

Specialized Dockets in Ohio

For new and prospective
specialized docket judges

January 15, 2025

THE SUPREME COURT *of* OHIO

Agenda



Photo from the video [Second Chances: One Year in Ohio's Drug Courts](#)

1. Spec.Docs. in Ohio
2. Why?
3. Specialized Docket Process
 - a) Treatment Teams
 - b) Status Review Hearings
4. The Ohio Spec. Docket Standards (Sup.R. App. I)
5. Certification Process
6. Funding

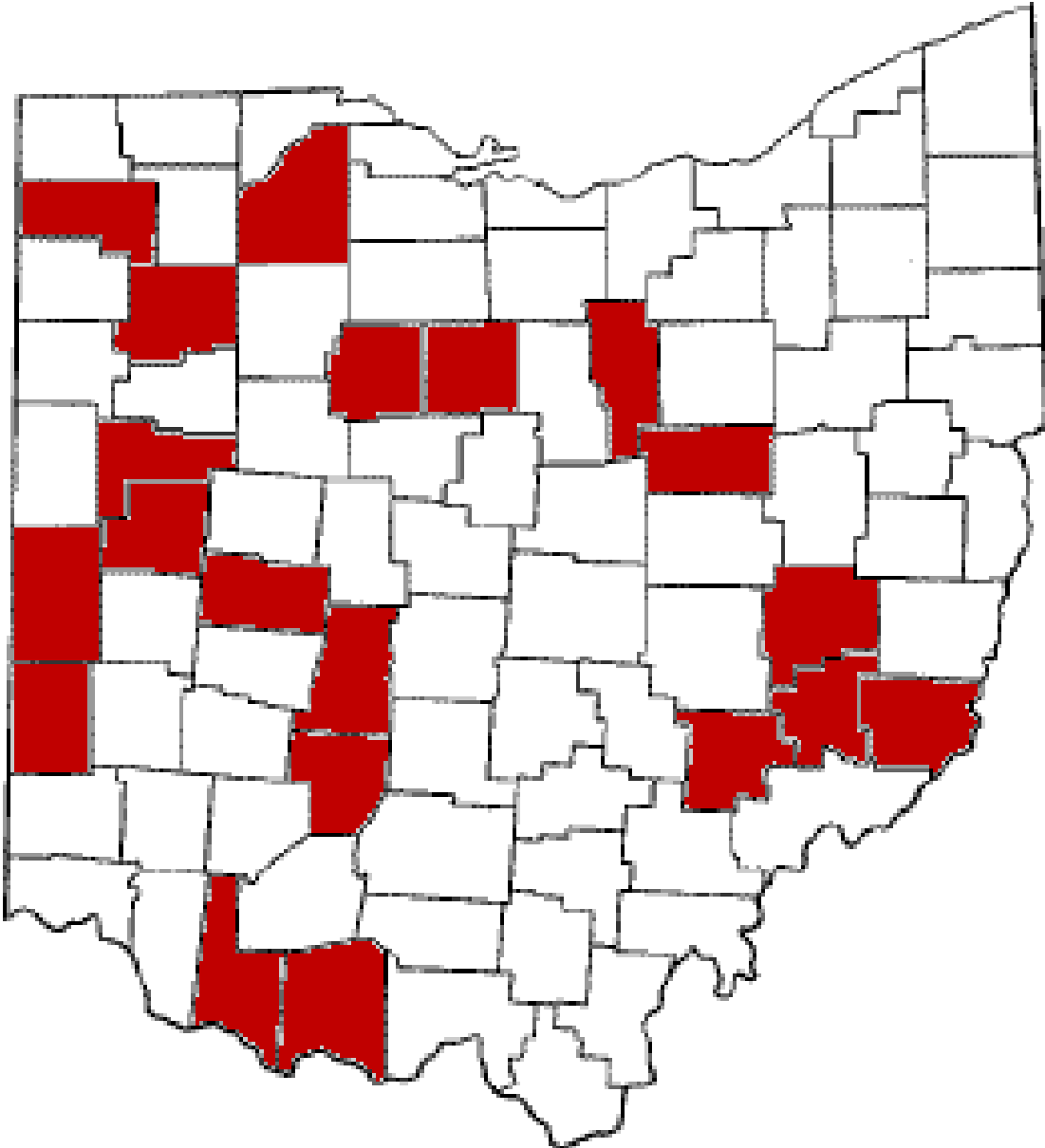
Types of Ohio Specialized Dockets

Municipal, County, & CP Courts

- Standard Adult Drug (106)
- Mental Health (36)
- Veterans Treatment (29)
- Reentry (10)
- OVI (7)
- Human Trafficking (6)
- Domestic Violence (5)
- SAMI (3)

Juvenile Courts

- Family Dependency Treatment (31)
- Standard Juvenile Drug (11)
- Drug & Mental Health Treatment (6)
- Juvenile Mental Health (4)
- Human Trafficking (1)



