

INSTRUCTIONS FOR PREPARATION OF STATISTICAL REPORT FORMS:

SPECIALIZED DOCKETS

COMPLETION OF REPORT

Each judge with a specialized docket is required to complete the Specialized Docket Report. The report shall be submitted at least once a month online to the Specialized Dockets Section of the Supreme Court of Ohio (link to online submission below).

Reports should be submitted no later than the 15th day of each month for the activity of the prior month (e.g. a report containing April activity should be submitted by May 15). Reports may be submitted more frequently, as often as the docket wishes.

Unlike the other Supreme Court reports, which track the aggregate number of cases in front of a judge, the Specialized Docket report tracks the **individuals referred to a docket**.

Each docket should record an entry for each individual referred to them and the corresponding information, as detailed below.

This report collects the number of individuals referred to the docket and demographic information about each individual referred, thus obtaining a picture of court participants and prospective participants. The information provided helps to create a comprehensive picture of who is being served by Ohio's specialized dockets and to describe the docket's impact on the state.

In order to get a complete picture of everyone served by Ohio's specialized dockets, each docket should download the report form once and keep a saved copy on their local network (or desktop) and add all referred individuals to the spreadsheet as they come in. Then, at the end of each month, upload the current version of the spreadsheet to the specialized docket data collection page of the [Supreme Court of Ohio](https://supremecourt.ohio.gov/SpecializedDockets/#/login) (https://supremecourt.ohio.gov/SpecializedDockets/#/login). This will create a historical document that contains all individuals referred to the docket. **In other words, dockets should NOT download a new, blank spreadsheet every month.** Each docket will just be adding to the original one that was downloaded and saved. There is no need to change anything from month to month, just add new information as needed and submit each month.

Correction of Reporting Errors.

Errors may be corrected using the data submission process for any previously submitted report. Simply submit another data sheet into the online portal with the information corrected. You may do this at any time you detect an error and you do not need to contact the Supreme Court.

ENTERING REFERRAL AND PARTICIPANT INFORMATION

The "Explanations and Definitions" section below will give detailed explanations of what each column means and what information should be entered into each column. **Each column requires one of five types of information entered into the cell:**

1. **Text.** For text columns, you are asked to type information into the cell. These columns are:
 - a. **Individual Record ID** (Column A)
 - b. **First, Middle, Last Name and Suffix** (Columns B-E)
 - c. **Phone, Address, City, State, Zip Code** (Columns F-J)

2. **Yes or No.** These columns are noted on the report form with (Y/N), you will select Yes ('Y') or No ('N') using the drop down arrows that appear in the cells of the spreadsheet. These columns are:
 - a. **Submit to OARRS** (Column M)
 - b. **Assessment Prior to Referral** (Column N)
 - c. **Race** (Columns Z-AD)
 - d. **Employment** (Columns AH-AQ)
 - e. **Criminal offense** (Column AR)
 - f. **Treatment Prior to Referral** (Column AS)
 - g. **Funding** (Columns AW-BA)
3. **Date.** These columns require entry of a month, day, and year. Please enter the date in one of the following formats:
 - MM/DD/YY (ex. 01/26/19)
 - MM-DD-YY (ex. 01-26-19)
 - Month, DD, YYYY (January 26, 2019)

After you enter the date, verify that the information entered is what is displayed (it will change to display in a MM/DD/YYYY format). The following columns require a date:

 - a. **Referral Date** (Column K)
 - b. **Initial Clinical Assessment Referred and Completed** (Columns O and P)
 - c. **Risk Assessment Date** (Column Q)
 - d. **Date Accepted or Rejected from Docket** (Column X)
 - e. **Birth Date** (Column AF)
 - f. **Initial Treatment Start and End** (Columns AT and AU)
 - g. **Date of Exit** (Column BD)
4. **Numerical.** These columns require a number (0-99) to be entered into the cell. Only one column requires numerical data:
 - a. **Number of Minor Children** (Column AG)
5. **Code.** These columns require one of a selection of specific answers. The possible codes are provided by pressing the drop down arrow that appears in the cell. The following columns require a code selected from the drop-down menu:
 - a. **Status of Case at Referral** (Column L)
 - b. **Risk Assessment Tool** (Column R)
 - c. **Risk Assessment Result** (Column S)
 - d. **Primary, Secondary, Tertiary Substance of Use** (Columns T-V)
 - e. **Acceptance into Docket** (Column W)
 - f. **Ethnicity** (Column Y)
 - g. **Gender** (Column AE)
 - h. **Type of Treatment Exit** (Column AV)
 - i. **Docket Exit Code** (Column BB)
 - j. **Additional Exit Code** (Column BC)

EXPLANATIONS AND DEFINITIONS

Docket Information—Definitions. This information will rarely change from month to month. This information is located across the top of the reporting form.

