

SPECIALIZED DOCKETS

Application for Certification as a Specialized Docket Cover Page and Instructions

Please print or type information requested.

Application type (please check one)

☐ new docket

☐ recertification of existing docket (same judge)

☐ certification of existing docket (new judge)

name of prior judge: _____ last date presiding over the docket: _____

Instructions for Completing this Application

In order to be certified as a specialized docket pursuant to Sup.R. 36.20 through 36.32 and Appx. I., a specialized docket judge shall submit this application along with the necessary written materials to the Supreme Court of Ohio Specialized Dockets Section, 65 South Front Street, 6th Floor, Columbus, OH 43215 or by email to certspecdocs@sc.ohio.gov.

By completing and submitting the application with the required specialized docket documents, the specialized docket judge certifies that the specialized docket incorporates the standards contained in Sup.R. Appx. I, in its practices, procedures, and operations and that the required written materials are attached. Pursuant to the Rules of Superintendence, additional information may be requested upon receipt of the application. A site review by staff from the Supreme Court of Ohio Specialized Dockets Section to observe the treatment team meeting and status review hearing will be conducted pursuant to Sup.R. 36.25.

Specialized Docket staff is available to provide any technical assistance needed to aid in the completion of this application. This may include providing personal assistance and program materials from other Ohio specialized docket programs as well as answering questions. The Specialized Dockets Section can be reached at 614.387.9425.

Ohio Rule of Superintendence 36.20. Specialized Dockets.

Sup.R. 36.20 states that “A court of common pleas, municipal court, or county court or division of the court operating or establishing a particular session of court that offers a therapeutically oriented judicial approach to providing court supervision and appropriate treatment to individuals may receive certification of the session from the Supreme Court.”

Pursuant to Sup.R. 36.20(A) and (B), a specialized docket may receive certification by doing both of the following:

- (A) Complying with and adopting a local rule or issuing an administrative order implementing the “Specialized Docket Standards,” as set forth in Appendix I to this rule;
- (B) Successfully completing the certification application process pursuant to Sup.R. 36.21 through 36.26.

In order for the application for certification to be considered, please attach the following specialized docket documents pursuant to Sup.R. 36.21:

- ☐ local rule or administrative order,
- ☐ program description,
- ☐ participation agreement, and
- ☐ participant handbook.

THE SUPREME COURT *of* OHIO

SPECIALIZED DOCKETS

Application for Certification as a Specialized Docket

1. County/Jurisdiction

Judge Name: _____

Judge email address: _____ Judge phone: _____

County/Jurisdiction: _____

2. Select Docket Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Drug Court | <input type="checkbox"/> Veterans Court |
| <input type="checkbox"/> Family Dependency Treatment Court | <input type="checkbox"/> Reentry Drug Court |
| <input type="checkbox"/> Adult Human Trafficking Court | <input type="checkbox"/> Juvenile Drug Court |
| <input type="checkbox"/> Domestic Violence Drug Court | <input type="checkbox"/> Juvenile Human Trafficking Court |
| <input type="checkbox"/> Adult Mental Health Court | <input type="checkbox"/> Juvenile Mental Health Court |
| <input type="checkbox"/> OVI Court | <input type="checkbox"/> Juvenile Treatment Court |
| <input type="checkbox"/> SAMI Court | |

3. For the person filling out this application: type your name, email address, and role in the specialized docket. If you are not the coordinator, provide the coordinator's email address as well.

Coordinator Email: _____

4. If this is the first application for certification, did the Judge submit a Notice of the Formation of Advisory Committee and Intent to Apply for Certification to the Specialized Docket? ☐ Yes ☐ No

☐ If Yes, When? _____

5. If this is the first application for certification, did the judge (and, if applicable, the magistrate) observe another certified, operational docket identified by the Specialized Docket Section? ☐ Yes ☐ No

If Yes, fill in the following:

Judge _____

County: _____

Docket Type _____

Date Observed _____

6. Year the docket implemented? _____

7. Year the docket first applied for certification? _____

8. Does the docket have an Advisory Committee? ☐ Yes ☐ No

9. What is the role of the Advisory Committee? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Provide oversight on policies and procedures | <input type="checkbox"/> Facilitate agreements with partner agencies |
| <input type="checkbox"/> Improve the quality and expands the quantity of available services | <input type="checkbox"/> Garner community support for the Specialized Docket |
| <input type="checkbox"/> Evaluate the specialized docket effectiveness | <input type="checkbox"/> Plan for the sustainability of the Specialized Docket |

10. When was the Advisory Committee formed? (month/year) _____

11. How often does the Advisory Committee meet?

- | | | |
|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Bi-monthly | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Semi-annually | <input type="checkbox"/> Annually | |

12. Who are the members of Advisory Committee?

- | | | |
|---|---|--|
| <input type="checkbox"/> Specialized Docket Judge | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Magistrate, for Juvenile Dockets | <input type="checkbox"/> Probation | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Docket Coordinator | <input type="checkbox"/> Parole authority | <input type="checkbox"/> CASA |
| <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Law enforcement agencies | <input type="checkbox"/> GAL |
| <input type="checkbox"/> Defense Counsel | <input type="checkbox"/> Veterans Administration | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Licensed Treatment Providers | <input type="checkbox"/> Funding Authorities | |
| <input type="checkbox"/> Psychiatrist/Physician | <input type="checkbox"/> Community-based service providers (Examples: certified peer supporters, mentors, vocational agencies, child support enforcement) | |

13. Does the specialized docket judge attend Advisory Committee meetings? ☐ Yes ☐ No

14. Does the specialized docket judge chair Advisory Committee meeting? ☐ Yes ☐ No

15. Is the docket governed by local rule or administrative order? ☐ Yes ☐ No

If Yes, attach to application

16. Attach the Program Description to the application

Was the Program Description developed by the Advisory Committee? ☐ Yes ☐ No

When was the last time the Program Description was reviewed and approved by the Advisory Committee?
Month/Year: _____

Does the Program Description include the policies and procedures related to the operations of the docket? ☐ Yes ☐ No

Does the Program Description incorporate and comply with the Commission on Specialized Dockets Constitutional Guidance, found at sc.ohio.gov/JCS/specDockets/guidanceConstitutionalStandards.pdf?
☐ Yes ☐ No