Ohio Specialized Dockets

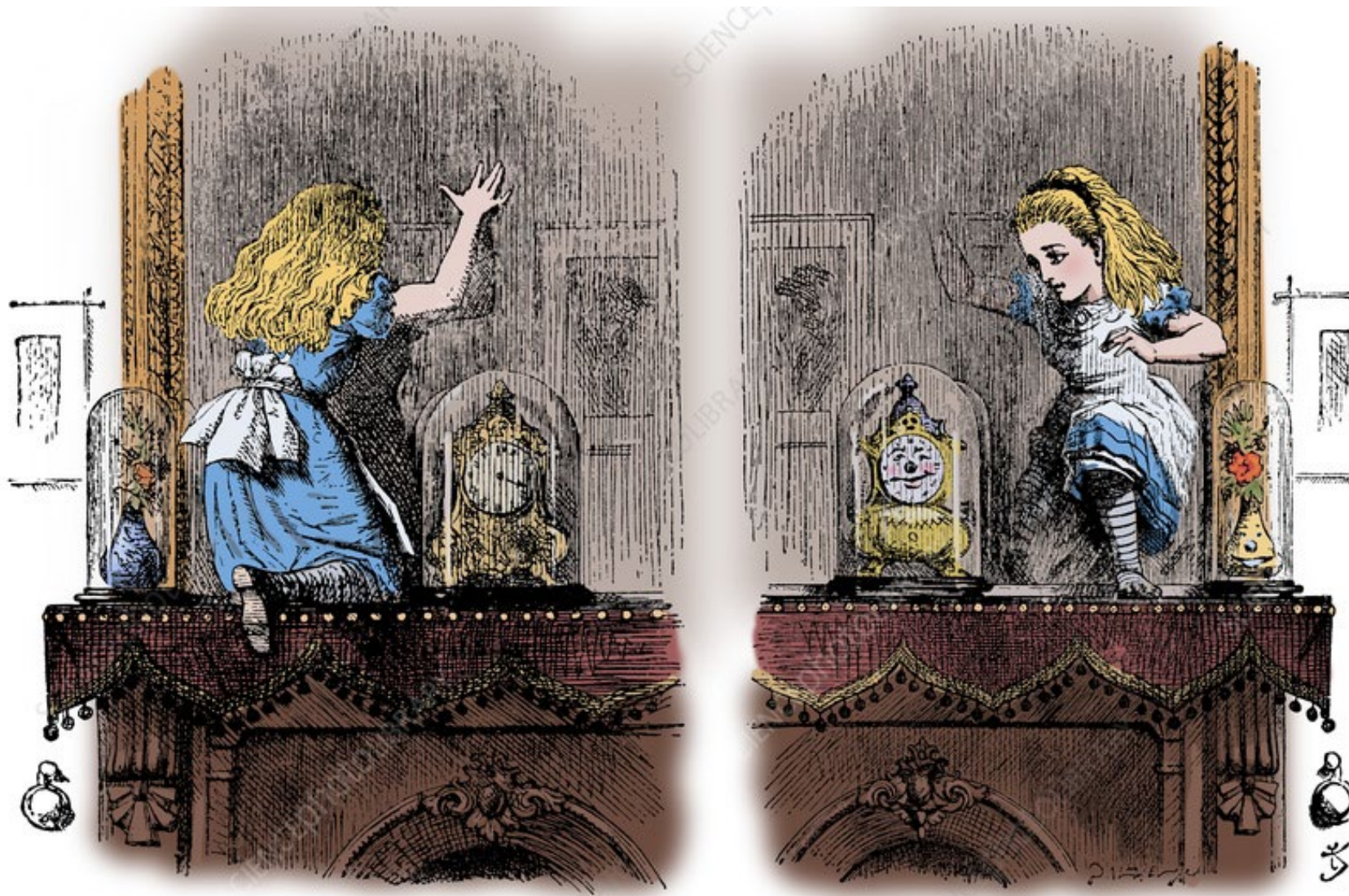
 = Counties with SDs

 = Counties without SDs

Why a Specialized Docket?



Wonderland



Specialized Dockets Process

1. Treatment team meeting
2. Status review hearing



Specialized Dockets Process

1. Treatment team meeting
2. Status review hearing



Treatment Team

- Judge
- Docket coordinator
- Probation/parole staff
- Treatment providers
- Prosecutor
- Defense attorney
- Peer supporters
- Case manager
- Law enforcement
- Jail or prison staff
- Veteran's resources
- Children services staff
- Other community services (housing, employment, etc..)

Specialized Dockets Process

1. Treatment team meeting
2. Status review hearing



Judicial Interactions

Research shows **?? minute interactions** increase likelihood for success.
See **Judicial Bench Card** (in materials) for more ideas

What things can you do to help maintain sobriety?
What new activities have you built into your life?
What are some community supports you can access?
What challenges did you face? How did you handle it?



What did you do this week to stay sober?
Describe one of the most important reasons for you to be honest.
What does responsibility mean to you?
What types of services or resources have you found for things like housing, health, or employment?
What are your short-/long-term recovery goals?
How are they meaningful in recovery?
What stage of change are you in?
What does that mean?
What are your main relapse triggers?
What are you doing to manage your triggers?

Ohio Specialized Docket Standards – [Sup.R. App. I](#)

1. Planning Process
2. Legal and Clinical Eligibility
3. Program Entry and Case Flow
4. Treatment and Rehabilitation
5. Docket Progression
6. Treatment Team
7. Participant Monitoring
8. Incentives, Sanctions, and Therapeutic Adjustments
9. Substance Monitoring
10. Program Completion
11. Professional Education
12. Effectiveness Evaluation
13. Const. & Due Process Rights

Standard 1 – Planning Process

Advisory Committee

- **Members:** List in Standard 1, similar to Treatment Team
- **Responsibilities:** Oversight and planning, garner community support, measurable goals

Three Required Documents

1. **Program description:** Written policies and procedures that
1) meet Ohio requirements and 2) incorporate national best practices
2. **Participant handbook:** Details participant rights and responsibilities
3. **Participation agreement:** Participant affirms commitment

Standard 2 – Legal and Clinical Eligibility

Target Population

Written eligibility criteria, legal and clinical

- High Risk: criminal risk of recidivism.
- High Need: treatment need.
- Optional Exclusions, for example crimes of violence, drug trafficking, personality disorders.

Equal Opportunity

- Must include language in program documentation!
- Must monitor data to correct disparities.
- See Constitutional Rights of Participants guidance, section 8.



See ark.allrise.org/

Standard 3 – Program Entry and Case Flow

Referral process

- Educate justice partners so they will refer candidates to you.
- Pre or post plea? Pre or post adjudication?

Assessment

- Assessment tools, for example ORAS = Risk Assessment

Decision on Admission

- Judge has discretion.

