



## **A Guide to Preparing the Specialized Docket Program Description**

### **Purpose of Document**

The purpose of this document is to serve as a guide to identify the issues that are to be addressed in a Specialized Docket Program Description. Under Sup.R., Appx. I, Std. 1(C), specialized docket programs are required to create written policies and procedures defining the goals and objectives for the specialized docket, identifying the target population, detailing program entry and case flow, and providing written roles and responsibilities of each treatment team member.

### **How to use this Document**

The program description addresses each element necessary to demonstrate compliance with both the standards and recommended practices contained in Appendix I and is meant to be used as a guide. After the Table of Contents, a page-reference index is included citing the specific standard and recommended practice associated with that element. In addition to the information identified in this document, the specialized docket is to attach as an appendix any and all forms used in the operation of the docket.

This document is based on an adult drug-court model. Other specialized dockets, such as mental health courts, OVI courts, juvenile specialized dockets, and family dependency treatment courts may have to make adjustments to the information provided. Depending on the type of docket, target population, assessment and referral, treatment team, and phases may need to be adjusted. For free technical assistance in developing or revising a program description, contact the Supreme Court of Ohio Specialized Dockets Section at 614.387.9425.

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## **CHAPTER 1 POLICIES & PROCEDURES** **STANDARDS 1, 2, 3, AND 11**

This program description contains written policies and procedures that define the goals and objectives for the specialized docket, identify the target population, detail program entry and case flow, and provide the written roles and responsibilities of each treatment team member. **Sup.R., Appx. I, Std. 1(C)**

### **Advisory Committee** – **Sup.R., Appx. I, Std. 1(B)**

Sup.R., Appx. I, Std. 1(B) requires the specialized docket judge to form an advisory committee. This chapter of the program description contains information pertaining to the advisory committee that meets both the standards and recommended practices. The advisory committee serves as the policy-making authority for the specialized docket. The specialized docket judge is the chair of the advisory committee and attends the advisory committee meetings. Sup.R., Appx. I, Std. 1(B). The program description may want to reference the name of the advisory committee.

### **Role of the advisory committee** – **Sup.R., Appx. I, Std. 1; Recommended Practice (A)(1)**

The advisory committee is comprised of key officials and policy makers that provide input on specialized docket policies and operations and communicate regularly with local officials. If adhering to the recommended practices, then include this role of the advisory committee in the program description.

### **Responsibilities**

Advisory committee responsibilities are divided into implementation and post-implementation responsibilities. The standards and recommended practices enumerate several advisory committee responsibilities before and after implementation of the specialized docket.

#### *Implementation Responsibilities*

The program description includes the following implementation responsibilities:

- Develop written policies and procedures that define the goals and objectives, identify the target population, detail program entry and case flow, and provide the written roles and responsibilities of each treatment team member (these policies and procedures are the program description) **Sup.R., Appx. I, Std. 1(C)**.
- Create a written participation agreement and participant handbook detailing the rights and responsibilities of the participants in the specialized docket **Sup.R., Appx. I, Std. 1(D)**.
- Collaboratively develop, review, and agree upon written legal and clinical eligibility, completion, termination, and neutral discharge criteria **Sup.R., Appx. I, Std. 3(A)**.

When developing the participation agreement in compliance with the standards, the participant has a right to the detailed, written participation agreement and participant handbook outlining the requirements and process of the specialized docket. **Sup.R., Appx. I, Std. 2(D)**. The participation agreement includes the participant's right to request attendance of defense counsel during the portion of the treatment team meeting concerning the participant. **Sup.R., Appx. I, Std. 2(C)**. The specialized docket attaches the participation agreement to the appendix of the program description. (*See page 35.*)

When developing the policies and procedures the advisory committee takes three to six months. This time allows for a cohesive team to effectively and collaboratively reach consensus on the variety of issues inherent in the implementation of the specialized docket. **Sup.R., Appx. I, Std. 1; Recommended Practice (A)(2)**. If adhering to this recommended practice, then the specialized docket includes the advisory committee planning efforts in the program description.

During the implementation process, the advisory committee or relevant parties develop an agreement setting forth the terms of the specialized docket operations. **Sup.R., Appx. I, Std. 1(A)**. If adhering to the recommended practices, then the specialized docket enters into memoranda of understanding with each key stakeholder that sets forth the terms of the specialized docket and the responsibilities of the parties. **Sup.R., Appx. I, Std. 1; Recommended Practice (A)(3)**. The program description references these memoranda and the memoranda are attached as part of the appendix to the program description. (*See Appendix page 35.*)

#### *Post-Implementation Responsibilities*

If adhering to the recommended practices, then the specialized docket includes the following in the program description:

- Develop and regularly review a community outreach and education plan **Sup.R., Appx. I, Std. 1; Recommended Practice (D)**.
- Develop and annually review a written sustainability plan **Sup.R., Appx. I, Std. 1; Recommended Practice (E)**.
- Assess specialized docket team functionality, review policies and procedures, and assess the overall functionality of the specialized docket at a minimum of every two years **Sup.R., Appx. I, Std. 11; Recommended Practice (B)**.

If the advisory committee agrees upon additional post-implementation responsibilities, then these additional responsibilities are included in the program description. These additional responsibilities include:

- Review the target population;
- Review use of graduated sanctions;
- Review treatment resources;
- Review quarterly reports; and
- Review financial expenditures.

### **Membership**

The program description includes the list of members by position. These advisory committee positions may include:

- The specialized docket judge
- The court (in multi-judge courts)
- The prosecutor
- Defense counsel
- Licensed treatment providers
- Children services for family dependency treatment courts
- The probation department
- The parole authority
- Law enforcement agencies.

#### **Sup.R., Appx. I, Std. 1(A)**

Although not specifically mentioned in the standards, the specialized docket may have additional advisory committee members that are included in the program description, such as:

- Mental health services board representatives
- Funding authority representatives
- A jail representative
- Consumer advocacy groups and other community based stakeholders
- Clerk of courts.

The program description includes a reference to the frequency of advisory committee meetings.

### **Mission Statement**

The program description includes a mission statement for the specialized docket.

### **Goals and Objectives – Sup.R., Appx. I, Std. 1(C)**

Sup.R., Appx. I, Std. 1(C) requires that the policies and procedures define goals and objectives for the specialized docket. This chapter of the program description contains the goals and objectives. The goals and objectives need to be concretely described in measurable terms so the specialized docket can evaluate its effectiveness. The goals and objectives are written in conjunction with the data collection plan contained in the Effectiveness Evaluation chapter, page 34. Performance measures may be included here or in the Effectiveness Evaluation chapter, page 34. Please note the specialized docket also may want to do a functionality review (Sup.R., Appx. I, Std. 11; Recommended Practice (B)) that analyzes whether the specialized docket is meeting its goals and objectives. This review uses data collected.

The following are a few sample goals and objectives:

**Goal:** Reduce participants' jail/prison/institutional/detention bed days.

**Objective:** Provide, either in percentage or number, a timeframe for reducing jail/prison/institutional/detention bed days.

**Goal:** Increase the number of specialized docket successful completions.

**Objective:** Provide a timeframe in which (X) percent of participants successfully complete the program.

**Goal:** Reduce recidivism among individuals with behavioral health issues in the justice system.

**Objective:** Recidivism will drop from X to Y within a Z period.

**Goal:** Increase the number of participants who complete treatment and integrate their treatment knowledge in their lifestyle.

**Objective:** Provide, either by number or percentage, a timeframe for successful completion of treatment.

**Goal:** Improve living circumstances of participants who successfully complete the program.

**Objective:** Provide, either by number or percentage, the number of participants who obtain stable employment, stable housing, etc., within a certain timeframe.