Does the Program Description incorporate the Specialized Docket Guidance for the specified docket type, found here: _____? ☐ Yes ☐ No

17. Attach Participation Agreement to the application

Was the Participation Agreement developed by the Advisory Committee? ☐ Yes ☐ No

When was the last time the Participation Agreement was reviewed and approved by the Advisory Committee? Month/Year: _____

Does the Participation Agreement detail the rights and responsibilities of participants in the specialized docket? ☐ Yes ☐ No

Is the Participation Agreement separate from the plea, sentencing, or adjudication document(s)?
☐ Yes ☐ No

Does the Participation Agreement incorporate and comply with the Commission on Specialized Dockets Constitutional Guidance, found at sc.ohio.gov/JCS/specDockets/guidanceConstitutionalStandards.pdf?
☐ Yes ☐ No

Does the Participation Agreement ensure the participant's right to have counsel present at the portion of the treatment team regarding the participant? ☐ Yes ☐ No

18. Attach Participant Handbook to the application

Was the Participant Handbook developed by the Advisory Committee? ☐ Yes ☐ No

When was the last time the Participant Handbook was reviewed and approved by the Advisory Committee? Month/Year _____

Is this Participant Handbook distinctly different from the Program Description? ☐ Yes ☐ No

Does the Participant Handbook incorporate and comply with the Commission on Specialized Dockets Constitutional Guidance, found at sc.ohio.gov/JCS/specDockets/guidanceConstitutionalStandards.pdf?
☐ Yes ☐ No

Is this Participant Handbook written to the participant? ☐ Yes ☐ No

When are participants given the handbook? ☐ At referral ☐ At entry

☐ Other: _____

19. Does the docket have measurable goals and objectives?

☐ Yes ☐ No If Yes, list page number in Program Description: _____

20. Does the docket have a specified target population?

☐ Yes ☐ No If Yes, list page number in Program Description: _____

21. Does the docket monitor whether BIPOC (Black, Indigenous, and People of Color) individuals are accepted into the docket at equivalent rates to other participants? ☐ Yes ☐ No

If Yes, How often? ☐ Monthly ☐ Quarterly
☐ Yearly ☐ Every other year ☐ Every three years

When was the last time the Advisory Committee reviewed these statistics? _____

22. Does the docket monitor whether BIPOC (Black, Indigenous, and People of Color) individuals complete the docket at equivalent rates to other participants? ☐ Yes ☐ No

If Yes, How often? ☐ Monthly ☐ Quarterly
☐ Yearly ☐ Every other year ☐ Every three years

When was the last time the Advisory Committee reviewed these statistics? _____

23. Which member(s) of the treatment team attended equity and inclusion training during this certification period? (Select all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Specialized Docket Judge | <input type="checkbox"/> Treatment Liaison/
Coordinator | <input type="checkbox"/> GAL/CASA |
| <input type="checkbox"/> Specialized Docket Magistrate | <input type="checkbox"/> Case Manager | <input type="checkbox"/> Veteran Justice Outreach Specialist (VJO) |
| <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Probation | <input type="checkbox"/> Veterans' Affairs Representative (VA) |
| <input type="checkbox"/> Defense Counsel | <input type="checkbox"/> Parole | <input type="checkbox"/> Community Partners |
| <input type="checkbox"/> Psychiatrist/Physician | <input type="checkbox"/> Docket Coordinator | <input type="checkbox"/> Housing Representative |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Peer Supporters/
Mentors |
| <input type="checkbox"/> Treatment Provider/
Counselor | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Other: _____ |

24. Has the docket used any of the following tools to assess and address racial and ethnic disparities?

- | | | |
|---|---|--|
| <input type="checkbox"/> American University
Racial and Ethnic
Disparities (RED) Tool | <input type="checkbox"/> NADCP Equity and
Inclusion Assessment
Tool | <input type="checkbox"/> Other: _____
_____ |
|---|---|--|

25. Does the docket have MOUs with all agencies participating on the Advisory Committee? ☐ Yes ☐ No
If Yes, attach to the application

26. Is the docket a non-adversarial program?

- | | | | |
|--|------------------------------|-----------------------------|------------------------------------|
| Does a prosecutor attend treatment team? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Does a prosecutor attend status review hearings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Does a defense attorney attend treatment team? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
| Does a defense attorney attend status review hearings? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Sometimes |
- Does the docket take into consideration the prosecutor's role in pursuing justice and protecting public safety and victim's rights? ☐ Yes ☐ No
- Does the docket take into consideration the defense counsel's role in preserving the participant's constitutional rights? ☐ Yes ☐ No

27. Does the docket have written legal eligibility criteria approved and adopted by the Advisory Committee?

- ☐ Yes ☐ No If Yes, list page number in Program Description: _____

28. Does the docket target participants who are at a substantial risk of reoffending or failing a less intensive program? ☐ Yes ☐ No

29. What criminogenic risk levels does the docket accept? (Select all that apply)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Low | <input type="checkbox"/> Low-moderate | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Moderate-High | <input type="checkbox"/> High | <input type="checkbox"/> N/A – Family
Dependency Treatment
Court |