NOT Subjective

Standard 4 – Treatment and Rehabilitation

Prompt Access – to a continuum of treatment/rehabilitative services

Placement in treatment services – as soon as possible

Screenings and assessments – must be licensed

Treatment and Services

- By licensed and trained professionals
- Individualized to participant's needs
- Consider trauma, gender, culture, and co-occurring disorders.
- Comprehensive and family-centered

Ancillary services - full continuum of treatment and social services

Standard 5 – Docket Progression

General – Individualized, NOT a set length of time (minimums are OK)

Structure (Phases)

- Minimum length of time per phase
- Where and when the participant needs to be somewhere
- Realistic and concrete behavior requirements for each phase
- Process for advancing

Sequence/Timing – Consider participant's needs and abilities

Productive activities – ie. Employment, education, or groups

Phases

Phase 1

- Go to appointments
- Attend treatment
- Understand program rules
- Drug test
- Address housing

Begin to:

- Build trust and honesty
- Build recovery network
- Change people, places, and things

Phase 2

- Start support group
- Employment/education plan
- Short stretches of sobriety
- Continue working on all goals from Phase 1

Begin to:

- Build recovery skills
- Address financial and medical issues

Phase 3

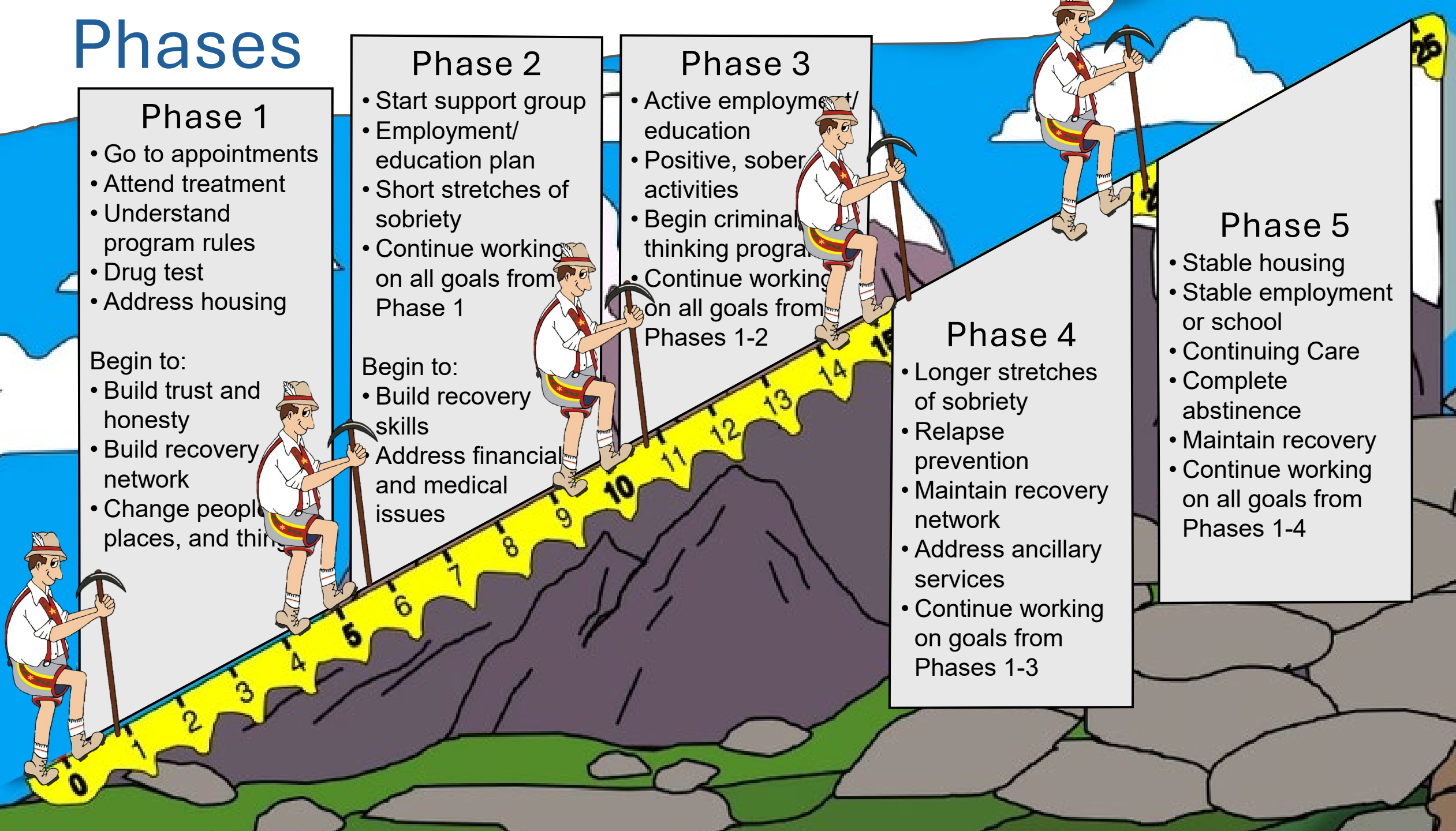
- Active employment/education
- Positive, sober activities
- Begin criminal thinking program
- Continue working on all goals from Phases 1-2

Phase 4

- Longer stretches of sobriety
- Relapse prevention
- Maintain recovery network
- Address ancillary services
- Continue working on goals from Phases 1-3

Phase 5

- Stable housing
- Stable employment or school
- Continuing Care
- Complete abstinence
- Maintain recovery
- Continue working on all goals from Phases 1-4



Standard 6 – Treatment Team

Composition – See list in rule, similar to advisory committee

Roles – Define roles of multidisciplinary team in writing

Meetings – Regular meetings prior to status review hearing

Judge's role – Attend and chair

Communication – Ongoing and frequent

Length of service – Members are expected to serve at least one year

Standard 7 – Participant Monitoring

General:

- “Shall monitor each participant’s performance and progress.”
- Reporting supervision.
- Current treatment plan and record of activities.

Ongoing judicial interaction

- “Essential component!!!!”
- At least 2x/month in 1st phase, every 6 weeks in last phase.
- Significant number of participants.