**Goal:** Participants will take responsibility for actions and ongoing behavioral health.

**Objective:** Provide, either by percentage or number, the number of participants who increase treatment contacts before relapse, who engage in the self help community, etc.

For family dependency treatment courts:

**Goal:** To reduce out-of-home placement time.

**Objective:** Provide, either by number of days or percentage, a timeframe for the reduction in out-of-home placement time.

**Goal:** To reduce time-to-reunification with the parent.

**Objective:** Provide, either by number of days or percentage, a timeframe for the reduction in time-to-reunification with the parent.

## **CHAPTER 2 TARGET POPULATION STANDARDS 1 AND STANDARD 3**

Sup.R., Appx. I, Std. 1(C) requires the establishment of written policies and procedures identifying the target population and Sup.R., Appx. I, Std. 3(A) requires the specialized docket to have written legal and clinical eligibility criteria. This chapter of the program description contains the target population, and the written legal and clinical eligibility criteria. The specialized docket also may want to set a capacity in this chapter.

### **Target Population** – Sup.R., Appx. I, Std. 1(C)

This chapter includes the specialized docket's target population description.

### **Sup.R., Appx. I, Std. 1(C)**

The description may include:

- The type of charge or case
- Whether intervention in lieu (R.C. 2951.041), post conviction, or other status of the case
- Residency requirements
- The type of treatment issue to be addressed by the specialized docket.

### **Written Legal Eligibility Criteria** – Sup.R., Appx. I, Std. 3(A)

Written legal eligibility criteria are collaboratively developed, reviewed, and agreed upon by the relevant parties. **Sup.R., Appx. I, Std. 3(A)**. The specialized docket's written legal eligibility criteria are contained in this chapter. Specialized dockets develop written legal eligibility criteria by identifying the types of offenses or charges that make an individual ineligible. The types of offenses or charges that make an individual ineligible typically include:

- Drug trafficking
- Sex crimes
- Crimes involving the use of a weapon
- Crimes involving children as victims
- Violent offenses involving a victim with a serious injury.

For family dependency treatment courts, the type of acts that make an individual ineligible include a history of sexual abuse of minors or a history of serious physical abuse of minors.

### **Written Clinical Eligibility Criteria** – Sup.R., Appx. I, Std. 3(A)

As written legal eligibility criteria, written clinical eligibility criteria are collaboratively developed, reviewed, and agreed upon by the relevant parties. **Sup.R., Appx. I, Std. 3(A)**. The specialized docket's written clinical eligibility criteria also are contained in this chapter. Written clinical eligibility criteria refer to the type of problem or diagnosis that is required for program entry. Clinical eligibility criteria are developed with input from the treatment provider. For drug courts, a substance dependency diagnosis is required. For mental health courts, a severe mental illness diagnosis is required. For some dockets, specific diagnoses may be excluded, such as a drug court may not accept someone who has a severe mental illness. Some specialized dockets also may exclude individuals who do not have the developmental capacity to complete the specialized docket.

**Capacity:** Refers to the identified number of people the specialized docket can accommodate at any given time.

## **CHAPTER 3 PROGRAM ENTRY AND CASE FLOW STANDARDS 1, 2, 3, 4, AND 6**

Sup.R., Appx. I, Std. 1(C) requires the establishment of written policies and procedures detailing program entry and case flow. This program description chapter contains the specialized docket's written policies and procedures for program entry and case flow. Program entry and caseflow include how a participant is referred and accepted into a specialized docket. Case flow may be expressed in a narrative format or as a list of steps. Program entry and case flow include the referral process, screening and assessment, and program admission.

### **Referral Process**

Identification of specialized docket potential candidates is the first step for entry into the specialized docket program. The procedure is informal and will be employed at any stage of the proceedings. Referrals may come from police officers, jail staff, probation officers, prosecutors, defense counsel, pre-trial officers, case managers, and the judge. In this section, the specialized docket includes referral sources and other referral process information.

### **Screening and Assessment**

Sup.R., Appx. I, Std. 3 requires certain policies regarding screening, assessment, and admission into the specialized docket. These policies included in the program description are:

- The specialized docket judge has discretion to decide admission into the program **Sup.R., Appx. I, Std. 3(B)**
- The written legal and clinical eligibility criteria do not create a right to enter the specialized docket **Sup.R., Appx. I, Std. 3(C)**

### **Legal Eligibility Screening**

The specialized docket's legal eligibility screening is based on established written legal eligibility criteria. **Sup.R., Appx. I, Std. 3; Recommended Practice (A)**. If adhering to this recommended practice, then the specialized docket includes information concerning the legal eligibility screening process in this chapter of the program description. The legal eligibility screening process description may include:

- Who meets with the potential participant initially
- What information is collected
- What information is provided to the potential participant, such as reviewing program components with the participant and providing the participant with a copy of the participant handbook.

At the time of determining eligibility for a participant, if adhering to the recommended practices, then the specialized docket includes the following in the program description:

- High risk or repeat individuals are considered for inclusion  
**Sup.R., Appx. I, Std. 3; Recommended Practice (B)(1).**
- Mitigating and aggravating circumstances of current or prior court involvement are evaluated  
**Sup.R., Appx. I, Std. 3; Recommended Practice (B)(2).**
- A careful examination of the circumstances of prior juvenile adjudications and the age of the participant  
**Sup.R., Appx. I, Std. 3; Recommended Practice (B)(3).**
- The age of prior potential disqualifying offenses  
**Sup.R., Appx. I, Std. 3; Recommended Practice (B)(4).**
- A forensic assessment will be completed to determine if the individual is legally competent to participate in the specialized docket if competency is in question  
**Sup.R., Appx. I, Std. 3; Recommended Practice (B)5.**

The specialized docket policies and the program description include what happens if the potential participant does not meet the written legal eligibility criteria. Typically, the case proceeds in the traditional manner.

#### *Clinical Assessment*

If the potential participant is a candidate and agrees to participate in the specialized docket, then the potential participant is referred for clinical assessment. The clinical assessment confirms that the potential participant meets the specialized docket's written clinical eligibility criteria and is appropriate for inclusion in the program. The clinical assessment also contains the recommended services the participant is to receive. Policies and procedures regarding the clinical assessment are included in this chapter.

The standards and recommended practices that apply to the clinical assessment and included in this chapter of the program description are:

- The specialized docket judge shall have discretion to decide the admission into a specialized docket in accordance with the written eligibility criteria  
**Sup.R., Appx. I, Std. 3(B).**
- All chemical dependency, mental health, and other programming assessments shall include available collateral information to ensure accuracy of the assessment  
**Sup.R., Appx. I, Std. 4(A)**
- The potential participant is required to sign a release of information form to provide for communication about confidential information, participation and progress in treatment, and compliance with program requirements  
**Sup.R., Appx. I, Std. 4(B).**
- All screenings and assessments for treatment determinations are provided by programs or persons who are appropriately licensed and trained to deliver such services according to the standards of their profession.  
**Sup.R., Appx. I, Std. 4(D).**

The program description includes a timeframe for completion of the clinical assessment. It is recommended that the assessment be completed within 10 business days of referral. Sup.R., Appx. I, Std. 4 requires prompt assessment and referral to appropriate services and this is included in the program description. The program description also includes what happens if the clinical assessment indicates the potential participant does not meet clinical eligibility criteria.

Sup.R., Appx. I, Std. 4; Recommended Practice states a treatment team should consider, but is not obligated to follow, clinical assessments or treatment recommendations. If adhering to this recommended practice, then include this recommended practice information in this chapter of the specialized docket program description.