30. If the docket accepts low risk/low need individuals, are separate tracks developed for these populations?

- ☐ Yes ☐ No If Yes, list page number in Program Description: _____

- 31. Are there any charges that render a participant ineligible?** ☐ Yes ☐ No
 If Yes, check all that apply: ☐ Sexual oriented offences ☐ Drug trafficking
☐ Offenses involving child victims ☐ Offense of violence ☐ Other: _____
- 32. Does the docket have written clinical criteria that have been approved and adopted by the Advisory Committee?**
☐ Yes ☐ No If Yes, list page number in Program Description: _____
- 33. Does the docket assess participants for treatment needs? (Select all that apply)**
☐ Yes, to determine whether the participant has a DSM-5/ICD-10-CM diagnosis ☐ Yes, to determine eligibility
☐ Yes, to determine level of treatment ☐ No
- 34. Does the clinical eligibility criteria include the following? (Select all that apply)**
☐ All Moderate to Severe Mental Health Disorder diagnoses ☐ All Mild Mental Health Disorder diagnoses ☐ Some Mild Mental Health Disorder diagnoses
☐ All Moderate to Severe Substance Use Disorders or Substance Dependence diagnoses ☐ All Mild Substance Use Disorder diagnoses ☐ Some Mild Substance Use Disorder or Substance Dependence diagnoses
☐ Other _____
- 35. Does the clinical criteria exclude the following? (Select all that apply)**
☐ All diagnosed Personality Disorders ☐ Some diagnosed Personality Disorder ☐ Other: _____
- 36. Are potential participants excluded for any of the following?**
 Co-occurring disorders ☐ Yes ☐ No If Yes, specify: _____
 Medical conditions ☐ Yes ☐ No If Yes, specify: _____
 Prescribed, legally obtained medications (psychotropic, MAT, etc.) ☐ Yes ☐ No If Yes, specify: _____
 Medical marijuana, legally obtained with recommendation from a physician? ☐ Yes ☐ No If Yes, specify: _____
- 37. Does the docket have a written referral process that addresses how candidates are identified, evaluated, and transferred into the docket?** ☐ Yes ☐ No
- 38. Does the Program Description include the referral process?**
☐ Yes ☐ No If Yes, list page number in Program Description: _____
- 39. Does the Participant Handbook include an explanation of the referral process for the participant, written in a way the participant can understand what is expected?**
☐ Yes ☐ No If Yes, indicate pages in Participant Handbook _____

40. At what stages of the legal process are referrals accepted? (Select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Pre-adjudication | <input type="checkbox"/> Post-plea/pre-conviction | <input type="checkbox"/> Post-plea/pre-adjudication |
| <input type="checkbox"/> Post-conviction/
probation violation | <input type="checkbox"/> Post-adjudication | <input type="checkbox"/> Judicial Release |
| <input type="checkbox"/> Other: _____ | | |

41. Which types of events will prompt a referral to the docket? (Select all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> New arrest | <input type="checkbox"/> New juvenile charge | <input type="checkbox"/> New conviction |
| <input type="checkbox"/> New adjudication of
delinquency | <input type="checkbox"/> Probation/Parole
violation | <input type="checkbox"/> Motion for Judicial
Release |
| <input type="checkbox"/> New filing of abuse/
neglect/dependency
(FDTC) | <input type="checkbox"/> New adjudication
of abuse/neglect/
dependency (FDTC) | <input type="checkbox"/> Removal of children
from home (FDTC) |
| <input type="checkbox"/> New orders of
Temporary Custody
(FDTC) | <input type="checkbox"/> Other: _____ | |

42. Which of the following can refer participants to the docket? (Select all that apply)

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Defense Counsel | <input type="checkbox"/> Judge |
| <input type="checkbox"/> Magistrate | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Parole | <input type="checkbox"/> Children Services | <input type="checkbox"/> Veterans Services |
| <input type="checkbox"/> GAL | <input type="checkbox"/> CASA | <input type="checkbox"/> Treatment provider |
| <input type="checkbox"/> Other: _____ | | |

43. Are all potential referral sources provided with a written copy of the eligibility requirements and entry process? ☐ Yes ☐ No

44. Does the docket assess participants for criminogenic risk? (Select all that apply)

- | | | |
|--|---|-----------------------------|
| <input type="checkbox"/> Yes, to determine eligibility | <input type="checkbox"/> Yes, to determine type or
level of services | <input type="checkbox"/> No |
|--|---|-----------------------------|

45. If the docket uses a risk assessment, which assessment instrument is used (Select all that apply):

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> ORAS | <input type="checkbox"/> ORAS-MAT | <input type="checkbox"/> ORAS-MST |
| <input type="checkbox"/> OYAS | <input type="checkbox"/> COMPASS | <input type="checkbox"/> RANT |
| <input type="checkbox"/> LSI-R | <input type="checkbox"/> DVSI-R | <input type="checkbox"/> GAIN |
| <input type="checkbox"/> Public Safety Assessment | <input type="checkbox"/> Locally developed
assessment | <input type="checkbox"/> Other: _____ |

46. Does the docket assess participants for clinical/treatment need? (Select all that apply)

- | | | |
|---|---|-----------------------------|
| <input type="checkbox"/> Yes, to determine
eligibility | <input type="checkbox"/> Yes, to determine type or
level of services | <input type="checkbox"/> No |
|---|---|-----------------------------|

47. Has the clinical assessment tool used by the docket been validated and standardized for the docket's population? ☐ Yes ☐ No ☐ Unknown

48. Do all programming assessments include available collateral information to ensure the accuracy of the assessment? ☐ Yes ☐ No

49. Is the docket's release of information HIPAA and 42 CFR Part 2 compliant? ☐ Yes ☐ No
☐ Unknown

50. Who makes the final determination regarding program admission?

- | | |
|---|--|
| <input type="checkbox"/> Specialized Docket Judge | <input type="checkbox"/> Treatment Team |
| <input type="checkbox"/> Referring Judge | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Defense Counsel |
| <input type="checkbox"/> Treatment Provider | <input type="checkbox"/> Other: _____ |

51. Is entrance into the docket automatic once the legal and clinical criteria are met? ☐ Yes ☐ No

52. How does each participant receive an explanation of responses to compliance and noncompliance, including criteria for successful, neutral, and unsuccessful specialized docket completion? (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Sign Participation Agreement | <input type="checkbox"/> Review and agree to the terms in the Participant Handbook |
| <input type="checkbox"/> Consult with Defense Counsel | <input type="checkbox"/> Meetings with program staff |
| <input type="checkbox"/> Attend Status Review | <input type="checkbox"/> Other: _____ |

53. Is defense counsel present during treatment team meetings?

- | | |
|---|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Only when requested by participant |
| <input type="checkbox"/> Only when sanctions are possible | <input type="checkbox"/> Only when sanctions that impose upon a participant's life and liberty are possible |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

54. Is defense counsel present during status review hearings?

- | | |
|---|---|
| <input type="checkbox"/> Always | <input type="checkbox"/> Only when requested by participant |
| <input type="checkbox"/> Only when sanctions are possible | <input type="checkbox"/> Only when sanctions that impose upon a participant's life and liberty are possible |
| <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never |

55. Are participants made aware that a participant has the right to defense counsel at the portion of the treatment team pertaining to that participant? ☐ Yes ☐ No

If Yes, where: Participation Agreement page: _____ Participant Handbook page: _____

56. Does the docket provide any services, and/or regularly refer to services for children of participants in the docket? ☐ Yes ☐ No