Standard 8 – Incentives, Sanctions, and Therapeutic Adjustments

Incentives and Sanctions

- Immediate
- Graduated
- Individualized



Standard 8, cont'd

Therapeutic adjustment

- Based on clinically informed needs



Behavior Change Basics

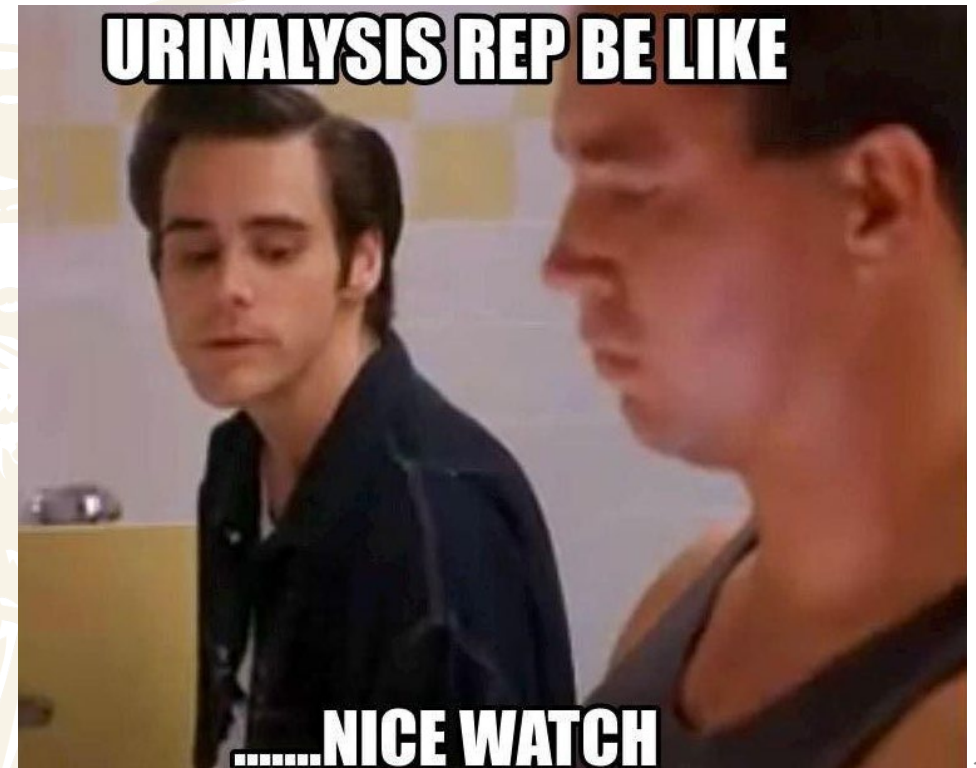
- Incentives and Sanctions (4:1 is ideal)
 - **Predictable, fair, and consistent.**
 - **Immediate, graduated, and individualized.**
 - **Praise** and **disapproval** from the judge are among the most effective measures.
- Therapeutic Adjustments
 - Adjustments to treatment are based on **clinically informed needs.**
- Risk-Need-Responsivity (RNR) model
- Proximal vs. Distal Goals
- Recovery Capital

Standard 9 – Substance Monitoring

Random, Frequent, and Observed

Positive tests = (all of these)

- Positive
- Failure to submit,
- Adulterated samples
- Other peoples' samples
- Dilution



Standard 10 – Program Completion

Successful Completion
or
Unsuccessful Completion
or
Neutral Termination

Important Points:

- Written policies/criteria
- Judge's discretion
- No right to participate

Standard 11 – Professional Education

A docket should:

- Assure continuing education for all team members/staff

Team members should:

- Observe all required programs (ie. groups)
- Plan for transition

Judge should:

- Know about treatment and programming

Standard 12 – Effectiveness Evaluation

- (A) Report data to the Supreme Court
- (B) Evaluate whether the docket is meeting its goals
- (C) Establish data collection plan

When someone decides their instinct is superior to your evidence-based practice



Standard 13 – Constitutional and Due Process Rights

1. Restrictions on geographical locations and associations
2. Restrictions on consumption of various substances
3. Directives as to the time, manner, place, and frequency of random drug testing
4. Secular alternatives
5. Searches
6. Due process
 - a) Termination hearings
 - b) Jail sanctions
7. Right against self-incrimination
8. Indigency
9. Other constitutional and statutory concerns

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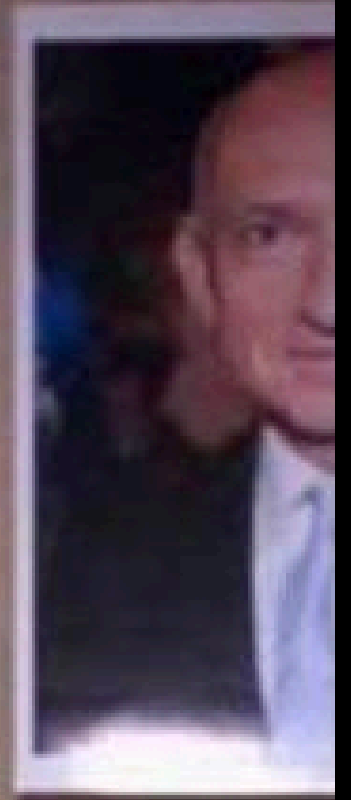
COMMISSION ON SPECIALIZED DOCKETS GUIDANCE: CONSTITUTIONAL RIGHTS OF PARTICIPANTS

A specialized docket court shall ensure the constitutional rights of its participants and not engage in practices that infringe upon those rights.

A. ADULT SPECIALIZED DOCKETS

1. **RESTRICTIONS ON PARTICIPANTS AS TO GEOGRAPHICAL LOCATIONS AND ASSOCIATIONS:** An adult specialized docket may make restrictions on the access or contact participants have with certain geographic locations and certain persons or class of persons, if said restrictions are reasonably related to the participant's rehabilitative needs.
2. **RESTRICTIONS ON PARTICIPANTS AS TO CONSUMPTION OF VARIOUS SUBSTANCES:** An adult specialized docket may require participants to comply with the directives indicated for their prescribed medications, or refrain from the use of certain otherwise legal substances or medications, if said restrictions are reasonably related to the participant's rehabilitative needs.

Regarding the use of Medication Assisted Treatment (MAT) in an adult specialized docket, there shall/should be no restrictions regarding the use of any legally prescribed medication that is FDA approved. Participants shall not be required to cease the use of a legally prescribed MAT as a condition of community control or probation, for successful completion of the docket, visitation with children, or reunification.
3. **DIRECTIVES TO PARTICIPANTS AS TO THE TIME, MANNER, PLACE, AND FREQUENCY OF RANDOM DRUG TESTING:** An adult specialized docket may require participants to present themselves for drug testing at any time when requested by any authorized representative of the specialized-docket-treatment team. The participant shall comply with such request, as long as requests are reasonably related to the participant's rehabilitative needs.
4. **SECULAR ALTERNATIVES:** If an adult specialized docket requires participation in a 12-step program as part of the requirements of participation, then it shall permit participants to participate in a secular alternative and should refrain from requiring attendance at any non-secular 12-step program.
5. **SEARCHES:** An adult specialized docket may require participants to sign conditions of community control that include the waiver of the right against warrantless searches, as long as the participants knowingly, intelligently and voluntarily sign the conditions. An adult specialized docket may conduct searches of participants who are not on community control, as long as such searches conform to all constitutional prerequisites.



Well, new ideas are fine,
but they're also illegal

Certification Process

New Dockets: File an intent to apply and observe another docket,

Existing Dockets: Recertify every 3 years, or w/in 12 mo. of judge change.

1. File application with written program materials,
2. Make edits, if applicable,
3. Site visit,
4. Commission certification.

Specialized Docket Standards: [Sup.R. App.1.](#)

Certification Requirements: [Sup.R.36.02-36.28.](#)

OhioMHAS Funding

Specialized Dockets Subsidy Program

- Must have at least initial certification from Supreme Court
- Limited to SUDs and mental health disorders
- Money flows through county ADAMH or MHRS Board
- Contact: Joani Moore, joani.moore@mha.ohio.gov

Addiction Treatment Program (ATP)

- Must have at least initial certification from Supreme Court
- Must serve clients with SUD and *offer* MAT
- Money flows through county ADAMH or MHRS Board
- Contact: Kathy Yokum, kathy.yokum@mha.ohio.gov

Sources of Guidance/Additional resources

[The Supreme Court of Ohio Specialized Dockets Section](#)

- Specialized Docket Education and Technical Assistance

[All Rise](#)

- Formerly National Ass'n of Drug Court Professionals (NADCP)
- Guidance documents
- E-Learning

[Children and Family Futures](#)

- [Family Treatment Court Best Practice Standards](#)



Thank
you

1. Planning Process.

a. Advisory Team Makeup

The relevant parties may include, but are not limited to, the following:

- a) The specialized docket judge (CHAIR);
- b) The court;
- c) The prosecutor;
- d) Defense counsel;
- e) Licensed treatment providers;
- f) Children services for family dependency treatment dockets;
- g) The probation department and the parole authority for criminal and juvenile dockets;
- h) Law enforcement agencies;
- i) The veterans administration for veterans dockets;
- j) Funding authorities;
- k) Community-based service providers.

b. Advisory Committee Responsibilities

- i. Oversight on policies and procedures
- ii. Facilitate agreements with partner agencies
- iii. Improve quality and quantity of services
- iv. Community outreach
- v. Evaluate effectiveness
- vi. Plan for sustainability
- vii. Establish and monitor measurable goals and objectives
- viii. **Best Practice:** Meet to review documentation and effectiveness once per year

c. Local rule or administrative order

d. Documentation Requirements

i. Program Description

1. “The judge of a court or division establishing a specialized docket should incorporate ***national best practices*** for the particular type of docket and participants to be served.”
2. Sources of national best practices:
 - a. Ohio Supreme Court Specialized Dockets Section
 - i. Annual Conference
 - ii. Periodic Webinars
 - iii. Roundtables
 - iv. Guidance Documents
 - b. All Rise
 - i. Annual Conference
 - ii. Best Practice Standards
 - iii. Online Education

- iv. Guidance Documents
- c. Other
 - ii. Participant Handbook and Participation Agreement
 - 1. **Best Practice:** use online readability tool to ensure both are easy to comprehend. Aspire to 8th grade reading level.
 - iii. Non-adversarial process
 - 1. Recognize role of both prosecutor and defense counsel

2. Legal and Clinical Eligibility.

- a. Who can or cannot be treated?
 - i. Crimes involving violence
 - ii. Drug trafficking
 - iii. Sex offenders
 - iv. Personality disorders
- b. Legal Eligibility Criteria
 - i. Moderate to high risk for recidivism (“shall generally target”)
 - 1. If you target low risk or need, use alternate tracks
 - ii. Ohio Risk Assessment System (ORAS)
 - 1. Required under R.C. 5120.114 and Ohio Adm.Code 5120-13-01
- c. Clinical Eligibility Criteria
 - i. Diagnosis
 - 1. Moderate to severe substance use disorder
 - 2. Severe mental illness
- d. To explore the risk/need framework further, see <https://ark.allrise.org/>.
- e. Equal Opportunity
 - i. Documentation must include language that ensures “equal opportunity for everyone to participate and succeed, regardless of race, ethnicity, or gender.”
 - ii. Dockets shall “take affirmative steps to detect and correct disproportionate census, inequitable services, and disparate outcomes involving those who have historically faced discrimination” and “ensure that teams understand and are responsive to the cultural differences within their population.”
- f. Plan for participants who lack transportation or ability to pay fines and fees
- g. RED Tool

3. Program Entry and Case Flow.

- a. Written referral process
 - i. How candidates are identified, evaluated, and transferred into the docket.

- ii. What stage of the legal process does it occur? (ie. pre/post-plea, pre/post-conviction, etc...)
- b. Assessment
 - i. Promptly evaluate,
 - ii. Use appropriate risk scales
 - iii. Include collateral information
 - iv. Release of information form
 - v. Provided by appropriately licensed professionals
- c. Judge has discretion, no right to participate
- d. Participant must receive and agree to participation agreement and participant handbook.
 - i. Includes explanation of responses to compliance/noncompliance
 - 1. Examples of compliance and incentives
 - 2. Examples of noncompliance and sanctions
 - ii. Includes criteria for successful, neutral, and unsuccessful completion.
 - iii. Defense counsel may attend treatment team meetings
- e. **Best Practice:** No subjective criteria
 - i. Motivation
 - ii. Attitude
 - iii. Optimism about recovery
 - iv. Likelihood of success

4. Treatment and Rehabilitation.

- a. "Prompt access to a continuum of approved treatment and other rehabilitation services."
- b. Place in treatment as soon as possible
- c. Treatment and programming providers are appropriately licensed and trained
- d. Treatment and services shall:
 - i. Meet the **individualized needs** of each participant
 - 1. **Best Practice:** Allow alternatives, no one treatment works for everyone. Example: AA/NA or secular groups
 - ii. Be trauma informed, gender-responsive, culturally appropriate, and effectively address co-occurring disorders
 - iii. Consider separate tracks
 - iv. Risk-Need-Responsivity Principle
 - v. Medication Assisted Treatment (MAT) (SCO Guidance)
 - 1. [DOJ v. Pennsylvania Courts settlement agreement](#)
 - vi. Family centered services
 - vii. Ancillary services
 - 1. Education;

2. Vocational training;
3. Employment;
4. Transportation;
5. Housing;
6. Domestic violence programming;
7. Physical, mental, and dental health;
8. Parenting;
9. Language Services pursuant to Sup. R. 89.

5. Docket Progression.

- a. Based on performance and compliance, NOT PRESET TIMELINES
- b. Clearly Defined Structure
 - i. Minimum length of time per phase
 - ii. Nature and frequency of court appearances
 - iii. Frequency of drug testing and probation meetings
 - iv. Realistic and concrete behavioral based requirements
 - v. Process for advancing to next stage – application?
- c. Sequence/timing takes into account proximal and distal goals
- d. Include productive (pro-social) activities such as employment, education, or attendance in peer support groups.
- e. Examples of phase structures

6. Treatment Team.

- a. Composition – Multidisciplinary team
 - i. Peer support
 - ii. Prosecutor and defense counsel
- b. Regular meetings
- c. Roles and responsibilities
- d. Judge's role
- e. One year minimum for each member

7. Participant Monitoring.

- a. Reporting supervision
- b. Maintain a current treatment plan and record of activities
- c. Ongoing judicial interaction
 - i. Essential component of the docket
 - ii. Hearings – Must be frequent (see Standard 7(B)(2) for details)
 - iii. Significant number of participants at a single court session
 - iv. Same judge whenever possible

8. Incentives, Sanctions, and Therapeutic Adjustments.

- a. Written policies and procedures
- b. Predictable, fair, and consistent
- c. Using evidence-based principles of behavior modification
- d. Incentives – What participants **want**
 - i. Immediate, graduated, and individualized
- e. Sanctions – What participants **don't want**
 - i. Immediate, graduated, and individualized
 - ii. Magnitude of sanction should consider proximal/distal goals
- f. Therapeutic (and service) adjustments – What participants **need**
 - i. Based on clinically informed needs
 - ii. Don't punish for giving participants what they need
- g. (Not in Ohio's Standards) Service adjustments
 - i. Based on needs
 - ii. Don't punish for giving participants what they need

9. Substance Monitoring.

- a. *Random, Frequent, and Observed*
 - i. Random: odds of being tested are the same on any day of the week.
 - ii. Frequent: frequently enough to ensure substance use is detected quickly and reliably.
 - iii. Observed: witnessed directly by a trained staff person.
- b. Written policies/procedures for collection, analysis, and reporting.
- c. Individualized testing plans should include the primary substance of use + a range of other common substances.
- d. Positive tests
 - i. All considered positive: failing to test, submitting an adulterated or another person's sample, or diluting.
 - ii. **Best Practice:** offer participants the opportunity to dispute the results of a positive test. It is permissible to require participants to pay if use is confirmed.
- e. **Best Practice:** Test on weekends and holidays if possible.

10. Program Completion.

- a. Advisory committee shall develop written completion policies and criteria.
- b. Successful Completion, Unsuccessful Completion, or Neutral Termination
- c. Judge shall have discretion to decide category of completion, after affording participants legal process.
- d. Written eligibility and termination criteria do not create a right to participate.

11. Professional Education.

- a. Establish viable plan for continuing interdisciplinary education of:
 - i. Advisory team
 - ii. Treatment team
 - iii. Other personnel
- b. Treatment team members should observe all the service provider programs to better understand the services provided and the treatment/programming process.
- c. Plan for transition and onboarding of new treatment team members.
- d. Prosecutors and defense counsel should be trained in specialized dockets.
- e. Judge must take 6 hours of targeted education every 3 years. Should be knowledgeable about treatment and programming methods and limitations.

12. Effectiveness Evaluation.

- a. Report data to the Ohio Supreme Court
- b. Engage in ongoing data collection
- c. Establish a data collection plan

13. Constitutional & Due Process Rights.

- a. See [Constitutional Guidance](#).
- b. Comply with constitutional and statutory rights of participants.
- c. Ensure due process.
- d. Courts may:
 - i. Restrict participant access to certain places and people if reasonably related to rehabilitative needs.
 - ii. Require participants to take prescribed medications
 - iii. Require participants refrain from the use of certain substances.
 - iv. Require random drug testing.
 - v. Require participants to waive their right against warrantless searches.
- e. Courts may NOT:
 - i. Restrict any FDA approved medication, including Medication Assisted Treatment (MAT).
 - ii. Require faith-based 12-step programs. Offer secular alternatives.
- f. Due Process
 - i. Termination: Must provide notice of intent to terminate, a hearing, and representation by an attorney.
 - ii. Jail: Must provide notice, a hearing, and representation by an attorney.
 - iii. Rights may be waived if knowing, intelligent and voluntary.
- g. Self-incrimination:

- i. Courts may require participants to waive their right to remain silent and not incriminate themselves in regard to the rules of the specialized docket program.
 - ii. Courts may NOT require waiver of those rights regarding pending criminal charges and may not use statements as evidence.
- h. Indigency: The United States Supreme Court has repeatedly struck down rules and practices that discriminate against defendants based solely on their inability to pay fines and fees.
 - i. Courts may not:
 - 1. Deny admission based on financial ability to pay.
 - ii. Courts must:
 - 1. Consider reasonable accommodations based on a participant's ability to pay fees and other financial obligations.
 - 2. Include language in materials to ensure participants are aware.