Docket ID. Enter the Supreme Court supplied ID number for this Specialized Docket.

Court Capacity. For this category, please report the maximum number of participants this specialized docket could serve at one time. This number likely will not change from month to month, but may increase or decrease if there is a change in circumstances (e.g. additional grant funding).

Notification Email. Please provide the email address of the person you would like to receive notification of report submission confirmation and errors.

Participation Information – Definitions.

Each row on the Specialized Docket report signifies an individual referred to the docket, unless otherwise noted. Each column, as detailed in this section, contains information about the individual. Please see “Entering Referral and Participant Information” section above, for the required format of the information to be entered.

SHORTCUT: What information needs to be filled out for what individuals?

- For individuals **accepted and participating** into the docket, fill out information for ALL sections. The column headers colored **yellow** are only for accepted and participating individuals, these should be eventually filled out *in addition to* the green columns.
- For individuals **referred, but not entering for any reason**, fill out **ONLY** the columns with the **green** headers. **DO NOT** fill out the following sections:
 - Submit to OARRS (Column M)
 - Employment Status at Exit (Columns AM through AQ)
 - Criminal Offense (Column AR)
 - Treatment Dates (Columns AT and AU)
 - Type of Treatment Exit (Column AV)
 - Docket Exit Codes (Column BB and BC)
 - Exit date (Column BD)

Individual Record ID—Column A. Column A is used to confidentially identify the individual referred to the docket. Each individual docket will be able to connect the identifier to the specific referral, but will work to keep information reported to the Supreme Court unidentified. Courts are recommended to develop a naming convention for these numbers, but there are no guidelines as to what it needs to contain. For example, Smith County Municipal Court’s Drug Court may choose to have a six digit identifier: SDC (for Smith Drug Court) and 0001 the number of the referred. So in this column, they would enter SDC0001 for the first referral, SDC0002 for the second and so on. Even if your court does not assign an ID number until individuals are accepted in the court, we ask that you give all referrals a number that does not change, whether or not they eventually enter the program. While different pieces of data collected here (as

described below) may change or be added to over time, please DO NOT change this number. *In order to maintain confidentiality of participants, we ask that courts use an ID number that is different from the individual's case number.*

While the data the Supreme Court maintains will be confidential using the record ID above, the report asks for identifying information for each person accepted into a drug court. This information (in the box below) will be transferred to the Board of Pharmacy for inclusion into their OARRS system. This information will be removed from the Supreme Court record once it is sent to the Board of Pharmacy. **The data maintained by the Supreme Court will remain unidentified.**

Columns used only for transmission to Board of Pharmacy:

- **First, Middle, and Last Name and Suffix—Columns B through D.** Enter full name with conventional capitalization (First Letter Capitalized).
- **Phone Number—Column F.** Enter the individual's current ten digit phone number, if available.
- **Address, City, State, Zip—Columns G through J.** Enter the street address and city, state, and zip of where the referred individual is currently living.

Though not stored by the Supreme Court, this is still required information for all referrals, to help courts maintain their internal records. When the reports are submitted, the Supreme Court of Ohio will not store this information.

Referral Date—Column K. Report the date on which the individual was referred to the docket.

Status of Case at Referral—Column L. Select one of the approved statuses from the dropdown menu. The options are:

FOR JUVENILE AND FAMILY SPECIALIZED DOCKETS:

- *Pre-adjudication:* This code should be selected if the individuals enters a specialized docket before adjudication.
- *Post-adjudication:* This code should be selected if the individual enters the specialized docket following adjudication.

FOR ADULT SPECIALIZED DOCKETS

- *Pre-conviction:* This code should be selected if the individual enters a specialized docket before conviction and are sentenced at the conclusion of their time in the docket. This does not include diversion programs such as those listed below.
- *Post-conviction:* This code should be selected if the individual enters the specialized docket following conviction and sentencing.
- *Diversion/Intervention in Lieu of Conviction:* Select his code if the individual enters the specialized docket through a diversion program or due to an intervention in lieu of conviction request, per [ORC 2951.041](#) prior to entry of a plea or conviction.

- *Prosecutorial diversion*: Select this code if the individual enters the specialized docket as a result of a pre-trial diversion program per [ORC 2935.36](#).