If Yes, then list: _____

57. Does the docket work directly with any veterans' services agencies? ☐ Yes ☐ No ☐ N/A

If Yes, then list: _____

58. Do the treatment and other rehabilitative services meet the individualized needs of each specialized docket participant? ☐ Yes ☐ No

59. Do the treatment and other rehabilitative services incorporate evidence-based strategies? ☐ Yes ☐ No

If Yes, then list: _____

60. Are the treatment and services trauma informed? ☐ Yes ☐ No
If Yes, then list: _____
61. Are the treatment and services gender-responsive? ☐ Yes ☐ No
If Yes, then list: _____
62. Are the treatment and services culturally appropriate? ☐ Yes ☐ No
If Yes, then list: _____
63. Do the treatment and services effectively address co-occurring disorders? ☐ Yes ☐ No
If Yes, then list: _____
64. Does the docket incorporate Medication Assisted Treatment (MAT) in the docket? ☐ Yes ☐ No
65. Does the docket accept the use of any of the medications approved by the FDA for treatment of an opioid use disorder if prescribed for an individual by a qualified medical provider and administered in conjunction with behavioral health treatment? ☐ Yes ☐ No
If Yes, list types of MAT _____
66. Does the docket refer participants for a medical exam to consider whether MAT is appropriate, and to monitor and enforce compliance with the full treatment plan? ☐ Yes ☐ No
67. Does the docket have an established process for identifying and working with qualified providers that prescribe appropriate medication and treatment plans, as medically indicated for each individual participant?
☐ Yes ☐ No
68. Does the treatment team coordinate efforts of the medical, behavioral health, social service, and criminal justice systems to successfully administer and monitor MAT? ☐ Yes ☐ No
69. Do incentives, sanctions and therapeutic adjustments consider whether the desired behavior is a proximal or distal goal for each stage of the participant's recovery? ☐ Yes ☐ No
70. Does the specialized docket judge consider how the potential collateral consequences of any sanction may disrupt recovery, minimizing the unintended termination of medication, behavioral health treatment, health insurance, employment, and other resources needed to support long-term recovery? ☐ Yes ☐ No
71. When utilizing jail/detention as a sanction, does the treatment team consult with the participant's medical treatment provider in advance to ensure continuity of effective medical care within institutional formularies and other limitations? ☐ Yes ☐ No
72. Do the treatment team members engage in ongoing, cross-systems training/education to ensure a common understanding of the evolving research and literature regarding MAT, and commit to using best practices?
☐ Yes ☐ No
If Yes, list education: _____
73. Does the docket incorporate education for the treatment team to identify known risk factors for relapse, recidivism, overdose, and other barriers to recovery associated with MAT? ☐ Yes ☐ No
If Yes, list education: _____

74. What is the estimate of the average minimum number of months it takes for participants to complete the docket?

- | | | |
|------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> 6 months | <input type="checkbox"/> 9 months | <input type="checkbox"/> 12 months |
| <input type="checkbox"/> 18 months | <input type="checkbox"/> 24 months | <input type="checkbox"/> Other: _____ |

75. Indicate the number of phases in the docket: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7+

76. Is progression through a phase based solely upon time in the phase? ☐ Yes ☐ No

77. Are participants required to attend 12-step meetings? ☐ Yes ☐ No

78. Are participants required to attend self-help or sober support meetings during phase 1? ☐ Yes ☐ No

79. How often do participants attend status review hearings in each phase of the docket?

Phase 1

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Three times a month |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Every 6 weeks | |

Phase 2

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Three times a month |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Every 6 weeks | |

Phase 3

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Three times a month |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Every 6 weeks | |

Phase 4

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Three times a month |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Every 6 weeks | |

Phase 5

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Three times a month |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Every 6 weeks | |

Phase 6

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Three times a month |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Every 6 weeks | |

Phase 7+

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Twice a month | <input type="checkbox"/> Three times a month |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Every 6 weeks | |

80. What is the process for advancing to docket completion? _____

81. Are participants required to pay any fees as part of the docket? ☐ Yes ☐ No

82. If fees are required, does the amount vary according to the participants' ability to pay? ☐ Yes ☐ No

83. Identify the members of the treatment team: (Select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Specialized Docket Judge | <input type="checkbox"/> Specialized Docket Magistrate | <input type="checkbox"/> Prosecutor |
| <input type="checkbox"/> Defense Counsel | <input type="checkbox"/> Psychiatrist/Physician | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Treatment Provider/
Counselor | <input type="checkbox"/> Treatment Liaison/
Coordinator | <input type="checkbox"/> Case Manager |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Parole | <input type="checkbox"/> Docket Coordinator |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> GAL/CASA |
| <input type="checkbox"/> Veteran Justice Outreach
Specialist (VJO) | <input type="checkbox"/> Veterans' Affairs
Representative (VA) | <input type="checkbox"/> Community Partners |
| <input type="checkbox"/> Housing Representative | <input type="checkbox"/> Peer Supporters/Mentors | <input type="checkbox"/> Other _____
_____ |

84. Is there a MOU in place with the treatment team members? ☐ Yes ☐ No

85. Is there ongoing communication among the treatment team members, including frequent exchanges of timely and accurate information about the participant's overall performance? ☐ Yes ☐ No

86. Does the treatment team meet to evaluate participant progress and develop plans to improve individual outcomes prior to every status review hearing? ☐ Yes ☐ No

87. What is the current schedule for the treatment team meetings? (Insert time)

- | | | |
|--|---|---|
| <input type="checkbox"/> Monday: _____ | <input type="checkbox"/> Tuesday: _____ | <input type="checkbox"/> Wednesday: _____ |
| <input type="checkbox"/> Thursday: _____ | <input type="checkbox"/> Friday: _____ | |

88. Does the specialized docket judge (or magistrate for juvenile dockets) attend and chair the treatment team meetings? ☐ Yes ☐ No

89. What is the current schedule for status review hearings? (insert time)

- | | | |
|--|---|---|
| <input type="checkbox"/> Monday: _____ | <input type="checkbox"/> Tuesday: _____ | <input type="checkbox"/> Wednesday: _____ |
| <input type="checkbox"/> Thursday: _____ | <input type="checkbox"/> Friday: _____ | |