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National Best Practices Resource List

This guide provides resources for specialized dockets operating in Ohio's courts. The resources below will assist courts in implementing Ohio's certification standards contained in the [Ohio Rules of Superintendence Appendix I](#) and [Sup.R. 36.20-36.33](#) for specialized dockets. The Supreme Court of Ohio Specialized Dockets staff offers training and assistance to help courts apply these practices.

Organizations that Provide Guidance to Treatment Courts

1. The Supreme Court of Ohio, Specialized Dockets Section
supremecourt.ohio.gov/courts/services-to-courts/specialized-docket-section/
2. All Rise, formerly National Association of Drug Court Professionals (NADCP)
allrise.org/
 - a. Publications
allrise.org/publications/
 - b. E-Learning Center
allrise.org/trainings/e-learning/
 - c. Webinars on Demand
allrise.org/webinars-on-demand/
 - d. Sample Documents
allrise.org/sample-documents/
3. Treatment Court Institute (All Rise training materials)
allrise.org/about/division/treatment-court-institute
4. National Treatment Court Resource Center
ntcrc.org/
5. Center for Justice Innovation
innovatingjustice.org/areas-of-focus/treatment-courts
6. National Center for State Courts
ncsc.org/services-and-experts/areas-of-expertise/problem-solving-courts
7. Drug Court Resources-ASAM
asam.org/Quality-Science/quality/guidelines-and-consensus-documents/drug-courts
8. Treatment Court Online
treatmentcourts.org/

Key Publications and Periodicals

1. All Rise Best Practice Standards
allrise.org/publications/standards/
2. Bureau of Justice Assistance Defining Drug Courts: The Key Components
ojp.gov/pdffiles1/bja/205621.pdf
3. The Judicial Drug Court Benchbook
ntcrc.org/wp-content/uploads/2021/10/The_Drug_Court_Judicial_Benchbook_2017.pdf
4. Journal for Advancing Justice
allrise.org/publications/jaj-vol-v/
5. Drug Court Review
ntcrc.org/drug-court-review/

Ohio Commission on Specialized Dockets Guidance Documents

1. Concurrent Supervision in a Specialized Docket (2024)
supremecourt.ohio.gov/docs/JCS/specDockets/resources/2024.0318_Concurrent%20Supervision.pdf
2. Response for Ohio Courts on Opioid and Other Drug Overdoses (2022)
supremecourt.ohio.gov/docs/JCS/specDockets/certification/SDGuidance/OpioidResponse.pdf
3. Racial and Ethnic Disparities Guidance for Specialized Dockets (2021)
supremecourt.ohio.gov/docs/JCS/specDockets/certification/SDGuidance/RacialEthnicDisparities.pdf
4. Constitutional Rights of Participants Guidance (March 2021)
supremecourt.ohio.gov/docs/JCS/specDockets/guidanceConstitutionalStandards.pdf
5. Substance Monitoring Guidance (March 2021)
supremecourt.ohio.gov/docs/JCS/specDockets/substanceMonitoringGuide.pdf
6. Principles for the Use of Medication Assisted Treatment (MAT) in Drug Courts (March 2021)
supremecourt.ohio.gov/JCS/specDockets/resources/MATPrinciples.pdf

Resources by Docket Type

Domestic Violence Court Resources

1. Supreme Court of Ohio's Core Components of Domestic Violence Courts: A National Perspective for Ohio Courts
supremecourt.ohio.gov/docs/JCS/specDockets/certification/SDGuidance/coreComponentsDVCourts.pdf
2. Supreme Court of Ohio's Domestic Violence Drug Court Guiding Document
supremecourt.ohio.gov/docs/JCS/specDockets/certification/SDGuidance/OHDVDrugCourt.pdf

Family Dependency Treatment Court Resources

1. Family Treatment Court Best Practice Standards
allrise.org/publications/ftc-best-practice-standards/
2. Family Treatment Court Planning Guide
allrise.org/publications/family-treatment-court-planning-guide-2/
3. Policy and Practice Considerations for Drug Testing in Child Welfare
ncsacw.acf.hhs.gov/topics/drug-testing/policy-and-practice-considerations-for-drug-testing-in-child-welfare/
4. Children and Family Futures
cffutures.org/family-treatment-courts-focus/

Human Trafficking Court Resources

1. Supreme Court of Ohio: Juvenile Human Trafficking, Ohio Laws & Safe Harbor Response
supremecourt.ohio.gov/docs/JCS/CFC/resources/juvenileHumanTrafficking.pdf
2. Office of Victims of Crime: Human Trafficking Taskforce e-Guide
ovcttac.gov/taskforceguide/eguide/6-the-role-of-courts/64-innovative-court-responses/human-traffick-ing-courts/
3. Human Trafficking State Courts Collaborative: A Guide to Human Trafficking for State Courts
htcourts.org/wp-content/uploads/00_EntireGuide_140726_v02.pdf
4. Protocol for Serving Child Trafficking Victims
ohioattorneygeneral.gov/Files/Individuals-and-Families/Victims/Protocol-for-Serving-Child-Trafficking-Victims
5. Center for Court Innovation: Responding to Sex Trafficking in Your Jurisdiction
courtinnovation.org/sites/default/files/documents/RespondingtoSexTrafficking.pdf