At some point in time Sup.R., Appx. I, Std. 6(E) requires an explanation to the participant of the responses to compliance and noncompliance, including the criteria for termination. The procedure in which the specialized docket meets Sup.R., Appx. I, Std. 6(E) is incorporated in this chapter. This may include the meeting with the potential participant to gather information for the legal eligibility screening.

### **Program Admission**

Once the judge determines that the potential participant is to be offered program entry, the potential participant is offered admission into the program. Participants are to be placed in appropriate treatment services and programs and under reporting supervision to monitor compliance with court requirements as soon as possible. **Sup.R., Appx. I, Std. 4(C)**. This chapter includes the policies and procedures that place the participant in treatment services and programs, and under reporting supervision.

The program description contains the timeframe from referral to entering the specialized docket program. Research indicates that specialized dockets that have a pipeline or entry time into the specialized docket of 20 days or less have better outcomes.

If case management services are available to the specialized docket, then a case manager may be assigned at this point in time. If the specialized docket has case management services, then this information is included in this chapter of the program description.

The program description includes any additional steps for the admission process into the specialized docket, such as completing all required forms, as well as resolving any underlying case issues, such as disposition or sentencing. These additional steps also may include the judge providing the Sup.R., Appx. I, Std. 6(E) explanation to the participant of the responses to compliance and noncompliance, including the criteria for termination.

For juvenile specialized dockets, the potential participant's legal custodian or guardian is expected to assist with all eligibility screening and assessment activities, including completing and signing all screening forms, participation agreements with the minor, and any and all release of information forms.

**Non-Discriminatory Practices**

It is recommended that a specialized docket has policies and procedures to prevent discrimination that would keep any person from entering a specialized docket. If the participant meets the written clinical and legal eligibility criteria for the specialized docket, then the participant is not to be denied admission to the specialized docket based on race, color, religion, gender, sexual orientation, national origin, ancestry, age, citizenship, marital status, veteran's status, or any disability. It is recommended that treatment team members are periodically trained in cultural competency.

### **Case Flow**

*To assist with the development of this chapter, below is a brief summary of the admission process:*

1. Point of entry and identification of potential participant.
  - Point of entry occurs when potential participant enters the program. This will vary depending on the type of docket.
  - Identification of potential participant-refers to the various referral sources for the docket, including the judge, defense counsel, prosecutor, pre-trial services, or probation officer.
2. Legal eligibility screening of potential participant.
3. The potential participant meets with coordinator or probation officer to fill out forms required for the specialized docket, including the release of information form.
4. Referral of potential participant for clinical assessments and determination regarding clinical eligibility criteria.
5. Clinical assessments with diagnosis and treatment recommendations are provided to the treatment team within a certain timeframe (recommend 10 business days) of referral.
6. Potential participant meets with specialized docket staff to review program requirements, review and understand any waived rights, and review and sign the participation agreement.
7. If the potential participant meets the legal and clinical eligibility criteria and the treatment team is in favor, then the treatment team makes a recommendation for the potential participant to enter the specialized docket. The judge makes the decision to admit or deny the potential participant into the specialized docket program.
8. Once the potential participant is advised of acceptance into the specialized docket, court processes are completed, such as entering plea or admission and resolution of sentencing or disposition. The potential participant now acknowledges an understanding of the responses to compliance and noncompliance including the criteria for termination. **Sup.R., Appx. I, Std. 6(E)**. If required forms have not been completed, such as the release of information form and the participation agreement, then the participant will sign and complete required forms.
9. Participant voluntarily enters program and is officially ordered into the program.
10. Participant attends first status review hearing (may be done in conjunction with number 9 above).

### **Specialized Docket File Maintenance**

The confidentiality of specialized docket files is contingent upon whether the participant is receiving probation supervision services by statute and by Rule of Superintendence for family dependency treatment court dockets. The specialized docket may want to include in the program description a file maintenance protocol. This protocol may include:

- Who maintains the files
- Where the files are stored
- How the files are stored
- Who has access to the files
- What the files contain.

Also note that when considering file maintenance the treatment team members are required to comply with Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of any disclosures may only re-disclose within the scope of the signed release of information. The release of information form authorizes disclosure of protected health information pursuant to the Health Insurance Portability and Accountability Act, 42 U.S.C. 300 gg--42, as amended, and R.C. 2151.421 and 2152.99.

## **CHAPTER 4 TREATMENT TEAM STANDARDS 1, 2, 6, 7, 9, AND 11**

### **Duties of Treatment Team Members**

The specialized docket judge is the chair of the treatment team and attends treatment team meetings. **Sup.R., Appx. I, Std. 1(B)**. The treatment team members are invited to participate on the treatment team by the specialized docket judge. There are several standards and recommended practices that apply to the duties of treatment team members. For each standard and recommended practice, the specialized docket includes the policies and procedures relating to how the treatment team adheres to the standards and recommended practices in this chapter of the program description. These are listed in order of the standards.

1. The treatment team is responsible for the daily operations of the specialized docket. **Sup.R., Appx. I, Std. 1; Recommended Practice (B)**. Here the specialized docket only needs to include this language if it adheres to the recommended practice.
2. Treatment team members agree to serve on the treatment team for a minimum of one year. **Sup.R., Appx. I, Std. 1; Recommended Practice (C)**. Here the specialized docket only needs to include this language if it adheres to the recommended practice.
3. Treatment team members agree to work with local community leaders to ensure the best interests of the community are considered. **Sup.R., Appx. I, Std. 1; Recommended Practice (D)**. If the specialized docket adheres to this recommended practice, then include the plan for the treatment team to work with local community leaders here. This may be the same as the community outreach and education plan included with the appendix. *(See page 35.)*
4. Treatment team members should engage in community outreach activities to build partnerships that will improve outcomes and support specialized docket sustainability. **Sup.R., Appx. I, Std. 1; Recommended Practice (D)**. If the specialized docket adheres to this recommended practice, then include the treatment team plan for community outreach activities here. This may be the same as the community outreach and education plan included as part of the appendix. *(See page 35.)*
5. The specialized docket incorporates a non-adversarial approach while recognizing the roles of prosecutors and defense counsel. **Sup.R., Appx. I, Std. 2(A) and (B)**. The specialized docket needs to include this language, which may also be included below in treatment team roles and responsibilities.

Treatment team members engage in ongoing communication, including frequent exchanges of timely and accurate information about the participant's overall performance. **Sup.R., Appx. I, Std. 6(C)**. Include how the specialized docket maintains ongoing communication outside of treatment team meetings, such as email, phone calls, weekly progress reports, etc.

6. Mechanisms for decision-making and resolving conflicts among treatment team members have been established and are utilized. **Sup.R., Appx. I, Std. 6; Recommended Practice (B)**. If adhering to this recommended practice, then the specialized docket includes its plan for decision-making and resolving conflicts among treatment team members. This may include decisions regarding participants, along with issues that arise among treatment team members not related to specific participants.

7. Treatment team members maintain professional integrity, confidentiality, and accountability. **Sup.R., Appx. I, Std. 6; Recommended Practice (B)**. If the specialized docket adheres to this recommended practice, then the specialized docket includes the plan for how the specialized docket meets this recommended practice.

8. Treatment team members should make reasonable efforts to observe required specialized docket service provider programs in order to have confidence in the services provided and to better understand the treatment and programming process. **Sup.R., Appx. I, Std. 9; Recommended Practice (A)**. If the specialized docket adheres to this recommended practice, then include the plan for observation of specialized docket service provider programs by treatment team members.

9. The treatment team works with the advisory committee to assess the team functionality, review all policies and procedures, and assess the overall functionality of the specialized docket. **Sup.R., Appx. I, Std. 11; Recommended Practice (B)**. If adhering to this recommended practice, then include a plan for the treatment team to work with the advisory committee and for the functionality assessment here.