Submit to OARRS—Column M. Indicate yes ('Y') from the pull down menu if the individual is accepted into a docket and has a substance use disorder diagnosis for which the individual is receiving treatment. This will indicate to all OARRS users that they are in a treatment court in the OARRS system. This marker is not solely for individuals in a drug court. Any adult specialized docket is able to submit this information to the Board of Pharmacy as long as the individual has a diagnosed substance use disorder. *Juvenile and Family Dependency Treatment Courts are excluded from this option and should leave this field blank.* When the person has exited the docket, this column should be updated to no ('N'). If a 'Y' remains in this column when an exit date has been entered in Column BD, the report will be returned with an error.

Assessment Prior to Referral—Column N. Select yes ('Y') if the individual referred to the docket completed initial clinical assessment prior to the referral date entered in Column K. If Initial Clinic Assessment Referral date (Column O) is on or after the Referral Date (Column K), this column would be no ('N'). This clinical assessment refers to the assessment you are using to establish eligibility for the docket.

Clinical Assessment Dates—Columns O through P. Record this information for all individuals referred to the docket.

- a) *Initial Clinical Assessment Referred*: In Column O, record the date on which the individual is referred for clinical assessment. Clinical assessment refers to the evaluation completed by an appropriately licensed professional used to determine if the potential docket participant meets the clinical criteria of the docket. If the assessment was completed prior to the current referral, you may leave this column blank.
- b) *Initial Clinical Assessment Completed*: In Column P, record the date on which the clinical assessment was completed. Clinical assessment refers to the evaluation completed by an appropriately licensed professional used to determine if the potential docket participant meets the clinical criteria of the docket. If the assessment was completed prior to the current referral, you may leave this column blank. This date must be after the date in Column O.

Risk Assessment Date—Column Q. Record the date of the referred individual's risk assessment used to determine if the potential docket participant meets the legal criteria of the docket. If a risk assessment tool is not used, leave blank.

Risk Assessment Tool—Column R. Select the risk assessment tool used for the assessment referred to in Column Q. If no risk assessment tool is used (i.e. column Q is left blank), please select “No risk assessment tool used.” The other options for risk assessment tools are:

- *ORAS*
- *OYAS*
- *ORAS-MAT*
- *ORAS-MST*
- *COMPAS*
- *LSI-R*
- *Public Safety Asst*
- *Other tools not otherwise listed*
- *No risk assessment tool used*

Risk Assessment Result—Column S. In Column S, select the overall results outcome of the risk assessment referred to in Columns Q and R—low, low/moderate, moderate, or high risk.

Substance(s) of Use—Columns T through V. Use the dropdown menu in each column to select the primary, secondary, and tertiary substances of use by the referred individual, if applicable. This is not only for drug courts, it can be used for all dockets in which a participant has a substance use disorder.

If an individual is not being treated for a substance use disorder, please select “No Substance Use” in Columns T, U, and V. Please make sure an option is selected for each of these three columns (either select a substance or “no substance use”). *Note: Methamphetamine use should be recorded as “Amphetamines.”*

Acceptance or Rejection from Docket—Column W. Select the appropriate acceptance or rejection status of the individual referred to the docket:

- *Accepted into docket:* This code should be selected if a referral was accepted into the docket.
- *Opting-out of Docket:* Select this code if a referral met criteria for docket participation, but the potential participant voluntarily decided not to participate.
- *Not meeting participant criteria:* Select this code if an individual is referred to the docket but did not participate because they did not meet specific criteria of the court. Not meeting participation criteria includes all selection criteria of the individual court, as well as unavailability of the participant due to death or institutionalization (such as incarceration or mental health facility).
- *Unable to complete referral process:* Select this code if an individual was referred to the docket but did not complete the process to determine eligibility for any reason. See box below for required fields in these situations.

If “unable to complete referral process” is selected for an individual the **only required fields** are:

- Individual Record ID (Column A)
- First Name (Column B)
- Last Name (Column D)
- Referral Date (Column K)
- Status of Case at Referral (Column L)

If you have more information that you would like to include about the individual, you may do that.

Date Accepted or Rejected from Docket—Column X. Enter the **date** on which the individual was either rejected or accepted into the docket. This should be the date of the decision, not the date of the first hearing. If rejected, fill out any applicable information (Columns A through AL) as described in these instructions, and then the record will be complete and no additional information will be entered for that individual. See also the “shortcut” box on page 3 of these instructions for a summary of information that needs to be completed for those completed or rejected from docket.

Ethnicity—Column Y. For every individual referred to a docket, the ethnicity of the individual will be recorded in Column Y. Select an option from the dropdown menu provided.

Ethnicity, like race described below, is based on self-reported ethnicity by the participant. Court personnel should not infer an individual’s race or ethnicity. The ethnicity options are defined as follows:

- *Hispanic: this code should be selected in Column Y for individuals who identify as Hispanic or Latino*
 - Persons who self-report as Hispanic or Latino can be of any race. The U.S. Census uses the U.S. Office of Management and Budget definition of “Hispanic or Latino” as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.¹
- *Non-Hispanic: This code should be selected in Column Y for those that do not identify as Hispanic or Latino.*

Race – Columns Z through AD. An individual’s race should be recorded as well as ethnicity. The racial categories correspond to Census categories and should, like ethnicity, be based on participant self-identification. If participants identify as a member of more

¹ U.S. Census Bureau. “About.” *Hispanic Origin*. <https://www.census.gov/topics/population/hispanic-origin/about.html>. Last revised January 26, 2017. Accessed 11 September 2017.

than one racial group, select 'Y' under all of the groups they with which they identify. Please note that Hispanic or Latino origin is an ethnicity, so a participant who identifies as Mexican and white would be recorded under "Hispanic or Latino" in the ethnicity section and white in the race section. If a participant is unsure of his or her race, they may be provided the following definitions from the U.S. Census Bureau.²

- a) *White*: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- b) *Black or African American*: a person having origins in any of the Black racial groups of Africa.
- c) *American Indian or Alaska Native*: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- d) *Asian or Pacific Islander*: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent or in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- e) *Unknown/Other*: If a participant is unable to identify his or her origins or identifies as a member of a racial group not otherwise mentioned in this form, report here. This column should be used infrequently.

Gender Identity—Column AE. An individual's gender identity should be recorded in Column AE. Like ethnicity and race this should also be based on self-identification. Select one category in the dropdown menu. The choices for gender identity:

- *Man*
- *Woman*
- *Non-binary*: Individuals that identify as neither a man nor woman, this may include those that identify as transgendered, androgynous, or gender fluid (among others).

Birthdate—Column AF. Record the birthdate of the referred individual in an appropriate date format described in these instructions, above.

Number of Minor Children—Column AG. Indicate the number of minor children for every individual referred to the docket. The referred individual does not have to be the custodial parent. This includes but is not limited to birth children, adoptive children, and any children of whom the referred individual has legal custody or guardianship. This category does not require the legal establishment of paternity. Therefore, if a father is not married to the mother but has acknowledged paternity, that minor child should be included. A

² U.S. Census Bureau. "About." *Race*. <https://www.census.gov/topics/population/race/about.html>. Last revised January 12, 2017. Accessed 11 September 2017.

child should only not be included here if the referred individual's parental rights of a child have been terminated.

****FOR FAMILY DEPENDENCY TREATMENT COURTS ONLY****

If the individual has any minor children, the docket will need to fill out information for each child listed on the complaint, on the Child Welfare Measures for Specialized Dockets form. See Child Welfare Measures instructions for details.

Employment Status at Referral—Columns AH through AL. Select yes ('Y') or no ('N') under each type of employment status for every individual referred to the docket. Yes may be selected for more than one column. For example, if the individual is a student and works a part-time job, select both columns. The exception is the "unemployed" category. If this is selected, the full-time or part-time categories must be marked as "No."

- a) *Full-time*: the individual works 30 or more hours per week.
- b) *Part-time*: the individual works less than 30 hours per week.
- c) *Enrolled in school or vocational training*: the individual is enrolled in school or vocational training and spends the majority of their time in class or doing associated activities (e.g. homework).
- d) *Disability*: the person is currently not working and receiving disability benefits.
- e) *Unemployed*: the person is not regularly working for pay.

Employment Status at Exit—Columns AM through AQ. Select yes ('Y') or no ('N') under each type of employment status for every individual exiting the docket for any reason. If the individual was not accepted into the docket, these columns will be blank. Yes may be selected for more than one column. For example, if the individual is a student and works a part-time job, select both columns. The exception is the "unemployed" category. If this is selected, the full-time or part-time categories must be marked as "No."

- a) *Full-time*: the individual works 30 or more hours per week.
- b) *Part-time*: the individual works less than 30 hours per week.
- c) *Enrolled in school or vocational training*: the individual is enrolled in school or vocational training and spends the majority of their time in class or doing associated activities (e.g. homework).
- d) *Disability*: the person is currently not working and receiving disability benefits.
- e) *Unemployed*: the person is not regularly working for pay.

Criminal Offense—Column AR. Select yes ('Y') if the participant received at least one additional criminal charge while participating in the docket. This applies to new charges (and alleged criminal actions) that occurred while the participant was in the docket only, not violations. In other words, if the participant picks up a new charge while in the docket, but it is for an action that allegedly occurred *before* docket participation, that is not counted as a new criminal offense for these purposes.

If the participant received no additional criminal charges while participating in the docket, select no ('N'). This answer may change from no to yes during the course of docket participation. However, it will not change from yes to no. This column must remain blank until code of "Accept" is entered in under Acceptance or Rejection from Docket (Column X).

Treatment Prior to Referral—Column AS. Indicate if the individual began treatment for the clinical need defined in the docket's clinical eligibility criteria prior to the current referral to the docket.

Treatment Dates—Columns AT and AU.

- a) *Initial Treatment Start:* In column AT, record the date on which the participant entered treatment. This date may not precede the Clinical Assessment Completed date (Column P). You may leave this blank if the individual began treatment prior to referral (in other words if Column AS is 'Y').
- b) *Initial Treatment End:* In column AU, record the date on which the participant exited treatment, for any reason. This date may not precede the Initial Treatment Start date (Column AO) or the Clinical Assessment Completed date (Column P). If the participant remains in treatment after exiting the docket, enter the docket exit date here.

Type of Treatment Exit—Column AV. Record the type of treatment exit for the participant. Select one of four options from the dropdown menu. The treatment exit options are:

- *Successful:* Select this code if the participant successfully exited treatment, in accordance with the docket's definition of successful.
- *Unsuccessful:* Select this code if the participant unsuccessfully exited treatment, in accordance with the docket's definition of unsuccessful.
- *Referred to higher level:* Select this code if the participant left the treatment program because they were referred to a higher level of care.
- *Remains in treatment:* Select this code if the participant has exited the docket but will remain in treatment. This is only a valid code if there is a Date of Exit supplied (Column AY).

Participant Funding—Columns AW through BA. In Columns AW through BA, select "Yes" or "No" for each potential source of participant funding for medical care, behavioral health treatment, and other services or requirements of the docket (drug testing, group fees, etc.). A participant may have more than one source of funding, so you may select a 'Y' in more than one of these columns. These columns may be updated as information changes.

- a) *Medicaid or Managed Care:* Select yes ('Y') in Column AR if the individual has verifiable healthcare coverage thru Ohio Medicaid, including Buckeye Health Plan, CareSource, Molina Healthcare, Paramount Advantage, and United Healthcare. Otherwise, indicate no ('N').

- b) *Medicare*: Select yes ('Y') in Column AS if the individual has verifiable healthcare coverage thru the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease. Otherwise, indicate no ('N').
- c) *Private Insurance*: Select yes ('Y') in Column AT if the individual has verifiable healthcare coverage through a private health insurance company, including but not limited to Aetna, Cigna, Humana, or Blue Cross. Otherwise, indicate no ('N').
- d) *Other funding*: Select yes ('Y') in Column AU if all or a portion the participant's medical care, behavioral health treatment, and/or any other services or requirements of the docket are funded by means other than Medicaid/Medicare/private insurance/self-pay, including but not limited to grants (e.g. ATP) or VA healthcare. Otherwise, indicate no ('N').
- e) *Self-Pay*: Select yes ('Y') in Column AV if the participant's medical care, behavioral health treatment, and/or any other services or requirements of the docket are funded through the payment of the participant to the treatment providers/court. This also includes court fees such as a program fee or supervision fee paid out of pocket by the participant are included here. Otherwise, indicate no ('N').

Docket Exit—Column BB. For participants accepted into the docket, use Column BB to record the type of exit from the docket. Select one of the three options in the dropdown menu. This field should remain blank until there is a Date of Exit (Column AY). The docket exit options are:

- *Successful Exit*: Select this code if the participant successfully completed the requirements of the court.
- *Unsuccessful Exit*: Select this code if the participant was terminated from the docket in accordance with the program's termination criteria.
- *Neutral Exit*: Select this code if the participant was discharged from the program in accordance with the program's neutral discharge criteria.

Additional Exit Code—Column BC. For participants that exit the docket and are subsequently committed to DYS or DRC, select the appropriate option from the dropdown menu. If there is information in this column, there must be information also in the Docket Exit (Column BB) and Date of Exit (Column BD) columns.

- *Committed to DRC*: Select this option if the participant exited the docket for commitment by the Department of Rehabilitation and Corrections.
- *Committed to DYS*: Select this option if the participant exited the docket for commitment by the Department of Youth Services.
- *Local Incarceration*: Select this option if the participant exited the docket for commitment into a local jail.

Date of exit—Column BD. Record the **date** of exit from the docket, no matter the type of exit. This should be the date the participant is notified of termination from docket. This

column is used only for those that were at one time accepted into the docket. If the individual is rejected or opted-out of participation, this column should be empty.