Juvenile Drug Court Resources

1. Juvenile Drug Treatment Court Guidelines
allrise.org/publications/juvenile-drug-treatment-court-guidelines/
2. Juvenile Treatment Court Project (Includes training and publications)
allrise.org/about/projects/juvenile-treatment-court/
3. Fact Sheet: Drug Testing and Wellness Considerations in Juvenile Treatment Courts
allrise.org/publications/fact-sheet-drug-testing-and-wellness-considerations-in-juvenile-treatment-courts/

Resources by Docket Type, continued

Mental Health Court Resources

1. The Council of State Governments
csg.org/pubs/capitolideas/2013_jan_feb/mentalhealthcourts.aspx
2. The Council of State Governments Guide to Research-Informed Policy and Practice:
bjaoip.gov/sites/g/files/xyckuh186/files/Publications/CSG_MHC_Research.pdf
3. The National Center for State Courts (NCSC)
ncsc.org/topics/alternative-dockets/problem-solving-courts/mental-health-courts/resource-guide
4. NCSC and CSG Developing a Mental Health Court
csgjusticecenter.org/projects/mental-health-courts/learning/learning-modules/
5. APA's Judges and Psychiatrists Leadership Initiative -Training Collaborative for Judges and Psychiatrists
apafdn.org/impact/justice/judges-and-psychiatrists-leadership-initiative
6. Bureau of Justice Assistance (BJA) – Essential Elements of a MH Court
bjaoip.gov/sites/g/files/xyckuh186/files/Publications/MHC_Essential_Elements.pdf

OVI Court Resources

1. OVI Court Guidance (Ohio Commission on Specialized Dockets, 2021)
supremecourt.ohio.gov/docs/JCS/specDockets/certification/SDGuidance/OVICourt.pdf
2. Impaired Driving Solutions (All Rise)
allrise.org/about/division/impaired-driving-solutions/

Reentry Court Resources

1. National Center for State Courts Reentry Courts Resource Guide
ncsc.org/topics/alternative-dockets/problem-solving-courts/reentry-courts/resource-guide
2. National Reentry Resource Center
nationalreentryresourcecenter.org/
3. Reentry Court Toolkit
courttinnovation.org/publications/reentry-court-tool-kit
4. Publication: Reentry Courts – Center for Court Innovation
courttinnovation.org/publications/reentry-courts
5. Do Reentry Courts Reduce Recidivism?
courttinnovation.org/publications/do-reentry-courts-reduce-recidivism

Resources by Docket Type, continued

Veterans Treatment Court Resources

1. Justice for Vets
justiceforvets.org/resources/training/
2. Education and Training Benefits Offered by the Veterans Administration
justiceforvets.org/wp-content/uploads/2017/02/Sending-Veterans-Back-to-School.pdf
3. U.S. Department of Labor Connecting Veterans to Training and Employment
justiceforvets.org/wp-content/uploads/2017/03/Dispatch-Dept-of-Labor.pdf
4. Ohio Department of Veterans Services (Jobs, Benefits, Housing)
dvs.ohio.gov/wps/portal/gov/dvs/home
5. Justice for Vets Veteran Mentorship Program
justiceforvets.org/mentorcorps/
6. List of Ohio VA Facilities
va.gov/directory/guide/fac_list_by_state.cfm?State=OH&dnum=All&isflash=0
7. Veterans Re-Entry Search Services (VRSS)
vrss.va.gov/
8. PsychArmor Institute – Free Training on Military Culture and Other Important Topics
psycharmor.org/
9. Deployment Psych – Clinical Training Resources on Military-Specific Interventions
deploymentpsych.org/



Judicial Bench Card

General Questions

- 1** What types of things did you do or can you do to help maintain sobriety?
- 2** What reconnections or new activities have you built into your life?
- 3** What are some of the community supports you can access?
- 4** What challenges did you face, and how did you handle them?



Other Questions

- 1 What did you do this week to stay sober?
- 2 Describe one of the most important reasons for you to be more honest.
- 3 What does responsibility mean to you?
- 4 What past hobbies or activities are you looking forward to getting re-involved in?
- 5 What are some things in your work or school that are getting in the way of your change efforts?

COMMUNITY DOMAIN

- 6 What can you tell me about your community that helps support your long-term recovery goals?

HEALTH, MEDICAL DOMAIN

- 7 What types of services or resources have you identified that may become a part of meeting other needs that you may have?

PURPOSE DOMAIN

- 8 What are your short-/long-term recovery goals, and how are they meaningful in recovery?



Final Phase of the Program Questions

- 1** Who will you use for support once you finish this program?
- 2** If you find yourself suddenly wanting to get high, what do you do about that?
- 3** What's going to be your biggest challenge after you finish this program? After the participant responds, follow up with:
What are you doing now to prepare to meet that challenge?



Relapse Prevention

- 1 What are your main relapse triggers?
- 2 Who are your main relapse risks? Who do you need to avoid?
- 3 What are you doing to manage your triggers?
- 4 Do you have a relapse prevention plan? What is it?
- 5 Do you have a plan for what you'll say to your old using friends/relatives?



Motivational Interviewing / Motivational Enhancement Therapy

- 1** What stage of change are you in?
What does that mean for you?
- 2** What are the motivators for you not to use and to change your life?
- 3** What are the things that might motivate you to use again?
- 4** What changed that helped you move to a different stage?
- 5** What are the benefits for you if you don't use?
- 6** How can treatment court help you with your motivation?



Cognitive Behavioral Therapy

- 1** Can you describe what you are working on in your counseling sessions?
- 2** CBT is about changing your thinking. Can you describe how your thinking has caused problems for you?
- 3** What things have you learned to help change your thinking errors?



Seeking Safety/Trauma Approaches

DON'T ASK WHAT THE SPECIFIC TRAUMA IS

- 1** How have traumas that you have experienced been triggers for use for you?
- 2** Do you have problems dealing with stress?
What helps?
- 3** What things can you do to deal with feelings that your trauma brings up?

Judicial Bench Card

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