90. Does the specialized docket maintain a treatment plan and record of activities (case plan) for each participant?

- | | |
|--|---|
| <input type="checkbox"/> Yes, for all participants | <input type="checkbox"/> Yes, for some participants |
| <input type="checkbox"/> No plan is created, case management is provided as needed | <input type="checkbox"/> No |

91. Are all participants placed under reporting supervisions as soon as possible to monitor compliance with court requirements? ☐ Yes ☐ No
- For FDTC, state the position of the team member who provides reporting supervision:
- ☐ Coordinator ☐ Case manager
- ☐ Child welfare case worker ☐ Other: _____
92. Does the Specialized Docket Judge speak directly to each participant individually during their court appearances? ☐ Yes ☐ No ☐ Sometimes
93. How are status review hearings conducted?
- ☐ In person hearings ☐ Virtually ☐ Hybrid of both in person and virtual hearings
94. If status hearings are virtual or a hybrid of virtual and in person, are the virtual hearings
- ☐ Web-based If web-based, what platform? _____
- ☐ Phone in
- ☐ Combination of web-based and phone If a combination, what platform: _____
95. Does the docket conduct group status review hearings, where a significant number of participants appear at a single court session? ☐ Yes ☐ No
96. Does the Program Description contain written policies and procedures regarding responses to a participant's behavior that are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavioral modification? ☐ Yes ☐ No If Yes, what page? _____
97. Does the Participant Handbook explain, in a way the participant can understand, the docket's policies and procedures regarding responses to a participant's behavior and how incentives, sanctions, and therapeutic responses will be delivered? ☐ Yes ☐ No If Yes, what page? _____
98. With regard to rewards and incentives in the docket, evaluate the following: (respond Yes/No)
- Participants are given tangible incentives (i.e., candy, movie tickets, gift cards). ☐ Yes ☐ No
- Participants are given intangible incentives (applause, praise from the Judge or team). ☐ Yes ☐ No
- The treatment team is given a written copy of the guidelines for docket response to participant behavior. ☐ Yes ☐ No
- Participants are given a written list of behaviors that lead to incentives. ☐ Yes ☐ No
- Treatment team members can provide incentives outside status review hearings. ☐ Yes ☐ No
- Are incentives individualized for each participant? ☐ Yes ☐ No
- Do incentives vary based on whether a participant's behavior is related to a proximal or distal goal? ☐ Yes ☐ No
99. Does the Specialized Docket Judge provide praise and positive feedback consistently to promote achieving productive behaviors? ☐ Yes ☐ No

100. With regard to sanctions in the docket, evaluate the following (Respond Yes/No):

Does the docket issue sanctions immediately (within two weeks)? ☐ Yes ☐ No

Are the sanctions graduated (the severity of the sanction increases with more frequent or more serious infractions)? ☐ Yes ☐ No

Are the sanctions individualized for each participant? ☐ Yes ☐ No

May sanctions be imposed outside of status review hearings by treatment team members other than the judge? ☐ Yes ☐ No

Are sanctions imposed at the first status review hearing after the non-compliant behavior? ☐ Yes ☐ No

Are sanctions discussed during the treatment team meeting and decided as a group? ☐ Yes ☐ No

Are treatment team members given a written list of the guidelines or court response to participant behavior? ☐ Yes ☐ No

Are sanctions varied based on whether the participant's behavior is related to a proximal or distal goal? ☐ Yes ☐ No

101. Does the docket utilize jail/detention as a possible sanctions for participants? ☐ Yes ☐ No

102. If yes to #101, does the docket utilize jail/dentition as a sanction in the following instances?

For a positive drug screen in the first phase?

☐ Always ☐ Usually ☐ Rarely ☐ Never

For a participant's continued or active use after the first phase?

☐ Always ☐ Usually ☐ Rarely ☐ Never

For a positive drug screen as result of a relapse/overdose?

☐ Always ☐ Usually ☐ Rarely ☐ Never

For all positive drug screens?

☐ Always ☐ Usually ☐ Rarely ☐ Never

For noncompliance with program rules?

☐ Always ☐ Usually ☐ Rarely ☐ Never

For failure to appear for status review hearing?

☐ Always ☐ Usually ☐ Rarely ☐ Never

For failure to appear for treatment?

☐ Always ☐ Usually ☐ Rarely ☐ Never

☐ For any other event: specify_____

103. When a jail/detention sanction is issued, the length of stay is generally:

☐ Less than six days ☐ More than six days

104. Is jail/detention ever used as an alternative for detox or residential treatment when detox or residential treatment is not available: ☐ Yes ☐ No

105. Does the Participant Handbook include a written list of possible behaviors that lead to sanctions?

☐ Yes ☐ No If Yes, what page: _____

106. Does the Participant Handbook include a written list of possible sanctions?

☐ Yes ☐ No If Yes, what page: _____

107. Which of the following responses to participant behavior has the docket utilized? (Check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Jail/detention | <input type="checkbox"/> Day Jail | <input type="checkbox"/> Writing essays/assignments |
| <input type="checkbox"/> Sit sanctions (observe court/docket sessions) | <input type="checkbox"/> Community service | <input type="checkbox"/> Change in level of care |
| <input type="checkbox"/> Residential treatment | <input type="checkbox"/> Increased substance use monitoring | <input type="checkbox"/> Increased status review hearings |
| <input type="checkbox"/> Increased reporting | <input type="checkbox"/> Increased treatment sessions | <input type="checkbox"/> Reassign restrictions of earlier phases |
| <input type="checkbox"/> Self-help groups, books, videos | <input type="checkbox"/> AA/NA meetings | <input type="checkbox"/> Other: _____ |

108. Does the treatment team recommend therapeutic adjustments in treatment services, as well as participation in community-based support meetings, based upon the clinically informed needs of the participant?