**Specific Roles and Responsibilities of Treatment Members** – **Sup.R., Appx. I, Std. 1(B)**.

A list of possible treatment team members by position is included in Sup.R., Appx. I, Std. 1; Recommended Practices (B)(1) through (11). Below is a list of typical treatment team members by position and typical responsibilities. Team members may have additional responsibilities that the local specialized docket may want to add. In addition to the roles and responsibilities below, specialized dockets may have roles and responsibilities for additional treatment team members, such as law enforcement personnel, jail personnel, and other representatives from community-based stakeholders. The program description includes a list of treatment team members by position and their written roles and responsibilities consistent with Sup.R., Appx. I, Std. 1(C). A treatment team contact roster is attached to the appendix.

*Judge*

- The chair of the advisory committee and attends advisory committee meetings  
**Sup.R., Appx. I, Std. 1(B)**.
- The chair of the treatment team and attends treatment team meetings  
**Sup.R., Appx. I, Std. 1(B)**.
- Discretion to decide the admission into or termination from the specialized docket in accordance with the written legal and clinical eligibility criteria for the specialized docket  
**Sup.R., Appx. I, Std. 3(B)**.

- Knowledgeable about treatment and programming methods and limitations  
**Sup.R., Appx. I, Std. 7; Recommended Practice (B).**
- Decision-maker, especially concerning incentives, sanctions, phase advancement, and successful completion or termination
- Discusses progress with the participant at status review hearings.

If adhering to the recommended practices, then the specialized docket identifies one judge so that hearings are before the same judge for the length of each participant's time in the specialized docket. **Sup.R., Appx. I, Std. 7; Recommended Practice (C).**

#### *Probation Officer*

- Monitors compliance with supervision plan
- Conducts random alcohol and drug tests, and reports the test results to the treatment team
- Monitors sanctions
- Visits the participant at home, school, or other locations
- Attends treatment team meetings and status review hearings
- Informs the treatment team on whether treatment plan, supervision plan, and court orders are followed
- Advises of any specialized docket violations
- During treatment team meetings, provides progress reports and recommendations to the treatment team
- Participates in discussions about incentives, sanctions, phase advancement, successful completion, and termination.

#### *Specialized Docket Licensed Treatment Providers*

A standard and recommended practice applies to specialized docket licensed treatment providers. The role and responsibilities of the specialized docket licensed treatment providers include:

- Anyone providing treatment for the specialized docket must be appropriately licensed and trained to deliver services **Sup.R., Appx. I, Std. 9(C).**
- Treatment providers, whenever possible, will maintain separate tracks for specialized docket participants, if adhering to the recommended practices  
**Sup.R., Appx. I, Std. 9; Recommended Practice (B).**

The specialized docket licensed treatment provider is the participant's therapist or counselor. Other duties of the specialized docket licensed treatment providers may include:

- Conducts diagnostic assessments, provides the clinical diagnosis, and develops the treatment plan
- Provides documentation on a participant's progress in treatment and compliance with treatment plans, including treatment attendance and results of alcohol and drug tests
- Attends treatment team meetings and status review hearings
- During treatment team meetings, gives treatment updates and makes recommendations regarding treatment needs
- Participates in discussions regarding incentives, sanctions, phase advancement, successful completion, and termination.

### *Prosecutor*

Sup.R., Appx. I, Std. 2(A) applies to the role of the prosecutor and states that the specialized docket incorporates a non-adversarial approach while recognizing the distinct role of the prosecutor in pursuing justice and protecting public safety and victim's rights. The prosecutor's role includes Sup.R., Appx. I, Std. 2(A).

If the prosecutor plays an active role, then he/she:

- Identifies eligible clients for the specialized docket in accordance with the specialized docket written criteria
- Attends treatment team meetings and status review hearings
- Makes recommendations concerning incentives, sanctions, phase advancement, successful completion, and termination.

The prosecutor may not play an active role in the specialized docket. Some brief information concerning the prosecutor is included, such as providing input concerning acceptance into the specialized docket.

For family dependency treatment courts, the role of the prosecutor also may be conducted by the agency attorney. Also, in family dependency treatment courts, the prosecutor (or agency attorney) will be responsible for filing any contempt charges as a result of specialized docket program violations.

### *Defense Counsel*

Sup.R., Appx. I, Std. 2(B) applies to the role of the defense counsel and states that the specialized docket incorporates a non-adversarial approach while recognizing the distinct role of defense counsel in preserving the constitutional rights of the specialized docket participant. Defense counsel attends treatment team meetings upon the participant's request.

**Sup.R., Appx. I, Std. 2(C).** Defense counsel's role includes Sup.R., Appx. I, Std. 2(B) and (C).

If defense counsel is not active, then, at a minimum, defense counsel:

- Assists with decision-making regarding participation in the specialized docket
- Explains to the participant what rights are waived by entering the program
- Explains the possible sanctions that may be imposed
- Explains the circumstances that may lead to termination
- Explains the effect that termination from the specialized docket may have on the participant's case.

If defense counsel is active, then defense counsel makes recommendations to the judge regarding incentives, sanctions, phase advancement, successful completion, and termination at treatment team meetings and assists the participant at status review hearings.

For family dependency treatment courts, defense counsel is responsible for representing the participant and attending any contempt proceedings that are the result of specialized docket violations.

### *Specialized Docket Coordinator*

- Facilitates the specialized docket in accordance with the written program description
- Assists with identifying potential participants
- Conducts the legal eligibility screening
- Assists the participant in all phases including the orientation phase
- Maintains the daily operations of the specialized docket
- Collects and maintains statistical information and other confidential records concerning participants, collects data from service providers, and creates reports for review and submission to funding sources
- Gathers progress reports from treatment and service providers to present to the treatment team
- Ensures that treatment team members follow program policies and procedures
- Monitors service provider agreements and contracts and monitors the services to participants
- Plans and facilitates advisory committee meetings
- Coordinates specialized docket team professional education
- Coordinates random alcohol and drug screens and monitors compliance with any sanctions
- Meets with participants regularly to discuss individualized program goals and progress while the participant is in the specialized docket
- Attends treatment team meetings and status review hearings
- Participates in any discussions regarding incentives, sanctions, phase advancement, successful completion, and termination.

### *Case Manager*

Not all specialized dockets have access to case management services for their participants. If the docket does utilize case management services, then include a brief description of the duties for the case manager in the program description.

- Meets with the participant on a regular basis
- Assists the participant in the development, utilization and coordination of the Individualized Service Plan (ISP)
- Assists with transportation, housing, education, employment, obtaining medical care, family issues, training, and applying for government assistance
- Makes referrals to other agencies
- Provides documentation on the participant's progress
- Conducts random alcohol and drug screens and monitors medication compliance
- Attends appointments to provide assistance
- Attends treatment team meetings and status review hearings
- During treatment team meetings, provides reports and recommendations to the treatment team
- Participates in discussions regarding incentives, sanctions, phase advancement, successful completion, and termination.

For family dependency treatment courts, include a Children Services caseworker.

*Children Services Caseworker*

- Ensures the well being of the children
- Assists the treatment team with monitoring parents' compliance with the child protection case plan
- Conducts frequent home and office visits
- Provides reports regarding progress on the child protection case plan
- Notifies the treatment team and court of any compliance problems on the child protection case plan
- Attends treatment team meetings and status review hearings
- Participates in discussions regarding incentives and sanctions, phase advancement, successful completion, and termination.

## **CHAPTER 5 PARTICIPANT MONITORING STANDARDS 5, 6, 7, 9, AND 10**

This chapter of the program description contains the policies and procedures concerning treatment team meetings and status review hearings, summary of treatment, phases, incentives and sanctions.

### **Treatment Team Meetings and Status Review Hearings**

The specialized docket monitors each participant's performance and progress through the treatment team meetings and status review hearings. **Sup.R., Appx. I, Std. 6(A) and (B); Sup.R., Appx. I, Std. 7.** The program description contains the day of the week and time of day for the treatment team meetings and status review hearings, along with the required attendees for both the treatment team meetings and status review hearings. The program description also includes who prepares and distributes the weekly treatment team schedule and who provides copies of the progress reports that contain alcohol- and drug-screen results.

### **Status Review Hearings**

The program description includes the following policies and procedures of the specialized docket relating to the standards and recommended practices for participant monitoring:

1. The specialized docket incorporates ongoing judicial interaction with each participant **Sup.R., Appx. I, Std. 7(A).**
2. A significant number of specialized docket participants appear at status review hearings so the participant is educated as to the benefits of complying with the specialized docket and consequences for noncompliance **Sup.R., Appx. I, Std. 6; Recommended Practice (A).**
3. Frequent status review hearings establish and reinforce the specialized docket policies and ensure effective and efficient supervision of the participant **Sup.R., Appx. I, Std. 7; Recommended Practice (A).**

Note that not all participants are required to appear at each status review hearing, depending on progress in the specialized docket.

### **Summary of Treatment**

Note that Sup.R., Appx. I, Std. 5 and Sup.R., Appx. I, Std. 9 refer to providing "a plan to provide services" and "a treatment plan." "Treatment plan" is used herein to refer to both standards. This chapter includes the policies and procedures of the specialized docket that refer to the treatment participants receive.

The program description includes the policies and procedures of the specialized docket relating to each standard or recommended practice.

1. Specialized docket participants will receive a treatment plan based on their individual needs and provided services will incorporate evidenced-based strategies. **Sup.R., Appx. I, Std. 5.**

2. Specialized docket treatment plans take into consideration services that are gender responsive, culturally appropriate, and effectively address co-occurring disorders. **Sup.R., Appx. I, Std. 5.**
3. Provided services, including case plans, are appropriate and clinically necessary to the degree that available resources allow. **Sup.R., Appx. I, Std. 5; Recommended Practice (A).**
4. Specialized docket participants shall have prompt access to a continuum of approved treatment and rehabilitation services. **Sup.R., Appx. I, Std. 9(A).**
5. The specialized docket maintains a current treatment plan and a record of activities. **Sup.R., Appx. I, Std. 9(B).** Treatment plans continue to develop throughout the specialized docket to reflect the participant’s changing needs based on program progress.
6. All treatment and programming is provided by programs or persons appropriately licensed and trained to deliver such services according to the standards of their profession. **Sup.R., Appx. I, Std. 9(C).**

In addition to the specific policies and procedures that relate to each one of the standards and recommended practices above, the specialized docket includes a list of agencies and services provided to the participants in the specialized docket. Services provided may include registration/intake, baseline alcohol and drug testing, assessment, development of treatment plan, case management, group therapies, individual treatment sessions, relapse prevention plans, aftercare plans, gender-specific programming, programming to address those who have been diagnosed with co-occurring disorders, supportive housing, family therapies, medication, and medication monitoring. If adhering to recommended practices, then include any ancillary services, such as educational and vocational training, employment, transportation, housing, domestic violence programming, and physical, mental, and dental health in the program description. **Sup.R., Appx. I, Std. 5; Recommended Practices (B)(1) through (7).**

### Phases

Phases are the steps in which a participant’s performance and progress through the specialized docket are monitored. **Sup.R., Appx. I, Std. 6(D).** The program description includes the specialized docket phase policies and procedures relating to each standard and recommended practice.

1. Progression through the specialized docket is based on the participant’s performance in the treatment plan and compliance with the specialized docket phases. **Sup.R., Appx. I, Std. 6(D).** Here the program description includes how the specialized docket determines participant phase advancement.
2. Phase advancement is not solely based on preset timelines. **Sup.R., Appx. I, Std. 6(D).** The phase description includes this standard.

3. At a minimum, the participant shall appear before the specialized docket judge at least twice monthly in the initial phase. **Sup.R., Appx. I, Std. 7(B)(1)**. If participants do not appear weekly in the initial phase, then the phase description includes participants appearing twice monthly in the initial phase.

4. Utilizing risk assessments, high-need, high-risk participants appear at status review hearings every week in the specialized docket initial phase. **Sup.R., Appx. I, Std. 7; Recommended Practice (A)**. If adhering to this recommended practice, then the phase description includes weekly appearance by participants.

5. In subsequent phases, the participant shall appear regularly. **Sup.R., Appx. I, Std. 7(B)(2)**. It is a recommended practice that the participant appears at least once a month. **Sup.R., Appx. I, Std. 7; Recommended Practice (A)**. After the initial phase, the phase description includes the participant's attendance requirement (weekly, every other week, etc.) at status review hearings.

6. Time between status review hearings is increased or decreased based upon compliance with treatment protocols and observed progress. **Sup.R., Appx. I, Std. 10; Recommended Practice (B)**. If adhering to this recommended practice, then this is included in the program description with phase progression information. General criteria for phase advancement may include a participant's sobriety, mental health, progress in treatment, compliance with court orders, payment of court fees, and team recommendation.

Phases vary depending on the type of specialized docket, the treatment or program for the specialized docket, and the community resources. Drug-court docket phases typically are divided into an orientation phase and four treatment phases. Mental-health court docket phases are typically divided into an orientation phase and three treatment phases. Depending on the type of specialized docket, additional tasks and participant requirements may be added based on the treatment or program for the specialized docket, the type of specialized docket (juvenile and family phases may have additional participant and parent, guardian or legal custodian requirements) and the community resources available. Phases may be displayed in the program description as an itemized list of goals, tasks, and participant requirements or may be displayed as a chart or graph. Sample charts or graphs can be obtained through the Specialized Dockets Section.

Regardless of the number of phases utilized by the specialized docket, phases have common elements that include:

- Beginning treatment as soon as possible and thereafter attend as required
- Submitting to random alcohol and drug screens
- Attending sober support group meetings (for drug courts)
- Complying with ongoing case management services
- Reporting for status review hearings
- Complying with supervision requirements as identified by the court.

If the specialized docket utilizes a four phase approach, then the specialized docket may want to include the following:

### Orientation Phase

Goal of the orientation phase is to ingrain a thorough understanding of the aspects of the specialized docket requirements to assure the highest level of function and success within the program.

Tasks to consider for the orientation phase include the following:

- Meeting with the participant to review and complete the participation agreement and release and of information forms
- Reviewing the participant handbook
- Attending initial specialized docket status review hearing
- Introducing the participant to the members of the treatment team: specialized docket coordinator, probation officer, clinician(s), case manager(s) and any other team members
- Familiarizing the participant with the location of service providers and address any issues of transportation (ensure the participant has the physical ability to access services)
- Completing and reviewing the participant's individualized treatment plan.

### Compliance Phase (Phase 1 – Initial)

This phase stabilizes the participant and assures participant compliance with the specialized docket program requirements. During this phase, the participant has the most contact with the court by attending scheduled status review hearings weekly or every two weeks. This also is the most intense phase for the participant's case manager and/or probation officer.

Tasks to be considered for the compliance phase include the following:

- Ensure court obligations are met, such as developing payment schedules for fines, court costs, and victim restitution
- Determine frequency of random alcohol and drug testing at a minimum of two times per week
- Complete other assessments and inventories determined necessary by the treatment team.

Participant requirements to consider for the compliance phase include:

- Attending required status review hearings at a minimum of at least twice monthly [Research suggests and it is a recommended practice for the high-risk, high-needs participant to appear at status review hearings weekly in the initial phase of the specialized docket]
- Attending treatment sessions and activities
- Attending meetings with case manager, coordinator, and probation officer
- Submitting to alcohol and drug testing at a frequency determined by the treatment team, at a minimum of two times per week
- Cooperating with random home visits by probation officer, case manager and others
- Engaging in a sober support community (for drug courts)
- Abiding by rules of the specialized docket, probation, and the laws.

### Program Engagement Phase (Phase 2)

After the participant obtains stability in the compliance phase, the participant will begin to address the issues that brought the participant into the specialized docket. During this period, the participant will begin to develop skills, improve family relationships, and set employment, vocational, or educational goals. Based on the participant's progress, required appearances at status review hearings may be reduced.

Tasks to be considered for the program engagement phase include the following:

- Ensuring probation requirements are met
- Continuing random alcohol and drug testing at a frequency determined by the treatment team, at a minimum of two times per week
- Identifying long-term goals
- Beginning to develop plans for employment or educational opportunities
- Continuing to link the participant with housing, educational, vocational, and employment opportunities
- Making referrals for other ancillary services not yet addressed.

Participant requirements to consider for the program engagement phase include:

- Attend required status review hearings [Research suggests the high-risk, high-needs participant appear every two weeks in the second phase and it is a recommended practice that in subsequent phases the participant appears at least once a month]
- Continue to attend treatment sessions and activities
- Continue to cooperate with random home visits by the probation officer, case manager, and others
- Continue to attend meetings with coordinator, case manager, and probation officer
- Continue to submit and provide negative results to alcohol and drug testing at frequency determined by the treatment team, at a minimum of two times per week
- Participate in a sober support community (for drug courts)
- Continue to abide by rules of the specialized docket, probation, and the laws
- Engage with housing, educational, vocational, and employment service agencies.

### Growth and Development Phase (Phase 3)

This phase is focused on developing self-sufficiency. The participant will begin to utilize skills learned in treatment and programming, continue to improve family relationships, and begin to make long-term employment, educational, or vocational plans. This phase is key, as the participant puts into practice everything learned in the first two phases and will be able to demonstrate ongoing stability.

Tasks to be considered for the growth and development phase include the following:

- Complete probation obligations
- Identify long term goals with implementation strategy
- Continue to improve family relationships.

Participant requirements to consider for the growth and development phase include:

- Attending required status review hearings [Research suggests the participant appear every three weeks in the third phase and it is a recommended practice that in subsequent phases the participant appears at least once a month]
- Continue to attend treatment or programming sessions and activities
- Continue to cooperate with random home visits by probation officer, case manager, and others
- Continue to attend meetings with coordinator, case manager, and probation officer
- Continue to submit and provide negative results to alcohol and drug testing at frequency determined by the treatment team, at a minimum of two times per week
- Continue to abide by rules of the specialized docket program, probation, and the laws
- Continue to participate in a sober support community (for drug courts)
- Obtain and maintain employment or consistently participate in other vocational activities
- Obtain stable housing.

#### Maintenance Phase (Phase 4)

This phase is focused on the participant maintaining the stability obtained in the earlier phases. By the time the participant graduates to this phase, the participant has successfully and faithfully adhered to treatment or programming requirements. The participant also may have integrated structure into the participant's life by obtaining permanent housing; maintained employment or is regularly participating in other vocational activities; maintained a functional support system; and avoided additional involvement with the criminal justice system.

The amount of court involvement and case management will lessen as the participant demonstrates ongoing stability using the tools acquired in the earlier phases. Appearances at the specialized docket status review hearings may be reduced even further. The program description includes any additional tasks to complete in phase 4 that would be in addition to the standard tasks from the previous phases. It is a recommended practice that in subsequent phases the participant appears at least once a month. **Sup.R., Appx. I, Std. 7; Recommended Practice (A)**. The length of this phase varies, depending on the participant's needs.

#### Incentives

Immediate, graduated, and individualized incentives govern the responses of a specialized docket to the participant's compliance. **Sup.R., Appx. I, Std. 10**. Note that certain types of specialized dockets do not issue incentives, such as domestic violence dockets.

Incentives are individualized according to the specific treatment plan and directly related to the participant's achievements as certain milestones of the specialized docket treatment plan are attained. Incentives also are tracked to ensure that the participant is rewarded on a progressive basis.

The following are suggested types of behaviors for incentives that may be included in the program description:

- Attending required court appearances
- Attending required treatment appointments
- Maintaining close and productive contact with case manager
- Reaching individual treatment objectives
- Abstaining from alcohol and drugs, as evidenced by negative alcohol and drug screens
- Engaging in vocational or educational activities
- Securing stable housing
- Advancing in specialized docket phases
- Accomplishing any other milestone identified by the team.

The following are suggested types of incentives that may be included in the program description:

- Encouragement and praise from the judge
- Ceremonies and tokens of progress, including advancement in specialized docket phases
- Reducing supervision contacts
- Decreasing frequency of court appearances
- Reducing fines and fees
- Increasing or expanding privileges
- Encouragement to increase participation in positive activities the participant finds pleasurable, such as writing, art work, or other positive hobbies
- Gifts of inspirational items, including books, pictures, and framed quotes
- Assistance with purchasing clothing for job interviews
- Gift cards for restaurants, movie theaters, recreational activities, or personal care services
- Gifts of small personal care items, hobby or pet supplies, plants or small household items
- Dismissing criminal charges or reducing the term of probation
- Reducing or suspending jail, prison, or detention days
- Graduating from the specialized docket.

**Sup.R., Appx. I, Std. 10; Recommended Practices (C)(1) through (14).**

### Sanctions

Immediate, graduated, and individualized sanctions govern specialized docket responses to the participant's noncompliance. **Sup.R., Appx. I, Std. 10.** Graduated sanctions are used to help the participant conform behavior to program requirements. Sanctions are crafted in an individualized and creative manner, as well as in a progressive manner based on the infraction. Sanctions are issued when there is non-compliance with both program protocol and the treatment plan. Sanctions are a deterrent to negative behavior, as well as encouragement for future compliance.

When considering sanctions, if adhering to the recommended practices, then the program description includes Sup.R., Appx. I, Std. 10; Recommended Practice (A). Sup.R., Appx. I, Std. 10; Recommended Practice (A) states: "an adjustment in treatment services, as well as participation in community-based mutual support meetings are based solely on the clinically informed interests of the participant." With regard to alcohol and drug testing, the program description includes a policy consistent with Sup.R., Appx. I, Std. 8(C). Sup.R., Appx. I, Std.

8(C) states: “Clearly established plans for addressing a participant who tests positive at intake or who relapses which include treatment guidelines and sanctions, when appropriate, that are enforced and reinforced by the judge.”

Specialized dockets typically match which level of sanctions will be applied to each of the types of possible infractions and create a continuum of graduated sanctions included in their program description. This continuum is to be used by the treatment team as a guide for determining the level of sanction to be imposed. This type of planning ensures lesser infractions will be met with lesser, more commensurate sanctions. Infractions also are tracked, along with resulting sanctions, so that additional sanctions can be applied in a graduated manner.

The following are suggested common types of infractions that may be included in the program description:

- Failure to attend court appearances and treatment appointments
- Failure to follow specialized docket rules
- Failure to keep scheduled appointments with the probation officer, case manager, or any other team member
- Non-compliance with other requirements of the treatment plan
- Non-compliance with random alcohol and drug screens or testing positive for alcohol and drugs
- Failure to improve troublesome behaviors
- Failure to meet employment or vocational goals as determined by the treatment team
- Failure to keep other appointments as scheduled, such as those for public benefit aid, health care benefits, housing assistance, social security applications, etc.

