABUSE EDUCATION PROGRAM

513.868.2390  
access@accessdui.com  
Main office: Hamilton, OH

Registration information:  
Accessdui.com

## OBJECTIVES

*To help develop a sense of responsibility and respect for self and others*

*To identify a value and belief system for socially responsible behavior*

*To gain basic skills for creating positive emotional & behavioral changes*



## COURSE FORMAT

Offered 1x per month

Course & screening is 8 hours

Small class sizes

Virtual or In-person

Minimize Risk~Maximize Life  
curriculum & resources

## REGISTRATION

& DATES :

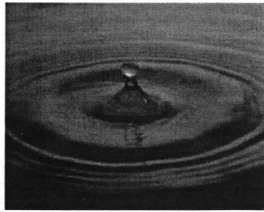
Accessdui.com

COST : \$ 2 1 5

## OUTLINE

- Course Objectives & Benefits
- Critical Thinking Skills about Alcohol & the Media
- Long-term effects of alcohol and drug use
- Marijuana Facts and Myths
- Coping with Stress
- Cost & consequences
- Legal issues and the law
- Binge drinking, stealing and other risky behaviors
- How do risky decisions affect people (victim empathy)
- Standard Drink Guidelines
- What are the Low-Risk Drinking guidelines?
- How are these different from no risk and high-risk use
- Low-Risk Gambling & signs of problem gambling
- Personal Action Plan
- Individual Court mandated screening
- Program evaluation

*Certified Ohio Department of Mental Health & Addiction Services Prevention Provider*



# Pathways For Life

## Classes and Assessments

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### How to Schedule

1. Call our scheduling center at 513-591-9832.
2. Indicate whether you are calling to have an assessment completed or to schedule a class.
3. If scheduling an assessment, we will return your call to schedule an appointment with a licensed counselor.
4. If scheduling a class, indicate which class you need to schedule and what date you would like to attend. We will notify you the week of the class.

### Classes

- 1<sup>st</sup> Saturday of every month is our Drug and Alcohol Awareness Class
- 2<sup>nd</sup> Saturday of every month is our Theft Deterrent Class
- 4<sup>th</sup> Saturday of every month is our Anger Management Class

### Address

2935 Hamilton Mason Rd.  
Hamilton, OH 45011

\* Located on the lower level around the back of the building.

### Additional Details

Classes are 7:45 a.m.- 3:00 p.m. including a break for lunch.

The cost is \$175 (\$180 if using a credit card) payable at morning registration.

We accept credit cards, cash, money order, or cashier's check made payable to Pathways For Life.

*"Empowering and educating individuals to make life changes  
in order to reduce recidivism"*

# ANGER MANAGEMENT SYLLABUS

8- 8:30AM	Registration, Introductions, and Pretest
8:30- 9AM	"Your Anger" Worksheet and Discussion
9- 9:10AM	Break
9:10- 10:20AM	Cause and Effect, Consequences
10:20- 10:30AM	Break
10:30- 11:30AM	Our Baggage and Our Past
11:30- 12:15PM	Lunch Break
12:15- 1PM	Being responsible for Behavior and Effective Communication
1- 1:10PM	Break
1:10- 2PM	Moving Forward and Goal Setting
2- 2:30PM	Post Test and Resources
2:30- 3PM	Questions and Evaluations





## THEFT DETERRENT SYLLABUS

8 – 8:15 AM	Registration, housekeeping, group dynamics
8:15- 8:30AM	Introductions
8:30 – 9AM	Why do People Steal? Pretest
9:10 – 10:20AM	Wants vs Needs Why did I steal? What Triggered my Behavior?
10:20 – 10:30 AM	Break
10:30 – 11:30 AM	How my past affects me Coping/Replacement
11:30 – 12PM	Lunch Break
12 – 12:30 PM	Crime and Punishment Information
12:30 – 12:50 PM	Understanding hurt and Post Test
12:50 – 1PM	Break
1 – 2PM	Goal Setting + Future Plans
2 – 3PM	Resources, Certificates, and Evaluations

## Drug and Alcohol Class Syllabus

8AM-8:15AM	Registration, Confidentiality agreement, group dynamics
8:15-8:30AM	Introductions
8:30-9AM	Pretest, Do I have a drinking problem worksheet, BAC Levels
9- 9:05AM	Break
9:05-10AM	Video: 20/20 A Deadly Drunk Driving Accident
10-10:05AM	Break
10:05-11AM	Current Laws and Statistics
11-11:30AM	Lunch
11:30- 12:50PM	Video and Discussion on Addiction
12:50- 12:55PM	Break
12:55-1:30PM	Making Changes and Goal Setting
1:30-2PM	Resources
2-2:15PM	Questions, certificates, and Evaluations

# EDUCATION SERVICES

## DOMESTIC VIOLENCE

Domestic violence is a pattern of assaultive and coercive behaviors, including physical, sexual, verbal and psychological intentional attacks used to gain power and control or dominate an intimate partner. Our programs use psychoeducational and cognitive-behavioral approaches which are designed to improve the lives of both perpetrator and survivor of domestic violence.

## MEN'S ANGER MANGEMENT PROGRAM

This program uses a psychoeducational approach to improve participants' anger problems by achieving an understanding of what anger is, where anger comes from, and what causes anger to veer out of control. Participants will learn new life skills to improve responses to angry related issues expressed in a healthy way.

Schedule: 6 90-minute weekly group sessions Wednesday 9:00 am or 5:00 pm. \$40.00 per session

## BATTERERS INTERVENTION PROGRAM

This program is designed to be a crucial part of victim safety by holding perpetrators accountable for violence in intimate partner relationships. The BIP includes skills-oriented, cognitive-behavioral approaches that gives insight and solutions on how to end perpetrators' violent behavior in intimate partner relationships.

Schedule: 12 – 18 90-minute weekly group sessions Wednesday 9:00 am or 5:00 pm \$40.00 per session

## VANTAGE POINT (SURVIVORS OF DOMESTIC VIOLENCE)

This program instructs survivors of characteristics of domestic violence or intimate partner violence. Vantage Point will educate about the dynamics of abusive relationships, the effects of abuse on the individual, and the cycle of violence. Vantage Point will utilize a combination of information and functional support to help with the fear, depression, isolation and self-blame that accompany traumatic victimization. Also, suggested resources and instructions on safety planning will be discussed.

Schedule: 12 90-minute weekly group sessions Tuesday 3:00 pm. \$40.00 per session.

## CORRECTIVE THINKING

This program will provide emphasis on thinking patterns and life choices utilizing tools that influence responsible and meaningful ways of living by identifying and changing thinking patterns that lead to negative life-styles. Through education and application, will develop responsible thinking, form positive character and good decision-making skills.

Schedule: 8 90-minute weekly group sessions Monday 3:00 pm \$40.00 per session



## REFERRALS

Most referrals are made through courts, judges, prosecutors, probation officers to be completed by persons charged with misdemeanor offenses who want to be diverted from the typical prosecution process resulting in jail time and criminal record.

## COMPLETION

Each client who successfully completes their classes will receive a certificate to be kept as a verification of successful completion. The referral source may want to review it.

QUESTIONS OR CONCERNS  
CONTACT ETTA CAVER

[ecaver@decoachrehabctr.com](mailto:ecaver@decoachrehabctr.com)

# EDUCATION SERVICES

## THEFT CLASS

This one-time educational class is offered to those who have presented theft behaviors. This class is designed to provide the types and elements of theft, information pertaining to impulses and reasons for stealing, and the laws and consequences associated with theft. Through education and application of information learned, will make better choices to not steal.

Schedule: 12:00 pm until 4:00 pm every third Wednesday of each month \$120.00

## THEFT PROGRAM

This program is designed to provide the types and elements of theft, information pertaining to impulses and reasons for stealing on a regular basis, and the laws and consequences associated with theft. Through education and application of information learned, will make better choices to not steal.

Schedule: 8 90-minute weekly group sessions Thursday 3:00 pm \$40.00 per session

**QUESTIONS OR CONCERNS  
CONTACT ETTA CAVER**

[ecaver@decoachrehabctr.com](mailto:ecaver@decoachrehabctr.com)

# TREATMENT SERVICES

## ASSESSMENT SERVICE

An evaluation to determine the extent of their misuse of alcohol and/or drugs and their mental health. Assessment services will consist of time limited, structured, face-to-face sessions to identify the level of care and treatment recommendations. Assessment services are conducted five days a week, 8:00 a.m. to 4:30p.m., staff permitting.

## SUBSTANCE USE DISORDER AND MENTAL HEALTH CASE MANAGEMENT SERVICES

These services include activities meant to assist and support individuals in gaining access to needed medical, social, educational, and other services essential to meeting basic human needs. Case management services MAY include interactions with family members, other individuals, or entities.

## BEHAVIORAL HEALTH COUNSELING AND THERAPY

Counseling and therapy involve a face-to-face encounter between a client, group of clients, client and family members, or family members and a behavioral health professional. Group counseling and therapy encounters will not exceed a one-to-twelve ratio.

## INDIVIDUAL COUNSELING

Individual counseling involves a face-to-face encounter between a client (or client and family member) and a counselor. With the utilization of special skills, the counselor can assist an individual in achieving treatment objectives through the exploration addiction and its ramifications, including an examination of attitudes and feelings, consideration of alternative solutions, decision making, and discussing didactic materials regarding alcohol and other drug related problems. DeCoach Recovery Centre will provide scheduled face to face individual counseling with a client. Individual counseling services will be provided at the program's site or via Telehealth five days a week, staff permitting.

## GROUP COUNSELING

The utilization of special skills to assist two or more individuals and achieve treatment objectives. This occurs through the exploration of addiction in its ramifications, including an examination of attitudes and feelings, consideration of alternative solutions in decision-making, and discussing information related to alcohol and drug related problems. The group schedule is posted throughout the facility. Group counseling services will be provided at the program's site or via Telehealth three times a week, staff permitting.

## FAMILY COUNSELING

DeCoach Recovery Centre will provide Family Counseling Services to all clients and their family members or significant others to address family issues related to alcohol, drug abuse, and dependence for the purpose of promoting recovery from addiction when it is in the client's best interest and poses no risk of harm to the client. Family Counseling Sessions will be scheduled upon request of the client. Family Counseling Sessions will be provided at the program's site or via Telehealth.



**DeCoach**  
Recovery Centre

## REFERRALS

Referrals can be made through various organizations including the court, hospitals, police, and other social services agencies. Individuals can also self refer.

# TREATMENT SERVICES

## INTENSIVE OUTPATIENT PROGRAM

Intensive Outpatient Treatment is a therapeutic program that provides individual, group, and family therapy, medical and medication evaluation and psychoeducation options for those struggling with addiction and co-occurring disorders. Different therapies used include Cognitive Behavioral Therapy, Dialectical Behavior Therapy, Motivational Interviewing, and Solution-Focused Therapy. Treatment planning will be a collaborative process with staff and the individual that will be done at admission and then approximately monthly thereafter. The Intensive Outpatient Program (IOP) implements structured individual and group counseling activities to assist individuals who are unable to achieve treatment success in a non-intensive outpatient setting. Clients are scheduled to attend at least eight (8) hours of group counseling and one (1) hour of individual counseling per week for a total of nine (9) hours per week. A typical length of participation in the program is sixteen (16) weeks.

## MEDICAL SOMATIC SERVICE

Medical Somatic Service is a psychiatric, mental health, and medical intervention used to reduce, stabilize, or eliminate psychiatric symptoms with the goal of improved functioning, including the management and reduction of symptoms. Medical Somatic Service shall consist of one or more of the following elements as they relate to the individual's psychiatric needs, and as clinically indicated: Performance of a psychiatric or mental health examination; Prescription of medications and related processes which include the consideration of allergies, substance use, current medications, medical history, and physical status; Behavioral health education to individual; Collaboration with the individual, including their response to education, as clinically indicated.

## OUTPATIENT PROGRAM

The Outpatient Program (OP) implements structured individual and group counseling activities to assist individuals who are unable to achieve treatment success independently and for recovery maintenance. OP will provide culturally and linguistically appropriate services. Clients can be scheduled to attend up to three (3) hours of group counseling per week and at least one (1) hour of individual counseling per month. Length of stay varies based on individual client needs. Clients in OP level of care have access to a multidisciplinary team of counselors, medical, and psychiatry.

## PARTIAL HOSPITALIZATION PROGRAM

Partial hospitalization is a therapeutic day community that provides therapy, medical and medication evaluation, psychoeducation, individual therapy, and family counseling options for those struggling with addiction and co-occurring disorders. Different therapies include Cognitive Behavioral Therapy, Dialectical Behavior therapy, Motivational Interviewing, and solution-focused therapy. Treatment planning will be a collaborative process with staff and the individual that will be done at admission and then addressed approximately bimonthly thereafter. An OT Assessment is completed to address any IADLs as indicated by a certified Occupational Therapy Assistant within twenty-four (24) hours of being admitted to the program.

The Partial Hospitalization Program (PHP) implements almost daily structured individual and group counseling activities to assist individuals who are unable to achieve treatment success in a non-intensive outpatient setting. Clients are scheduled to attend at least four (4) hours of structured counseling services per day for at least twenty (20) hours per week. A typical length of participation in the program is four to eight (4-8) weeks. Clients in PHP level of care have access to a multidisciplinary team of counselors, medical, and psychiatry.

## RESIDENTIAL SERVICES INCLUDING DETOXIFICATION

Substance use residential level of care is an intensive program for severe addiction, providing 24/7 monitoring, comprehensive daily services, and often include detox support. Individuals stay in a controlled environment where they can receive therapy, counseling, and holistic interventions, away from triggers, to focus solely on recovery.

# TREATMENT SERVICES

## WITHDRAWAL MANAGEMENT AND DETOXIFICATION PROGRAM

DeCoach Recovery Centre's withdrawal management and detoxification program will help individuals, suffering from mild to moderate symptoms of withdrawal, safely manage withdrawal symptoms in a comfortable environment. This program aims to coordinate and link individuals with counseling, medical, and community resources. We help to reduce and/or eliminate illicit drug use and return to a previous level of functioning. The withdrawal management and detoxification program will offer opioid agonist medications to aid in the safe withdrawal from illicit drug use. A physician is available to the program twenty-four (24) hours a day, seven (7) days a week. This service shall be supervised by a physician, under a defined set of policies and procedures, who is licensed by the state of Ohio medical board.

## MEDICATION ASSISTED TREATMENT

Medication Assisted Treatment is an evidence-based practice that combines pharmacological interventions with substance abuse counseling and social/family support. It can be an essential part of comprehensive array of services available to people who suffer from alcohol/opioid addiction. Medication Assisted Treatment will only be considered after consultation with the physician/NP/CNS who has received training in these therapies for individuals with opioid/alcohol use disorders. These FDA approved medications vivitrol, naltrexone, and buprenorphine are FDA-approved pharmacological treatments, often in combination with psychosocial treatments for those struggling with opioid addiction.

DeCoach Recovery Centre supports a comprehensive approach to treatment including assessment, diagnosis, treatment planning, counseling services and medication monitoring.



**3103 DIXIE HIGHWAY, HAMILTON, OHIO 45015**

**PHONE: 513-448-1117, FAX: 513-480-8488**

**WALK-INS ACCEPTED 8:30 A.M. TO 4:30 P.M.  
MONDAY THROUGH FRIDAY**

**MOST INSURANCES ARE ACCEPTED INCLUDING  
MEDICAID AND MEDICARE. PAYMENT PLANS ARE  
AVAILABLE. FOR FINANCIAL QUESTIONS OR TO  
SEE IF YOUR INSURANCE IS ACCEPTED PLEASE  
CONTACT US.**

**QUESTIONS OR CONCERNS  
CONTACT ETTA CAVER**

# DIVERSION AND COUNTERMEASURES PROGRAM

Our full day program is aimed at those who have committed misdemeanor offenses. The successful completion of this program leads to a dismissal of the charges against the accused. The program consists of both a screening and a class.

## SCREENING

Screening Services involve an initial interview to gauge the presence of mental health disorders, addiction issues, or emotional challenges. Screening can encompass standardized tools that can include questionnaires, interviews, and observations, focusing on symptoms, risk factors, and personal history. Once completed, the screening can help healthcare professionals determine the need for further evaluation, intervention, or treatment, guiding individuals toward appropriate care pathways and support resources to promote their overall well-being and behavioral health.

## PROGRAM

Diversion and Countermeasures is a comprehensive full-day educational program designed to address misdemeanor offenses like open container violations, underage consumption, and possession of drug paraphernalia. This program is specifically tailored to provide individuals with an opportunity to learn from their mistakes and make positive changes in their behavior. It includes a screening process to determine need for additional services and a day-long educational class that focuses on raising awareness about the consequences of these offenses. Participants are encouraged to gain valuable insights, make responsible choices, and develop strategies to avoid future legal troubles, making Diversion and Countermeasures a valuable resource for individuals seeking a second chance and a path towards a law-abiding lifestyle.

Cost: \$200.00



# DIVERSION PROGRAM ENROLLMENT



**DATE:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY, STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **CHARGE:** \_\_\_\_\_

**PROTECTION ORDER:** \_\_\_\_\_

## REFERRAL SOURCE:

AREA 1    AREA 2    AREA 3    HMC    FMC    MMC    PROBATION

OTHER: \_\_\_\_\_

## RECOMMENDATION:

MEN'S ANGER MANAGEMENT    THEFT CLASS    THEFT PROGRAM  
CORRECTIVE THINKING    VANTAGE POINT    BATTERER'S INTERVENTION  
DIVERSION AND COUNTERMEASURES    OTHER: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_