☐ Yes ☐ No

109. Does the docket individualize drug and alcohol testing plans for each participant? ☐ Yes ☐ No _____

110. Does the Program Description describe how the docket will randomize substance use monitoring?

☐ Yes ☐ No If Yes, what page: _____

111. What program/system does the docket use to randomize substance use monitoring?

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Random.org | <input type="checkbox"/> I-SAMSON/check2test/Aversys | <input type="checkbox"/> Call-to-Test |
| <input type="checkbox"/> OCSS | <input type="checkbox"/> In-house program | <input type="checkbox"/> Other: _____ |

112. With regard to Substance Use Monitoring, respond Yes/No

Is there an equal chance each day that a participant could be tested? ☐ Yes ☐ No

Can the participants predict when they will be tested? ☐ Yes ☐ No

Does testing occur on a regular schedule (the participant knows when they will be tested)? ☐ Yes ☐ No

Are screens collected on regular business days (5 days a week)? ☐ Yes ☐ No

Are screens collected on the weekend? ☐ Yes ☐ No

113. Does the Program Description describe the frequency of substance use monitoring in each phase?

☐ Yes ☐ No If Yes, what page: _____

114. What is the minimum frequency of substance use monitoring during phase 1?

- | | |
|---|---|
| <input type="checkbox"/> 4 or more times per week | <input type="checkbox"/> 3 times per week |
| <input type="checkbox"/> 2 times per week | <input type="checkbox"/> 1 time per week |
| <input type="checkbox"/> Once every two weeks | <input type="checkbox"/> Once per month |
| <input type="checkbox"/> Less than once per month | <input type="checkbox"/> Specific to participant/no general requirement |

115. Are substance use monitoring screens fully observed? ☐ Yes ☐ No

116. Are treatment team members/staff members who collect specimens trained in standard collection protocols?
☐ Yes ☐ No

117. Indicate whether or not the following types of substance use monitoring tests are used by the docket: (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Urine (UA or UDS): In-house dipsticks for instant tests | <input type="checkbox"/> Urine (UA or UDS): Sent out to lab for testing |
| <input type="checkbox"/> Urine (UA or UDS): Sent out to lab for confirmation of positive tests | <input type="checkbox"/> Urine (UA or UDS): In-house lab |
| <input type="checkbox"/> EtG | <input type="checkbox"/> Patch |
| <input type="checkbox"/> Hair | <input type="checkbox"/> Breath |
| <input type="checkbox"/> Blood | <input type="checkbox"/> Oral swab |
| <input type="checkbox"/> Sleep monitor | <input type="checkbox"/> SCRAM |
| <input type="checkbox"/> Other: _____ | |

118. With regard to substance use monitoring, respond Yes/No:

Are samples tested for dilution? ☐ Yes ☐ No

Are samples tested for adulteration? ☐ Yes ☐ No

Does testing include the participant's primary substance of dependence use, as well as a sufficient range of other common substances? ☐ Yes ☐ No

119. Are the following treated as positive tests: respond Yes/No:

Testing positive ☐ Yes ☐ No

Failure to submit to testing ☐ Yes ☐ No

Submitting an adulterated sample ☐ Yes ☐ No

Submitting a sample of another individual ☐ Yes ☐ No

Diluting a sample ☐ Yes ☐ No

120. Does the docket receive immediate notification of all positive tests? ☐ Yes ☐ No

121. Does the Program Description include policies and procedures for sample collection, sample analysis, and result reporting? ☐ Yes ☐ No If Yes, what page: _____

122. Do agencies conducting substance use monitoring for use in the specialized docket comply with the requirements described in the Program Description? ☐ Yes ☐ No

123. Does the Program Description include the procedure by which the participant will be notified that the participant has been selected for screening? ☐ Yes ☐ No If Yes, what page: _____

124. Does the Participant Handbook include an explanation of the procedure by which the participant will be notified that the participant has been selected for screening and the expectations of the participant?
☐ Yes ☐ No If Yes, what page: _____

125. Does the docket issue an appropriate sanction or therapeutic response for all positive tests?

☐ Yes ☐ No

126. Does the Program Description contain written policies and criteria related to docket completion that have been reviewed and agreed upon by the Advisory Committee?

☐ Yes ☐ No If Yes, when did the Advisory Committee last review? _____

127. Does the Program Description include written criteria for successful completion of the docket?

☐ Yes ☐ No If Yes, what page: _____

128. Does Participant Handbook explain what the participant must achieve to complete and graduate from the docket?

☐ Yes ☐ No If Yes, what page: _____

129. Identify all requirements for successful completion of the docket: (Answer Yes/No to each)

Have a job, be enrolled in school, or be involved in some other qualifying activity ☐ Yes ☐ No

Have a sober housing environment ☐ Yes ☐ No

Complete community service ☐ Yes ☐ No

Create a sobriety/relapse prevention plan ☐ Yes ☐ No

Pay all drug court fees ☐ Yes ☐ No

Pay all treatment fees ☐ Yes ☐ No

Pay all court costs and fines ☐ Yes ☐ No

Minimum amount of abstinence ☐ Yes ☐ No

Other: _____

130. Does Program Description include written criteria for unsuccessful completion of the docket?

☐ Yes ☐ No If Yes, what page: _____

131. Does Participant Handbook explain how a participant may be terminated from the docket?

☐ Yes ☐ No If Yes, what page: _____

132. Does the Participation Agreement describe the legal procedure by which a participant may be terminated from the docket? ☐ Yes ☐ No If Yes, what page/paragraph: _____

133. Do any of the following prompt termination from the docket? (Select all that apply)

☐ Any new arrest/summons

☐ New arrest/summons for trafficking

☐ Any new juvenile charges/summons

☐ Any new conviction

☐ New conviction for trafficking

☐ Child/ren removed from custody

☐ New Orders of Temporary Custody

☐ New arrest/summons for drug possession

☐ New arrest/summons for a violent offense

☐ New juvenile charge/summons for drug possession

☐ New conviction for drug possession

☐ New conviction for a violent offense

☐ New abuse/neglect/dependency complaint/allegation

☐ New adjudication of abuse/neglect/dependency

- | | |
|--|--|
| <input type="checkbox"/> Failure to appear in court with no excuse/
multiple failures to appear | <input type="checkbox"/> Consistently missing treatment sessions |
| <input type="checkbox"/> Repeated positive drug screens | <input type="checkbox"/> Continued active use |
| <input type="checkbox"/> Lack of progress in the program | <input type="checkbox"/> Lack of progress in treatment |
| <input type="checkbox"/> Relapse | <input type="checkbox"/> Other: _____ |