The following are suggested types of sanctions that may be included in the program description:

- Warnings and admonishment from the judge
- Demotion to an earlier specialized docket phase
- Increasing frequency of alcohol and drug testing
- Increasing frequency of court appearances
- Refusing specific requests, such as permission to travel
- Denying additional or expanded privileges or rescinding privileges previously granted
- Increasing supervision contacts and monitoring
- Individualized sanctions, such as writing essays, reading books, or performing other activities to reflect upon unacceptable behavior
- Imposition of suspended fines and costs
- Requiring community service or work programs
- Escalating periods of jail or out-of-home placement, including detention for juveniles
- Filing of community control or probation violation
- Termination from the specialized docket.

**Sup.R., Appx. I, Std. 10; Recommended Practices (D)(1) through (12).**

## **CHAPTER 6 PROGRAM COMPLETION** **STANDARD 3**

### **Written Criteria for Successful Completion** – Sup.R., Appx. I, Std. 3(A).

Written successful completion criteria are the guidelines used to identify how participants can successfully complete the specialized docket. Successful completion criteria and the process to determine successful completion varies depending on the type of specialized docket. Successful completion criteria and process information are included in this chapter.

Written criteria for successful completion in the program description may include a description of the behavior and accomplishments needed in order to graduate and may be provided in chart format.

Compliant behavior may include:

- Completed community service hours
- Demonstrated period of abstinence from alcohol and drugs, evidenced by submitting negative alcohol and drug screens, a minimum of 90 days prior to completion
- Attended sober support group meetings
- Active member in a sober support group and helps others obtain sponsors
- Displayed a change in thinking, attitude, and beliefs
- Successfully completed treatment or programming
- Maintained consistent employment
- Demonstrated ability to identify and eliminate criminal thinking patterns
- Completed a project about a recovery-related topic or wrote an essay requesting program completion.

Accomplishments may include:

- Demonstrated abstinence from alcohol and drugs, as evidenced by negative alcohol and drug screens
- Completion of treatment
- Relapse prevention plan established
- Regular sober support attendance
- Completed specialized docket program requirements, including community service
- Completed vocational or educational plan
- Displayed responsibility for his/her behavior
- Demonstrated stability in the community
- The participant petitions for successful completion.

The judge has discretion to determine when the participant will successfully complete the program.

The process for determining when a participant has successfully completed the program includes:

- How the participant is nominated for successful completion
- Treatment team review of compliant behavior and accomplishments
- Treatment team recommendation
- Judicial decision that participant successfully completed specialized docket
- Award of a certificate
- Disposition of the underlying case
- Graduation ceremony
- After-care components.

Note that it is a researched-based practice to include an after-care component.

Also note, with regard to graduation ceremonies, in certain circumstances, such ceremonies are not appropriate, such as in domestic violence dockets or sex offender dockets.

### **Termination Classifications – Sup.R., Appx. I, Std. 3(A).**

There are two types of written termination criteria, unsuccessful and neutral discharge. Written termination criteria are developed by the advisory committee. These criteria are described below. Criteria for unsuccessful termination and neutral discharge may vary depending on the type of specialized docket.

The program description includes Sup.R., Appx. I, Std. 3(B) that the specialized docket judge has discretion in determining termination from the specialized docket.

### **Written Criteria for Unsuccessful Termination – Sup.R., Appx. I, Std. 3(A).**

The program description includes the written termination criteria required by Sup.R., Appx. I, Std. 3(A) in this chapter. Written termination criteria may be expressed in a list of actions that lead to termination, such as:

- Ongoing noncompliance with treatment or resistance to treatment
- New serious criminal convictions
- A serious specialized docket infraction or series of infractions
- A serious probation violation or series of probation violations.

If adhering to recommended practices, then clear written unsuccessful termination policies and procedures are included in this chapter. **Sup.R., Appx. I, Std. 3; Recommended Practice (C).** These policies and procedures also include case disposition information after termination, such as:

- Loss of future eligibility for the specialized docket

- Further legal action, including revocation of intervention in lieu of conviction, motion for probable cause, probation or parole violation, or contempt for family dependency treatment court
- Depending on the circumstances, the participant may be subject to jail and other penalties.

**Written Criteria for Neutral Discharge – Sup.R., Appx. I, Std. 3(A).**

The program description includes the written neutral discharge criteria required by Sup.R., Appx. I, Std. 3(A) in this chapter. Written neutral discharge criteria may be expressed in a list of events or actions that lead to neutral discharge, such as:

- A serious medical condition
- Serious mental-health condition
- Death
- Other factor that may keep the participant from meeting the requirements for successful completion.

If adhering to recommended practices, then clear neutral discharge policies and procedures are included in this chapter. **Sup.R., Appx. I, Std. 3; Recommended Practice (C).** These policies and procedures also include case disposition information after neutral discharge.

In addition to neutral discharge and unsuccessful completion, some specialized dockets have an inactive or suspension status for those participants who are:

- Placed in a residential facility and cannot be transported for status review hearings
- Charged with new crimes pending adjudication and/or a final disposition for sentencing (it is a research-based practice to keep those who have been charged with new crimes in the specialized docket)
- In need of further assessments or evaluations to determine if the specialized docket is beneficial to the participant and the program
- Unable/unwilling to comply with program requirements in a timely manner as directed, (e.g. falling behind on scheduled restitution payments)
- Have an outstanding warrant for non-compliance from the specialized docket and the issue has not been resolved.

If the specialized docket has an inactive or suspension status, then include it in this chapter of the program description.

## **CHAPTER 7 SUBSTANCE MONITORING** **STANDARD 8**

Sup.R., Appx. I, Std. 8 requires substance-use monitoring based on individual alcohol-and drug-testing plans. **Sup.R., Appx. I, Std. 8(B)**. For certain specialized dockets, such as sex-offender dockets, where the primary issue is not substance dependency, a substance monitoring component still is required in the program description. For these types of dockets, this component may be a brief explanation of the specialized docket use of standard probation substance monitoring protocol with the type of testing and frequency of testing.

The specialized docket monitors a participant's substance use by random, frequent, and observed alcohol-and drug-testing protocols. **Sup.R., Appx. I, Std. 8**. Research suggests that the best frequency of testing is a minimum of two times per week and is the last supervision and monitoring tool that is lessened as the participant progresses through the docket. The specialized docket in this chapter explains its substance monitoring program in terms of randomness, frequency, and observation.

Sup.R., Appx. I, Std. 8 also requires certain elements in the specialized docket substance monitoring policies and procedures. For each standard, the program description includes policies and procedures relating to the standard.

1. The specialized docket has written policies and procedures for sample collection, sample analysis, and result reporting that address and contribute to the reliability and validity of the testing process. **Sup.R., Appx. I, Std. 8(A)**.
2. Individualized alcohol- and drug-testing plans. **Sup.R., Appx. I, Std. 8(B)**.
3. All testing shall be random, frequent, and observed. **Sup.R., Appx. I, Std. 8(B)**.
4. Clearly established plans for addressing a participant who tests positive at intake or relapses. The plans include treatment guidelines and sanctions, when appropriate, that are enforced and reinforced by the judge. **Sup.R., Appx. I, Std. 8(C)**. These plans also may be referenced in the Participant Monitoring Chapter 5, page 26.
5. Immediate notification of the court when the participant tests positive, fails to submit to testing, submits an adulterated sample or the sample of another individual, or dilutes the sample. **Sup.R., Appx. I, Std. 8(D)**.
6. Failing to submit to testing, submitting an adulterated sample or the sample of another individual, or diluting the sample is treated as positive tests and immediately sanctioned. **Sup.R., Appx. I, Std. 8(D)**.
7. Testing sufficient to include the participant's primary substance of dependence, as well as a sufficient range of common substances. **Sup.R., Appx. I, Std. 8(E)**.

If testing for alcohol and adhering to the recommended practices, then include protocol for testing alcohol in this chapter. This protocol includes that when testing for alcohol, the specialized docket should strongly consider devices worn by the specialized docket participant, portable breath tests, saliva tests, and the use of scientifically validated technology used to detect ethyl alcohol. **Sup.R., Appx. I, Std. 8; Recommended Practice.**

The specialized docket also may want to include in this chapter how testing information will be recorded and maintained for each participant and the method of reporting test results to treatment team members.

The specialized docket also may want to include participant responsibilities for testing in this chapter. These responsibilities may include:

- The participant's responsibility to travel to the testing location during the hours indicated
- The participant is expected to arrive promptly for testing
- The sample is to be produced within a certain timeframe.

If outside agencies support the specialized docket by testing participants and agreeing to follow the specialized docket alcohol and drug testing protocol, then the specialized docket may want to include this agreement in the program description. The specialized docket also may want to include this agreement in the memorandum of understanding with the outside agency.

If the specialized docket utilizes instant urine screens or other type of testing that allows for laboratory confirmation testing, then the specialized docket may want to include confirmation testing policies and procedures in this program description chapter. Confirmation testing typically allows the participant to contest an instant urine screen by making a request in writing and paying the laboratory cost for the test with the written request. While waiting for the laboratory test, sanctions are not issued. However, if the test returns as positive, then a more severe sanction may be issued for deception plus the use. If the test returns negative, then the court may allow the laboratory fee to be applied to the participant's fines and costs, or held for future laboratory tests.

Courts utilizing instant urine screens, collecting urine for laboratory testing, or other types of testing that require collection and storage have established collection and storage protocols that address and contribute to the reliability of the testing process. It is not necessary to include these collection protocols in the program description unless the court does not have one or has one specifically for specialized docket participants. Typical elements of protocols for collection and storage cover collection steps, analysis, chain of custody, and confirmation testing.

## **CHAPTER 8 PROFESSIONAL EDUCATION** **STANDARD 11**

The specialized docket is required to assure continuing interdisciplinary education of treatment team members by Sup.R., Appx. I, Std. 11. If adhering to the recommended practices, then the specialized docket establishes a continuing education plan for specialized docket personnel.

**Sup.R., Appx. I, Std. 11; Recommended Practice (A).** In this program description chapter, the specialized docket explains how it assures the continuing interdisciplinary education of treatment team members. If adhering to the recommended practices, then the specialized docket will want to include a detailed continuing education plan.

An interdisciplinary continuing education plan may include training on a variety of topics such as:

- The specialized docket model
- Specialized docket processes
- Best practices in substance abuse and mental-health services
- Drug trends and alcohol and drug testing
- The non-adversarial approach of the specialized docket model for counsel

**Sup.R., Appx. I, Std. 2; Recommended Practice.**

- Training on community resources.

The specialized docket may want to consider developing a plan to offer training opportunities that include surveying team members for training requests, organizing one training or a series of trainings during the calendar year, and including all treatment team members.

There are several recommended practices that apply to professional education. For each recommended practice below, describe the specialized docket policies and procedures.

1. Prosecutors and defense counsel are trained in specialized docket processes.

**Sup.R., Appx. I, Std 2; Recommended Practice.**

2. At a minimum of once every two years, a specialized docket should assess specialized docket team functionality, review all policies and procedures, and assess the overall functionality of the specialized docket. **Sup.R., Appx. I, Std. 11; Recommended Practice (B).**

3. A specialized docket should plan for the transition of a treatment team member and provide sufficient training and program documentation for new treatment team members.

**Sup.R., Appx. I, Std. 11; Recommended Practice (C).**

4. A specialized docket should identify and build a relationship with a mentor court of its specific model. **Sup.R., Appx. I, Std. 11; Recommended Practice (D).**

5. A specialized docket should regularly observe other specialized dockets.  
**Sup.R., Appx. I, Std. 11; Recommended Practice (E).**

6. Specialized docket personnel should participate in the Ohio Specialized Dockets Practitioner Network by attending sub-network meetings, trainings, and the annual conference.  
**Sup.R., Appx. I, Std. 11; Recommended Practice (F).**

## **CHAPTER 9 EFFECTIVENESS EVALUATION STANDARDS 11 AND 12**

The specialized docket judge has a plan for evaluating the effectiveness of the specialized docket. **Sup.R., Appx. I, Std. 12.** This shall include a statement of goals and objectives, a system for collecting data, and a process for analyzing that data in order to determine whether those goals and objectives are met. The specialized docket includes its data collection and reporting policies and procedures here.

### **Supreme Court Reporting Data – Sup.R., Appx. I, Std. 12(A).**

Each specialized docket shall be able to comply with reporting data as required by the Supreme Court. This data may be used to assess compliance with the standards set forth in Sup.R., Appx. I, Std. 12. Here, the specialized docket describes its policies and procedures for compliance with this standard.

### **Ongoing Data Collection – Sup.R., Appx. I, Std. 12(B).**

Each specialized docket shall engage in ongoing data collection in order to evaluate whether or not the specialized docket is meeting its goals and objectives. Here, the specialized docket describes its data collection policies and procedures for this standard.

Data collected is utilized by the advisory committee as part of the functionality review as described in the Professional Education Chapter 8, page 32. **Sup.R., Appx. I, Std. 11; Recommended Practice (B).**

To evaluate effectiveness, a specialized docket judge should establish a formal data collection plan. The plan should identify who is collecting the data, how the data is collected, and the time frames for conducting program reviews based on the data. Treatment team members should provide data. As part of the data collection plan, the specialized docket should develop policies concerning protection of confidential information and identities when collecting data.

**Sup.R., Appx. I, Std. 12; Recommended Practice.** If adhering to this recommended practice, include the specialized docket data collection plan here.

The collected data corresponds to the goals and objectives established during the planning process and contained in the Policies and Procedures Chapter 1, see page 3. The specialized docket will need to determine how it will measure whether it is meeting its goals and objectives and what information will be collected in order to make those measurements. The goals need to be concretely described in measurable terms. One approach is to lay out the goal and then the performance measure. The goals and objectives with performance measures also may be included in this portion of the program description.

## **APPENDIX**

Standard forms and materials utilized by the Specialized Docket comprise a part of the program description. Below is a list of those materials to be submitted as part of the program description along with the application for certification in order to comply with the standards.

1. Local Rule or Administrative Order **Sup.R., 36.20(A)**.
2. Agreements or memoranda of understanding with relevant parties  
**Sup.R., Appx. I, Std. 1(A)**.
3. Advisory committee contact roster **Sup.R., Appx. I, Std. 1(B)**.
4. Participation agreement **Sup.R., Appx. I, Std. 1(C)**.
5. Treatment team contact roster
6. Sample release of information form **Sup.R., Appx. I, Std. 4(B)**.
7. Sample of weekly or bi-weekly progress report
8. All standard court orders and journal or judgment entries utilized in regard to the specialized docket.

Below is a list of those materials to be submitted as part of the program description to comply with the recommended practices.

1. Materials regarding the advisory committee:
  - i. Community outreach and education plan **Sup.R., Appx. I, Std. 1; Recommended Practice (D)**.
  - ii. Sustainability plan **Sup.R., Appx. I, Std. 1; Recommended Practice (E)**.