134. Does the participant have a hearing and the right to counsel prior to termination from the docket?

- ☐ Yes ☐ No

135. Does Program Description describe the criteria that would result in a neutral termination?

- ☐ Yes ☐ No If Yes, what page: _____

136. Does Participant Handbook explain events that could result in a neutral termination?

- ☐ Yes ☐ No If Yes, what page: _____

137. Indicate which of the following specialized docket advisory committee members and treatment team members have received training or education specifically on the treatment court model (other than on-the-job training): (Select all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Specialized docket judge | <input type="checkbox"/> Magistrate, for juvenile dockets | <input type="checkbox"/> Docket Coordinator |
| <input type="checkbox"/> Prosecutor | <input type="checkbox"/> Defense counsel | <input type="checkbox"/> Licensed treatment providers |
| <input type="checkbox"/> Psychiatrist/Physician | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Parole authority | <input type="checkbox"/> Law enforcement agencies | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Funding Authorities | <input type="checkbox"/> Community-based service providers (Examples: certified peer supporters, mentors, vocational agencies, child support enforcement) | <input type="checkbox"/> Faith Community |
| <input type="checkbox"/> Housing Authority | <input type="checkbox"/> CASA | <input type="checkbox"/> GAL |
| <input type="checkbox"/> Other: _____ | | |

138. Do the treatment team members engage in the following (Check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Attend NADCP Annual Conference | <input type="checkbox"/> Attend the Supreme Court of Ohio Specialized Docket Conference |
| <input type="checkbox"/> Attend the Supreme Court of Ohio Specialized Dockets Roundtables | <input type="checkbox"/> Attend other treatment court related trainings |
| <input type="checkbox"/> Observe other treatment courts | <input type="checkbox"/> Observe required docket service provider programs to gain confidence in the services provided and better understand the treatment and programming process |
| <input type="checkbox"/> Have a plan for the transition of a treatment team member, including program documents and training for new members | |

139. Are prosecutors and defense counsel trained in the treatment court model and process? ☐ Yes ☐ No

140. Has the Advisory Committee established and adopted a viable continuing education plan for specialized docket personnel? ☐ Yes ☐ No

141. Has the Specialized Docket Judge engaged in the following: (Answer Yes/No to each of the following)

Attend official treatment court training sessions or workshops? ☐ Yes ☐ No

Received training by previous treatment court judges in this drug court or other treatment courts?
☐ Yes ☐ No

Observed other specialized dockets? ☐ Yes ☐ No

Attended professional treatment court related conferences such as the annual Supreme Court of Ohio Specialized Docket Conference or NADCP Annual Conference? ☐ Yes ☐ No

Completed 6 hours of specialized docket continuing legal education within the three years prior to this application? ☐ Yes ☐ No

142. Does the docket engage in on-going data collection in order to evaluate whether the specialized docket is meeting its goals and objectives? ☐ Yes ☐ No

143. When did the Advisory Committee last review the data collected by the docket? _____

144. Has the docket made any adjustment in policy or practice based on data or Advisory Committee's review?
☐ Yes ☐ No

145. Has the docket submitted monthly statistics to the Specialized Docket Section? ☐ Yes ☐ No

146. Does the data include information from the treatment provider? ☐ Yes ☐ No

Certification is granted when the written materials submitted by each court and observations made during the site review demonstrate compliance with the certification standards. Topics that are not expressly set forth in the certification standards are not evaluated. I hereby certify that the information set forth above is true and accurate to the best of my knowledge and information.

Judge's Signature:

Date:

Judge's Name (Printed):

INITIAL CERTIFICATION RECOMMENDATION

Specialized dockets section staff person to complete after reviewing materials.

- ☐ Initial Certification Recommended
- ☐ Initial Certification Not Recommended

Staff Signature:

Date:

SPECIALIZED DOCKETS

Site Review - For Staff Use Only

TREATMENT TEAM MEETING

Treatment Team Schedule

Frequency: ☐ Weekly ☐ Bi-weekly (Once every two weeks)

Day of the Week: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Time: _____

1. Number of participants reviewed during the treatment team meeting: _____

Number of participants scheduled to appear _____

Total number of participants in docket _____

Average time spent per participant _____

2. Which member(s) of the treatment team were present at the treatment team meeting: (Select all that apply))

☐ Specialized Docket Judge

☐ Specialized Docket Magistrate, for juvenile dockets

☐ Prosecutor

☐ Defense Counsel

☐ Psychiatrist/Physician

☐ Psychologist

☐ Treatment Provider/Counselor

☐ Treatment Liaison/Coordinator

☐ Case Manager

☐ Probation

☐ Parole

☐ Docket Coordinator

☐ Law Enforcement

☐ Child Welfare

☐ GAL/CASA

☐ Veteran Justice Outreach Specialist (VJO)

☐ Veterans' Affairs Representative (VA)

☐ Community Partners

☐ Housing Representative

☐ Peer Supporters/Mentors

☐ Other: _____

3. For the members who were present, indicate if the member participated and was actively engaged in the staffing: (Select Yes/Some/No)

Specialized Docket Judge

☐ Yes ☐ Some ☐ No

Specialized Docket Magistrate

☐ Yes ☐ Some ☐ No

Prosecutor

☐ Yes ☐ Some ☐ No

Defense Counsel

☐ Yes ☐ Some ☐ No

Psychiatrist/Physician

☐ Yes ☐ Some ☐ No

Psychologist

☐ Yes ☐ Some ☐ No

Treatment Provider/Counsel

☐ Yes ☐ Some ☐ No

Treatment Liaison/Coordinator

☐ Yes ☐ Some ☐ No

Case Manager	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
Probation	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
Parole	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
Docket Coordinator	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
Law Enforcement	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
Child Welfare	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
GAL/CASA	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
Veteran Justice Outreach Specialist (VJO)	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
Veterans' Affairs Representative (VA)	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
Community Partners	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
Housing Representative	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
Peer Supporters/Mentors	<input type="checkbox"/> Yes	<input type="checkbox"/> Some	<input type="checkbox"/> No
Other: _____			

4. What kind of reports or other information on each participant did the team use for staffing? (Select all that apply)

<input type="checkbox"/> Individual staffing reports	<input type="checkbox"/> List of participants with summary information
<input type="checkbox"/> Written documentation	<input type="checkbox"/> Verbal reports

5. Were the reports shared in advance of the treatment team meeting? ☐ Yes ☐ No

6. What kind of information about participants was discussed among the team? (Select all that apply)

Treatment Plan (Progress on treatment goals, attendance, drug tests results)

Drug test results	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Positive Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	------------------------------	-----------------------------	------------------	------------------------------	-----------------------------

Negative Results	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Missed Tests	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------	------------------------------	-----------------------------	--------------	------------------------------	-----------------------------

Supervision (Yes/No)

Office Visits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Home Visits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------	------------------------------	-----------------------------	-------------	------------------------------	-----------------------------

Case Plan (FDTIC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	------------------------------	-----------------------------

Living Situation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------	------------------------------	-----------------------------

Individuals the participants spend time with	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

Employment status	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	------------------------------	-----------------------------

Plan for incentives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------	------------------------------	-----------------------------

Past incentives already received	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------------------------	------------------------------	-----------------------------

Plan for sanctions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--------------------	------------------------------	-----------------------------

Sanctions already received	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------------------	------------------------------	-----------------------------

How the judge should address the participant in court	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

Phase progression	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	------------------------------	-----------------------------

7. Were there any issues regarding the randomness of the substance use monitoring? ☐ Yes ☐ No

If Yes, describe: _____

8. Were there any issues regarding the frequency of the substance use monitoring? ☐ Yes ☐ No

If Yes, describe: _____

9. During the first phase of the docket, are the participants diagnosed with a substance use disorder tested a minimum of twice a week? ☐ Yes ☐ No

10. Were there any issues regarding the observation of the substance use monitoring? ☐ Yes ☐ No

If Yes, describe: _____

11. Are the following treated as positive tests: (Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Testing positive | <input type="checkbox"/> Failure to submit to testing |
| <input type="checkbox"/> Submitting an adulterated sample | <input type="checkbox"/> Submitting a sample of another individual |
| <input type="checkbox"/> Diluting a sample | |

12. Does the docket receive immediate notification of all positive tests? ☐ Yes ☐ No

13. Did the team discuss incentives for each participant who was doing well? ☐ Yes ☐ No

14. Did the team collaborate on decisions about treatment responses and/or sanctions? ☐ Yes ☐ No

15. Did the team appear to understand the differences between sanctions and therapeutic responses?
☐ Yes ☐ No

16. Did the prosecutor and defense attorney have a collaborative/non-adversarial relationship?
☐ Yes ☐ No ☐ N/A

17. To what extent did the members appear to work as a team?

- ☐ Not at all ☐ Somewhat ☐ Very much

18. During the treatment team meeting the team discusses: (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> All participants | <input type="checkbox"/> Only the participants appearing for status review hearings |
| <input type="checkbox"/> Only the participants who are facing sanctions | <input type="checkbox"/> Only the participants who are not facing sanctions |

STATUS REVIEW HEARING

Status Review Hearings Schedule

Frequency: ☐ Weekly ☐ Bi-weekly (Once every two weeks)

Day of the Week: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

Time: _____

1. How many participants cases were heard during the hearing? _____

a. # Present: _____

b. # Failed to appear: _____

c. Average time spent per participant: _____

d. Total length of status review hearings: _____

2. Which member(s) of the treatment team were present at the status review hearings: (Select all that apply)

☐ Specialized Docket Judge

☐ Specialized Docket Magistrate, for juvenile dockets

☐ Prosecutor

☐ Psychiatrist/Physician

☐ Psychologist

☐ Treatment Provider/Counselor

☐ Treatment Liaison/Coordinator

☐ Case Manager

☐ Probation

☐ Parole

☐ Docket Coordinator

☐ Law Enforcement

☐ Child Welfare

☐ GAL/CASA

☐ Veteran Justice Outreach Specialist (VJO)

☐ Veterans' Affairs Representative (VA)

☐ Community Partners

☐ Housing Representative

☐ Peer Supporters/Mentors

☐ Other: _____

3. Do the participants appear at least twice monthly in the initial phase? ☐ Yes ☐ No

4. Do the participants appear at least every 4 weeks during the intermediate phases? ☐ Yes ☐ No

5. Do the participants appear at least every 6 weeks during the final phase? ☐ Yes ☐ No

6. Can the conversation between the judge and each participant be heard throughout the courtroom?

☐ Yes ☐ No

If No, why/recommendations: _____

7. Did the participants sit in the courtroom for the entire status review hearing?

☐ All participants stayed in the courtroom for the entire status review hearing

☐ All participants came in for the hearings and left after their individual hearing

☐ All participants came in for the hearings and some individuals were dismissed after their hearings

☐ Participants were called in for individual hearings

8. How did the judge interact with the participants? (Select Yes/No for each)

Did the Judge speak directly to the participants? ☐ Yes ☐ No

Did the Judge allow the participant to speak/explain behavior? ☐ Yes ☐ No

Did the Judge listen to the participants and respond? ☐ Yes ☐ No

9. Did the judge explain to each participant the reasons for any sanction or incentive? ☐ Yes ☐ No

10. Was jail used as a sanction? ☐ Yes ☐ No If Yes, average length of sanction? _____

11. Was jail used as detox? ☐ Yes ☐ No

12. If a sanction imposed on a participant's life or liberty, was the Commission on Specialized Dockets Constitutional Guidance Document followed? ☐ Yes ☐ No

13. How was the courtroom arranged (trauma informed setting? (Select all that apply)

The judge sat

☐ On the bench

☐ At a table with participants

☐ At a podium

☐ At a podium

When speaking to the judge, the participants

☐ Sat

☐ Stood

Did the participants have their back

☐ To a wall

☐ To other participants

☐ To staff

☐ To a door

Recommendations:

☐ **Site Visit Satisfactory**

Staff Signature:

Date:

☐ **Site Visit Unsatisfactory**

If upon conducting the site review pursuant to division (A) of this rule a deficiency is identified, staff of the section shall provide the court or division notice by regular or electronic mail identifying the deficiency. If the court or division fails to correct the deficiency within forty-five days after the notice is issued, the manager of section, pursuant to Sup.R. 36.26(A), may recommend the application denied.

Date given to improve deficiency: _____ (45 days out) _____ (initials)

FINAL CERTIFICATION RECOMMENDATION

Specialized dockets section manager to complete after reviewing materials.

- ☐ Final Certification Recommended
- ☐ Final Certification **Not** Recommended

Manager, Specialized Dockets Section

Date: