



Specialized Dockets Drafting Guide



The information contained in this resource is a compilation of statutes, rules, and court decisions in the State of Ohio, and it is intended as a summary of the law to assist judges, lawyers, and the general public. The information does not represent binding statements of law by the Supreme Court of Ohio.



Specialized Dockets Drafting Guide

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Introduction

This drafting guide serves as a resource for new and established specialized dockets to draft and update four required program documents pursuant to [Sup.R. 36.21](#):

1. local rule (or administrative order);
2. program description;
3. participant agreement; and
4. participant handbook.

After submitting a notice of intent to apply to the Specialized Dockets Section, [Sup.R. 36.21](#) requires specialized dockets to complete an application that includes a local rule or administrative order, a detailed program description, a participant agreement, and a participant handbook.

The most comprehensive of these documents is a “*program description* that contains written policies and procedures that demonstrate compliance with all specialized docket certification requirements.” Ohio Standard 1(C). Dockets must adopt a *local rule* or issue an *administrative order* authorizing the operation of the specialized docket. Ohio Standard 1(B). Dockets must also create a “written *participation agreement* and *participant handbook* detailing the rights and responsibilities of participants in the specialized docket.” Ohio Standard 1(D). The main portion of this drafting guide details the requirements for the program description. The appendices provide a sample local rule and checklists for drafting and/or reviewing the participation agreement and participant handbook. See Appendices A, B and C, respectively.

Program Description Drafting Guide

The following discussion of Ohio Specialized Docket Standards (hereafter referred to as “Ohio Standards”) 1-13 is designed to aid in drafting a comprehensive program description. It represents all policies and practices required in a specialized docket. The topics also apply to the participant handbook and participation agreement. See Appendices B and C.

For ease of use, this guide follows the sequence of the Ohio Standards found in [Appendix I of the Rules of Superintendence for the Courts of Ohio](#). Each of the 13 Ohio Standards are summarized below, along with required elements to incorporate in the program description, national best practices associated with that standard, and sample language where appropriate. Many national best practices are put forth by All Rise in their [Adult Treatment Court Best Practice Standards](#) (hereafter referred to as “All Rise Best Practices”).

Guide to Standard 1: Planning Process/Advisory Committee.

Summary: Ohio Standard 1 details the elements of the planning process and requires the creation of the advisory committee. Advisory committees shall be comprised of key officials, policymakers, and relevant parties from the community to support the operations of the specialized docket. Advisory committees have a variety of responsibilities for the specialized docket, including oversight, outreach, and evaluation. Most importantly, advisory committee members ensure their organizations make the specialized docket a priority.

Required Information:

- ☐ **Advisory Committee:** The program description must list the multidisciplinary team members. Dockets should target executive-level personnel. Ohio Standard 1(A)(1) provides examples of relevant parties.
- ☐ **Prosecutor and Defense Attorney Involvement:** Ideally, the advisory committee includes both a prosecutor to pursue justice and protect public safety and a defense counsel to preserve the participants’ constitutional rights. Ohio Standard 1(E).
 - Consider making an explicit statement in the program description that the docket follows a non-adversarial process under Ohio Standard 1(E).
- ☐ **Goals:** Establish *measurable* goals and objectives for the specialized docket, i.e., decrease annual arrests, maximize number of participants that complete the program, decrease jail days, etc. Ohio Standard 1(A)(3).
- ☐ **Judge:** Designate the specialized docket judge as the chair of the advisory committee. Ohio Standard 1(A)(4).
 - The docket judge must attend all advisory committee meetings.
- ☐ **Local Rule or Order:** The program description should reference the local rule or administrative order authorizing the operation of the specialized docket. Ohio Standard 1(B). See Appendix A for a sample local rule.

Best Practices:

- ☐ **Meeting Frequency:** The advisory committee should meet regularly and review the participant handbook, program description, and data related to the docket.
 - See [Adult Treatment Court Best Practice Standards - All Rise](#), Multidisciplinary Team, Steering Committee and Advisory Group.
- ☐ **Mission Statement:** Consider including a Mission Statement or Purpose in the program description.

Standard Text**Standard 1. Planning Process.**

A specialized docket shall utilize a comprehensive and collaborative planning process that includes all of the following:

(A) Create an advisory committee. All of the following apply to the advisory committee:

- (1) The advisory committee shall be comprised of a multidisciplinary team of key officials, policymakers, and relevant parties needed to support the effective operations of the specialized docket. The relevant parties should represent criminal justice representatives; treatment representatives, including mental health, substance abuse, medical, and other treatment areas; and community stakeholders.
The relevant parties may include, but are not limited to, the following:
 - (a) The specialized docket judge;
 - (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.
- (2) The advisory committee should provide oversight on policies and procedures, facilitate agreements with partner agencies, improve the quality and expand the quantity of available services, garner community support for the specialized docket, evaluate specialized docket effectiveness, and plan for the sustainability of the specialized docket.

- (3) The advisory committee shall establish and monitor measurable goals and objectives for the specialized docket.
- (4) Advisory committee meetings shall include the specialized docket judge, who shall attend and serve as the chair of the committee. In the event of a shared advisory committee, each specialized docket judge shall chair the portion of the agenda concerning that judge's docket.
- (B) A local rule or an administrative order authorizing the operation of the specialized docket.
- (C) A program description that contains written policies and procedures that demonstrate compliance with all specialized docket certification requirements. 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.
- (D) A written participation agreement and participant handbook detailing the rights and responsibilities of participants in the specialized docket.
- (E) A process that is non-adversarial, but recognizes the distinct role of a prosecutor in pursuing justice and protecting public safety and victim's rights and the distinct role of a defense counsel in preserving the constitutional rights of a specialized docket participant.

Guide to Standard 2: Legal and Clinical Eligibility/Target Population.

Summary: Ohio Standard 2 focuses on legal and clinical eligibility. The standard helps to ensure that both legal and clinical criteria are carefully designed and clearly stated to reach a stated target population.

Required Information:

- ☐ **Eligibility criteria:** Identify the target population of individuals that can be treated safely and effectively by the specialized docket. Ensure to include the considerations below.
 - **Legal Criteria:** Include all inclusion and exclusion criteria not related to clinical risk and need in the Legal Criteria section of the program description. Clearly define the segment of the population to be accepted into the program, geographic limitations, restrictions regarding criminal history, or the types of charges that will or will not be accepted in the program.
 - For example, some dockets may exclude applicants convicted of drug trafficking, sexually oriented offenses, crimes involving crime victims and violent offenses if the docket does not have the resources to properly supervise these individuals.
 - **Clinical Criteria:** Include all criteria related to clinical need in the Clinical

Criteria section of the program description. Criteria should include diagnoses required for acceptance including severity, and any exclusions, such as personality disorders.

- ❑ **Risk/Need:** The target population shall generally target individuals with a moderate to high risk for recidivism and a high need for treatment. Ohio Standard 2(B).
 - Risk: The applicant should have a moderate to high risk to recidivate based upon the results of a validated, evidence-based assessment tool.
 - Need: The applicant should be diagnosed by a licensed professional as having a moderate to severe substance use disorder meeting the current Diagnostic and Statistical Manual of Mental Disorders criteria.
 - Note: Mental health dockets typically serve people with a serious or persistent mental health disorder.
 - See also: [All Rise Best Practices](#), Target Population.
 - Alternative Tracks: If a specialized docket serves people with lower risk or need levels, it should use alternative tracks with services tailored to the risk and need levels of its participants. Ohio Standard 2(B). Dockets should avoid mixing participants with different risk and need levels by placing them in different support groups, residential programs, recovery housing, and status hearings.
 - See [All Rise Best Practices](#), Target Population, High-Risk and High-Need Participants.
 - SAMHSA’s Gains Center [Risk, Need, and Responsivity](#) (July 2018).
 - [Fact Sheet: Alternative Tracks in Adult Drug Courts - All Rise](#) (2012).
- ❑ **Equal Opportunity:** Include a statement that the docket ensures equal opportunity in accordance with Ohio Standard 2(C).
 - This statement affirms the specialized docket takes action to find and fix disparities in census, services, and outcomes and ensure teams are responsive to cultural differences in their participants.

Best Practices:

- ❑ **Capacity:** Establish the maximum number of participants for the docket based on court and community resources.
- ❑ **Objective Criteria:** Establish objective criteria to define who is eligible to participate in the specialized docket.
 - Specialized dockets should not use subjective, legal or clinical eligibility criteria or “suitability” considerations—such as a person’s perceived motivation for change, attitude, readiness for treatment, or complex service needs—to exclude candidates from the program. See [All Rise Best Practices](#), Target Population, Objective Eligibility and Exclusion Criteria.

- ❑ **Automatic Exclusions:** Reconsider blanket exclusions, such as violent offenses (barring statute, legal, or grant provisions to the contrary) or drug sales to support a compulsive substance use disorder. See [All Rise Best Practices](#), Target Population, Criminal History Considerations.
- ❑ **Housing, Transportation, and Fees:** Avoid requirements that disproportionately burden people of low socioeconomic status or those with limited recovery capital, such as preconditions for stable housing, transportation, or payment of program or treatment fees. See [All Rise Best Practices](#), Target Population, Treatment and Resource Considerations.

Sample Language:

Example 1

Clinical Criteria/Severity of substance use disorder. An applicant must be diagnosed by a licensed professional as having a moderate to severe substance use disorder meeting current Diagnostic and Statistical Manual of Mental Disorders criteria.

Example 2

Clinical Eligibility Criteria. The defendant must be assessed by a clinician licensed in the State of Ohio. The assessment may be completed by a person appropriately licensed and trained, such as a licensed independent chemical dependency counselor with clinical supervision (LICDC-CS), licensed social worker (LSW), licensed independent social worker (LISW), licensed professional counselor (LPC), and/or licensed professional clinical counselor (LPCC), for purposes of acceptance into the Specialized Docket.

The drug/alcohol/mental health assessment shall include a primary diagnosis of substance use disorder based on the criteria met in the DSM.

Standard Text

Standard 2. Legal and Clinical Eligibility.

A specialized docket shall identify its target population and establish written legal and clinical eligibility criteria that have been collaboratively developed, reviewed, and agreed upon by the advisory committee. Each of the following shall apply with regard to legal and clinical eligibility:

- (A) Eligibility and exclusion criteria shall identify the individuals who can be treated safely and effectively within the type of specialized docket established;
- (B) A specialized docket shall generally target individuals with a moderate to high risk for recidivism and a high need for treatment. If a specialized docket is unable to target only high-risk and high-need offenders, the docket may be required to use

alternative tracks with services that are modified to meet the risk and need levels of its participants;

- (C) A specialized docket shall ensure equal opportunity for everyone to participate and succeed, regardless of race, ethnicity, or gender. A specialized docket shall take affirmative steps to detect and correct disproportionate census, inequitable services, and disparate outcomes involving those who have historically faced discrimination. A specialized docket shall ensure that teams understand and are responsive to the cultural differences within their population.

Guide to Standard 3: Program Entry and Case Flow – Referral, Assessment & Admission

Summary: Standard 3 covers guidelines for the referral process, assessment for admission and acceptance into the program. The materials should clearly reflect the methods and manners referrals come into the program as well as the process from referral to admission.

Required Information:

- **Referral Process:** Outline the referral process under Standard 3(A):
 - Identify at which point(s) in the process candidates are identified and referred to the docket for screening (before or after plea/conviction, new arrest, probation/parole violation).
 - For Sup.R. 37 statistical reporting purposes, case reporting depends on when the case is transferred to the certified specialized docket.
 - **Pre-sentencing Transfers:** Cases transferred to a specialized docket *before sentencing*—including those transferred after a new arrest but prior to sentencing—may be *terminated for reporting purposes* during the individual’s participation in the program. Refer to the [General Division Reporting Instructions, Line 14: Unavailability of Party](#). Upon completion or termination of the specialized docket program, the case is reactivated on Line 3, and the calculation of time resumes. The case is then *terminated on the appropriate line* as it progresses.
 - **Post-sentencing Transfers:** Cases transferred to a specialized docket after sentencing or following a *probation/parole violation* are **not** reported on the statistical report, as these post-dispositional actions do not qualify as new or reactivated cases. See [General Division Reporting Instructions, Line 3: Cases Transferred In, Reactivated and Redesignated](#).
 - Identify any legal incentives that can result under each process (charges dismissed or reduced, record expungement, early probation termination).
 - Identify who can refer to the docket (judge, prosecutor, defense, case worker, public, etc.).

- **Assessment Process:** Define the process for assessments/screenings. Standard 3(B).
 - **Collateral Information:** Include language in the program description that specifies that all assessments shall include available collateral information. See Ohio Standard 3(B) and (C).
 - **Release of Information Form:** Include an Authorization for Release of Information that is compliant under the Health Insurance Portability & Accountability Act (HIPAA) and [42 CFR Part 2](#). Ohio Standard 3(B) (4).
 - The participant must sign a Release of Information to allow the sharing of treatment records and other information protected by law among treatment providers, the treatment team, and the court. Most HIPAA-covered entities, including medical providers, have their own pre-approved HIPAA-compliant release forms. It is recommended that each participant request and sign the release form provided by their respective medical provider to avoid delays that may result from using court-generated forms that have not been approved by the provider.
 - **Tools Used by the Docket:** This section in the program description should identify the validated assessment tools being used to screen/assess candidates, and who is doing the eligibility assessment, and their credentials.
- **Admission Decision:** Pursuant to Ohio Standard 3(C), the program description should include specific language that:
 - The docket judge decides admission to a specialized docket.
 - There is no right to participate in a specialized docket.
- **Acceptance into Docket:** Outline the process for acceptance into the docket. Standard 3(D).
 - Before acceptance into the specialized docket, each participant shall:
 - Receive and agree to the terms of the participant agreement and the participant handbook. If the participant is waiving any rights, consultation with a defense counsel should be a required part of this process.
 - Receive an explanation of responses to compliance vs. noncompliance; and
 - Receive an explanation of docket completion options, including successful, unsuccessful and neutral termination. Ohio Standard 10.
 - Include indigency language to ensure candidates are aware that their admission and completion is not based on their ability to pay fines, costs, and fees. Ohio Standard 13.

Best Practices:

- ❑ **Be Proactive:** The specialized docket team should take initiative to recruit potentially eligible people early in the legal case process, such as shortly after arrest or at arraignment, when they are most likely to accept offers and succeed in the program. See [All Rise Best Practices](#), Target Population, Proactive Outreach.
- ❑ **Referral Examples:** Recruitment efforts include posting informational flyers and brochures at the jail, courthouse, and defense counsel offices advertising the benefits of specialized dockets and how to apply.
- ❑ **Assessments:** Eligibility assessments must be completed promptly after the referral by programs or people appropriately licensed and trained. Ohio Standard 3(B). There are assessments and screening tools with different aims that a court should define in this section:
 - *Eligibility* assessments determine whether a candidate meets the legal and clinical eligibility criteria and whether the person requires the type of intensive treatment and supervision services the docket ordinarily provides.
 - *Risk Eligibility Assessments* are designed to predict a candidate’s likelihood of recidivism over a specified number of years. These risk scales tend to rely on criminal history, demographic variables, antisocial attitudes, and severity of substance use. See [Fact Sheet: Selecting and Using Risk and Need Assessments - All Rise \(2016\)](#).
 - [Ohio Revised Code Section 5120.114](#) and [Adm.Code 5120-13-01](#) require Ohio municipal and common pleas courts to use the Ohio Risk Assessment System (ORAS) tool for the assessment of risk/needs in court programs. If your court uses a specialized risk assessment it must be a scientifically validated tool.
 - Additional information about validated risk-assessment tools for criminal justice populations can be obtained in [All Rise Best Practices](#), Target Population, Valid Eligibility Assessments.
 - *Behavioral Health Screening Tools* are brief interviews, structured questionnaires, and self-report instruments used to identify current issues related to mental health, substance use, and trauma that may indicate the need for further assessment and/or treatment. Screening tools can help practitioners identify acute or crisis matters that require immediate attention, such as suicidality and withdrawal symptoms. Some screening tools require training and/or licensure training. Examples of screening tools may include, but are not limited to:
 - Addiction Severity Index (ASI) Screening
 - Adverse Childhood Experiences (ACEs)
 - Alcohol Use Disorders Identification Test (AUDIT)

- Beck Depression Inventory (BDI)
 - Clinical Opiate Withdrawal Scale (COWS)
 - Clinical Institute Withdrawal Assessment for Alcohol (CIWA)
 - CRAFFT Screening Tool for Adolescent Substance Use
 - Global Appraisal of Individual Needs Short Screener (GAIN-SS)
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - Tobacco, Alcohol, Prescription Medication, & Other Substance Use (TAPS) Tool
- *Clinical Assessments* are completed in an interview-based structured setting by appropriately licensed and trained professionals that indicate whether an individual meets diagnostic criteria for a substance use disorder and/or mental health condition to help inform treatment planning. Assessments differ from screenings in that it examines an individual's immediate needs along with their bio-psycho-social-spiritual history. Clinical assessments are in-depth, examining the scope and severity of the presenting problem, personal and family history, clinical risk, and protective factors. The structure of clinical assessments may vary by organization. Examples of clinical assessments may include, but are not limited to:
- Clinically Structured Interview or Diagnostic Assessment (may vary by agency)
 - Clinical Administered PTSD Scale for DSM-5 (CAPS-5)
- *Level of Care Assessments* build upon the individual's clinical assessment to determine the appropriate level of care to address their substance use disorder and co-occurring mental health condition(s). Commonly used for substance use disorder treatment determinations, the American Society of Addiction Medicine (ASAM) Criteria examines intoxication, withdrawal, and addiction medications, biomedical conditions, psychiatric and cognitive conditions, substance use related risks, recovery environment interactions, and person-centered considerations. Levels of care can range over the continuum of recovery housing, outpatient, intensive outpatient, residential, and inpatient.

See [All Rise Best Practices](#), Substance Use, Mental Health, Trauma Treatment and Recovery Management, Co-Occurring Substance Use and Mental Health or Trauma Treatment.

- **Informed Consent (Knowing, Intelligent, and Voluntary Waiver):** Potential participants should have ample time to review the program requirements, including information regarding responses to noncompliance and termination, with defense counsel and ask clarifying questions. Defense counsel should ensure that candidates are adequately informed and understand all material information needed to provide voluntary and informed consent to participate in the docket before waiving any rights, entering any plea, and/or accepting admission in the specialized docket.
 - The program description should state that the participant handbook and participant agreement should be reviewed with defense counsel prior to the participant signing the participant agreement.
 - Ensure that all of defense counsel’s admission duties are detailed either in the defense counsel role description or at all points in the materials that contemplate waiver/release of legal rights, guilty pleas, and/or review of the participant agreement and handbook.
 - Consider adding a signature line to the participant agreement for the defense counsel. For additional information, see the following resources regarding the role of defense counsel in the specialized docket:
 - [Adult Treatment Court Best Practice Standards - All Rise](#), Incentives, Sanctions, and Service Adjustments, Advance Notice.
 - [Reference Guide for Treatment Court Defense Attorneys - All Rise](#) (2025).
 - [A Practitioner’s Guide to Constitutional and Legal Issues in Adult Drug Courts](#) (2023), p. 12.

Standard Text
Standard 3. Program Entry and Case Flow.
(A) Referral process

A specialized docket shall include a written referral process that addresses how candidates are identified, evaluated, and transferred into the docket. The referral process shall indicate at what stage or stages of the legal process referrals will be considered.

(B) Assessment

- (1) Candidates shall be promptly evaluated for admission into a specialized docket using assessment tools and procedures based upon written legal and clinical eligibility criteria.
- (2) A specialized docket should use risk scales specific to the type of legal case, participant, and desired outcome to increase predictive accuracy.
- (3) All substance abuse, mental health, and other programming assessments shall include available collateral information to ensure the accuracy of the assessment.

- (4) A participant or the participant's guardian shall complete a release of information form to provide for communication about confidential information, participation/progress in treatment, and compliance with the provisions of relevant law, including the "Health Insurance Portability and Accountability Act of 1996," 42 U.S.C. 300gg-42, as amended; 42 CFR Part 2; and R.C. 2151.421 and 2152.99.
- (5) All screenings and assessments for treatment determinations shall be provided by programs or persons who are appropriately licensed and trained to deliver such services according to the standards of the profession.

(C) Decision on admission

- (1) A specialized docket judge shall have discretion to decide the admission into a specialized docket in accordance with the written criteria for the specialized docket.
- (2) The written legal and clinical eligibility criteria do not create a right to participation in a specialized docket.

(D) Acceptance into docket

- (1) Before entering a specialized docket, each participant shall receive and agree to the terms and conditions set forth in a detailed, written participation agreement and participant handbook outlining the requirements and process of the specialized docket.
- (2) Each participant shall receive an explanation of responses to compliance and noncompliance, including criteria for successful, neutral, and unsuccessful specialized docket completion.
- (3) In addition to any constitutional or legal right to counsel throughout the process, a participant shall have the right to request the attendance of defense counsel during the portion of a specialized docket treatment team meeting concerning the participant.

Guide to Standard 4: Treatment and Rehabilitation.

Summary: Standard 4 details the minimum requirements for treatment and services that should be available in a specialized docket program. The program description should include information on licensing, providers, support services, ancillary services, and screening and assessments used to determine treatment needs.

Required Information:

- ☐ **Prompt Access to Treatment:** After acceptance into the docket, participants should be placed in approved, appropriate treatment and services as soon as possible.
 - Best practices suggest jails should not be used to deter overdose or as preventative detention unless no less restrictive option is available, such as daily check-ins with probation or treatment and weekly court appearance. For additional options for keeping participants safer in the community while awaiting an inpatient treatment bed, see [National Drug Court Institute- What To Do While Awaiting Treatment Beds](#).
 - Placing a participant in jail while waiting for treatment to prevent overdose causes a substantial decline in opioid tolerance, which increases a person's overdose risk. See [All Rise Best Practices](#), Substance Use, Mental Health, and Trauma Treatment and Recovery Management, Custody to Provide or While Awaiting Treatment.
- ☐ **Provider Licensure:** Ohio Standard 4(C) and Standard 3(B) (5) both emphasize the considerable expertise required to assess participants' treatment needs, refer them to indicated levels and modalities of care, adjust services as they make progress in treatment, and connect them with ongoing recovery supports. Judges, lawyers, probation officers, and program coordinators are not qualified to do so. Clinical screenings and assessments for treatment determinations must be provided by those who are properly licensed and trained to deliver such services in Ohio, such as a licensed independent chemical dependency counselor (LICDC), licensed social worker (LSW), licensed independent social worker (LISW), licensed professional counselor (LPC), and/or licensed professional clinical counselor (LPCC).
 - For more information on level-of-care assessments, see [All Rise Best Practices](#), Substance Use, Mental Health, Trauma Treatment and Recovery Management.
- ☐ **Treatment and Services:**
 - Coordinated treatment and rehabilitative services shall meet the individualized needs of each participant and incorporate evidence-based strategies for the participant population. Ohio Standard 4(E).
 - Carefully consider all blanket requirements and restrictions. For instance, not all participants will benefit from mutual support groups. Therefore, requiring all participants to attend meetings does not meet their individualized needs.
 - Treatment shall be trauma informed, gender-responsive, and culturally appropriate and shall effectively address co-occurring disorders. Ohio Standard 4(E).

- Whenever possible, service providers should have separate tracks for participants. As discussed previously in Ohio Standard 2(B), serving high-risk and low-risk people in the same treatment groups or residential settings is associated with negative outcomes for the low-risk individuals. Therefore, treatment programs should deliver counseling and residential services separately for people with different risk levels.
- See [All Rise Best Practices](#), Target Population, High-Risk and High-Need Participants.

☐ Medication Assisted Treatment Services:

- Consistent with Ohio Standard 4(E) and the [Supreme Court of Ohio's Principles for the Use of Medication for Addiction Treatment \(MAT\) in Specialized Dockets](#), courts should not ban medication or medication assisted treatment. A specialized docket may require participants to disclose prescriptions and notify their providers they have a substance use disorder. However, a specialized docket may not prevent or sanction participants taking medication prescribed by a licensed physician. See the below resources.
- [The Supreme Court of Ohio Principles for the Use of Medication for Addiction Treatment \(MAT\) in Community Control, Probation, and Supervision](#).
- [Adult Treatment Court Best Practice Standards - All Rise](#), Substance Use, Mental Health, Trauma Treatment and Recovery Management, Medication for Addiction Treatment.
- [Adult Treatment Court Best Practice Standards - All Rise](#), Incentives, Sanctions, and Service Adjustments, Prescription Medication and Medical Marijuana.
- [Monograph Series: Critical Issues for Defense Attorneys - All Rise](#) (revised 2025), Medication for Addiction Treatment (MAT), p. 52.
- [MOUD Guides - All Rise](#).

☐ Ancillary Services:

- The docket should provide a full continuum of complementary treatment and social services for conditions that are likely to interfere with a participant's compliance with docket requirements, increase criminal recidivism, or diminish treatment gains and long-term rehabilitation, such as education, vocational training/employment, transportation, housing, participant health, and parenting. See [All Rise Best Practices](#), Complementary Services and Recovery Capital.

Best Practices:

- **12 Step Programs:** The program description should avoid using AA-specific terms such as “AA/NA/CA,” “sponsor,” “home group,” and “12-step.” Please replace these with secular alternatives like “peer support” or “recovery support,” as specialized dockets should not require participation in any non-secular 12-step program.
 - See Ohio Standard 13 and [Commission on Specialized Dockets Guidance: Constitutional Rights of Participants](#).
 - [Monograph Series: Critical Issues for Defense Attorneys - All Rise](#) (revised 2025), Challenges to Requirements: AA and NA, pp. 40 and 55.
 - See also [A Practitioner’s Guide to Constitutional and Legal Issues in Adult Drug Courts](#) (2023), Twelve-Step Programs, p. 26.

Standard Text**Standard 4. Treatment and Rehabilitation.****(A) Prompt access**

A specialized docket shall provide prompt access to a continuum of approved treatment and other rehabilitation services.

(B) Placement in treatment services

Specialized docket participants shall be placed as soon as possible in appropriate treatment services and programs.

(C) Screenings and assessments. All screenings and assessments for treatment determinations shall be provided by programs or persons appropriately licensed and trained to deliver such services according to the standards of the profession.**(D) Licensing and training**

All required treatment and programming shall be provided by programs or persons appropriately licensed and trained to deliver such services according to the standards of their profession.

(E) Treatment and services

(1) Coordinated treatment and other rehabilitative services shall meet the individualized needs of each specialized docket participant and incorporate evidence-based strategies for the participant population being served by the docket. Treatment and services shall be trauma informed, gender-responsive, and culturally appropriate and shall effectively address co-occurring disorders. Whenever possible, service providers should have separate tracks for specialized docket participants.

(2) Medication assisted treatment services shall be provided in a form and manner that adhere to “[The Supreme Court of Ohio’s Principles for the Use of](#)

Medication Assisted Treatment (MAT) in Specialized Dockets.

- (3) Treatment and services should be comprehensive and family-centered, meeting the assessed needs of the participant in the context of family relationships.

(F) Ancillary services

A full continuum of complementary treatment and social services should be provided for conditions that are likely to interfere with a specialized docket participant's compliance with docket requirements, increase criminal recidivism, or diminish treatment gains and long-term rehabilitation, including all of the following:

- (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.

Guide to Standard 5: Docket/Phase Progression.

Summary: Ohio Standard 5 provides for the structure, sequence and timing of progression through the specialized docket program. The need for phases, and the requirements of each phase are what is most important to detail in this section.

Required Information:

☐ **Phase Structure:**

- **Time in Each Phase:** Explain the minimum length of each phase, if applicable.
- **Court Appearances:** Describe attendance requirements relating to court appearances, meetings, and other appointments. Ohio Standard 7 requires status review hearings at least twice a month in the early phases, once a month in the middle phases, and once every six weeks in the final phase.
- **Requirements/Expectations:** Describe other expectations including case management, substance monitoring, and treatment objectives to advance to the next phase.

- Participant progress through phases should not be based solely on preset timelines but rather on objective and observable phase advancement criteria once the participant has managed their proximal goals in the current phase.
 - Phase advancement requirements should be realistic and objective.
 - Process: Describe the process for advancement to the next phase, especially tasks the participant must do in order to advance such as a formal application.
- ☐ **Productive Activities:** The structure of a specialized docket should include productive activities, such as employment, education, or attendance in peer support groups, if clinically recommended.

Best practice:

- ☐ **Review and Update:** The advisory committee should review/update the phase structure, particularly the abstinence requirements.
- ☐ **Sobriety Requirements:** High-risk and high-need individuals are unlikely to meet substance use abstinence requirements. Abstinence does not become an achievable (proximal) condition until the person has achieved clinical stability or early remission. Early remission is defined as 90 days without clinical symptoms that may interfere with the participant's ability to attend sessions, to benefit from the interventions, and avoid substance use. [All Rise Best Practices](#), Incentives, Sanctions, and Service Adjustments, Proximal, Distal, and Managed Goals.
- ☐ Early remission is categorized by:
- At least 90 days of clinical stability and up to 90 days of abstinence. Up to 180 days may be required for participants with an early age of onset of drug use, long duration of use, or who use highly neurotoxic or addictive drugs like methamphetamine or fentanyl;
 - Absence of withdrawal symptoms;
 - Absence of persistent or prolonged cravings;
 - Absence of anhedonia (the inability to experience joy or pleasure);
 - Absence mental health symptoms, like depression or anxiety; and
 - Unlikely to occur in early program phases.

[All Rise Best Practices](#), Community Supervision, Timing the Enforcement of Standard Supervision Conditions in Treatment Courts (commentary).

Standard 5. Docket Progression.

(A) General

Progression through a specialized docket is based upon the participant's performance in the treatment plan and compliance with requirements of the docket phases. A participant's progress through the docket phases shall not be based solely upon preset timelines.

(B) Structure

A specialized docket shall include a clearly defined structure for progression through the docket. The progression shall include all of the following:

- (1) The minimum length of time, if any, that shall be spent achieving any particular phase;
- (2) The nature and frequency of court appearances, supervision meetings, and other attendance requirements;
- (3) Realistic and concrete behavioral based requirements for the court, case management, substance monitoring, and treatment objectives that shall be satisfied before advancing;
- (4) The process for advancing to the next phase, including any applications, if any, that shall be completed.

(C) Sequence and timing

The sequence and timing of requirements and services provided by the specialized docket should take into account the relative priority of participant needs to be addressed.

(D) Productive activities

The structure of a specialized docket should include productive activities, such as employment, education, or attendance in peer support groups.

Guide to Standard 6: Treatment Team.

Summary: Ohio Standard 6 provides for the necessity of detailing the treatment team members, their roles and responsibilities, communication, and scheduling. This section should include the following:

- ☐ **Composition:** List the members of the multidisciplinary treatment team.
 - Treatment providers should be licensed, such as licensed substance use/mental health counselors, social workers, or other clinicians.
- ☐ **Roles:** Describe each team member's role and responsibilities.
 - Designate the judge as the chair of the treatment team. The judge must attend treatment team meetings and status reviews.

- Ohio Standard 6(E) is similar to Ohio Standard 1(A)(4) in that it requires a specialized docket judge to attend and chair the treatment team meetings like the advisory committee meetings.
- ☐ **Meetings:** List the date/time/frequency treatment team meetings and status review hearings are held.
- ☐ **Communication:** Treatment team members should engage in ongoing communication, including frequent, timely, and accurate updates on the participant's overall performance via secured email, telephone, or in-person conversations.
 - There should be a memorandum of understanding (MOU) in place between treatment team members and associated agencies.
 - See Appendix E for a sample MOU.
- ☐ **Length of Service:** Treatment team members should be required to serve for a minimum of one year. Ohio Standard 6(G).

Best Practices:

- ☐ **Prosecution and Defense Attendance:** It is recommended that both a prosecutor and defense attorney always attend treatment team and status review hearings. Research has shown that both defense counsel and prosecution involvement reduce recidivism and program costs.
 - The prosecutor's duties on the treatment team include confirming eligibility for the specialized docket, ensuring informed consent, safeguarding and advancing due process, and advocating for public interests.
 - The defense counsel is responsible for obtaining informed consent, advocating for the participants' interest, safeguarding due process, and protecting confidentiality.
 - The Office of the Ohio Public Defender provides for reimbursement of an attorney to serve as appointed counsel for indigent defendants. See [OPD Standards & Guidelines](#), Section I(X).
 - The participant should be notified of the right to counsel at treatment team meetings and status review hearings. Ohio Standard 3(D)(3).
 - [Reference Guide for Specialized Docket Defense Attorneys - All Rise \(2025\)](#).
 - This presentation from the Supreme Court's 2023 Specialized Dockets conference outlines the responsibilities of both prosecutor and defense counsel: [Prosecutor and Defense Counsel: Working Effectively on the Specialized Docket Team \(2023\)](#).
 - For more information, see this presentation from the Supreme Court's 2019 conference: [The Role of Defense Counsel and Prosecutors in Specialized Dockets \(2019, M. Lane\)](#).

- ❑ **Peer Supporters or Mentors:** Experienced and prosocial members of the recovery community, including certified peer recovery support specialists (PRSSs), peer mentors, veteran mentors, and peer group sponsors, serve critical roles in treatment court. To preserve trust and their confidential relationship with participants, they are not members of the core treatment court team and do not share confidential information other than in the limited circumstances.
 - See [All Rise Best Practices](#), Multidisciplinary Team, Treatment Court Team.
 - [Incorporating Peer Recovery Support into Treatment Courts - All Rise](#) (2023).

Standard Text

Standard 6. Treatment Team.

(A) Composition

A treatment team shall be comprised of a multidisciplinary group of professionals needed to implement the daily operations of the specialized docket. Treatment team members may include, but are not limited to, the following:

- (1) The specialized docket judge;
- (2) Probation staff / community control staff;
- (3) Parole officers;
- (4) Licensed treatment providers;
- (5) A prosecutor;
- (6) Defense counsel;
- (7) A specialized docket program coordinator;
- (8) Case managers;
- (9) Law enforcement personnel;
- (10) Jail, prison, or juvenile detention personnel;
- (11) Children services personnel;
- (12) Veterans justice outreach coordinator;
- (13) Representatives of other community-based stakeholders.

(B) Roles and responsibilities

The specific roles and responsibilities for each treatment team member shall be set forth in writing.

(C) Meetings

The treatment team shall hold regular meetings prior to the status review hearings

to evaluate participant progress, develop plans to improve individual outcomes, and prepare for the status review hearings.

(D) Participation of specialized docket judge

The specialized docket judge shall attend and chair treatment team meetings.

(E) Communication

Ongoing communication shall take place among the treatment team members, including frequent exchanges of timely and accurate information about the participant's overall performance.

(F) Length of service

For consistency and stability in specialized docket operations, treatment team members should serve on the treatment team for a minimum of one year.

Guide to Standard 7: Participant Monitoring/Judicial Interaction.

Summary: Ohio Standard 7 emphasizes the role and importance of the judge and court in monitoring and interacting with participants.

Required Information:

- ☐ **Supervision:** A specialized docket must promptly place participants under reporting supervision, monitor their compliance, and maintain their current treatment plan.
- ☐ **Ongoing Judicial Interaction:** The judge shall interact with participants frequently:
 1. Phase 1 – status review hearings should be held at least two times per month.
 2. Middle Phases - status review hearings should be held at least once per month.
 3. Last Phase – status review hearings should be held at least once every six weeks.
 - [Adult Treatment Court Best Practice Standards - All Rise](#), Roles and Responsibilities of the Judge, Status Hearings, Frequency of Status Hearings in Adult Drug Courts (commentary).
 - [Adult Treatment Court Best Practice Standards - All Rise](#), Incentives, Sanctions, and Service Adjustments, Reliable and Timely Monitoring.
- ☐ **Significant Number of Participants:** Multiple participants should appear at each status review hearing in order to educate each participant as to benefits of compliance and the consequences of noncompliance.
- ☐ **Same Judge:** Under Ohio Standard 7(B) (4), when practicable, the same judge should conduct all status review hearings to enhance continuity and encourage stronger relationships with participants and insights into their needs.

Best Practices:

- **Length of Interaction:** Evidence reveals that interactions averaging at least three minutes are required to develop a collaborative working alliance with each participant to support the person's recovery.
 - [Adult Treatment Court Best Practice Standards - All Rise](#), Roles and Responsibilities of the Judge, Status Hearings, Length of Court Interactions (commentary).
 - [Judicial Bench Card - All Rise](#) (2017).

Standard Text

Standard 7. Participant Monitoring.

(A) General

- (1) A specialized docket shall monitor each participant's performance and progress.
- (2) Participants shall be placed under reporting supervision as soon as possible to monitor compliance with court requirements.
- (3) A specialized docket shall maintain a current treatment plan and record of activities.

(B) Ongoing judicial interaction

- (1) A specialized docket shall incorporate ongoing judicial interaction with each participant as an essential component of the docket.
- (2) A specialized docket participant shall appear at least twice monthly before the specialized docket judge during the initial phase, no less than monthly after the initial phase, and no less than every six weeks during the final phase to review the participant's progress. Frequent status review hearings establish and reinforce the specialized docket's policies and ensure effective supervision of the participant.
- (3) A specialized docket should have a significant number of specialized docket participants appear at a single court session in order to educate each participant as to the benefits of court compliance and consequences for noncompliance.
- (4) Hearings shall, as much as practicable, be before the same specialized docket judge for the length of each participant's time in the specialized docket

Guide to Standard 8: Incentive, Sanction, and Therapeutic Adjustments.

Summary: Ohio Standard 8 outline responses to compliance and noncompliance, which are incentives, sanctions, and therapeutic adjustments.

Required Information:

- ☐ **Predictable, Fair, and Consistent:** Responses to participant behavior should be predictable, fair and consistent and administered in accordance with evidence-based principles of behavioral modification.
- ☐ **Immediate, Graduated, and Individualized:** Both incentives and sanctions should be *immediate, graduated, and individualized*.
 - **Immediate:** Incentives and sanctions should be immediate in the sense that they should be imposed by the docket judge and should take place as close in time to the compliant or noncompliant behavior as possible, i.e. at the very next status review hearing.
 - **Graduated:** Incentives and sanctions should be graduated in the sense that the magnitude of sanctions/incentives should be determined by the participant's level of clinical need and/or phase position, i.e., a positive drug screen should be treated less stringently in an early phase as opposed to a later phase.
 - **Individualized:** The treatment plan must account for the specific needs and circumstances of each participant.
- ☐ **Advance Notice:** The program description must describe which behaviors will lead to sanctions, incentives, and therapeutic adjustments, and the types of incentives, sanctions, and therapeutic adjustments the court will use. This puts the participant on notice of the expectations, rewards, and consequences of behavior in the program.
- ☐ **Compliant Behaviors:** Include a list of compliant behaviors that may lead to incentives in the program description. Ohio Standard 8(B).
 - Incentives encourage engagement in productive activities like counseling, hobbies, or employment that take the place of harmful behaviors and contribute to long-term adaptive functioning.
 - Truthfulness and attendance are often proximal achievable goals.
 - In the early phases of a specialized docket, praise should be given for attendance at every session or appointment, including court hearings, treatment sessions, supervision sessions, and drug testing (regardless of the test results).
- ☐ **Incentives:** Include a list of possible incentives in the program description, this list does not need to be exhaustive.
 - See All Rise, [Incentives On A Dime](#).
 - See also [All Rise Best Practices](#), Incentives, Sanctions, and Service Adjustments, Incentives.

- ❑ **Noncompliant Behaviors:** A list of noncompliant behaviors that will lead to a sanction should also be included in the program description. See Sanctions for noncompliance, Ohio Standard 8(C). See also [All Rise Best Practices](#), Incentives, Sanctions, and Service Adjustments, Sanctions.
 - Sanctions are delivered for their aversive quality or to restrict participants' liberty to reduce undesirable behaviors such as electronic surveillance, day reporting, home detention, and jail.
- ❑ **Sanctions:** Include a list of possible sanctions in the program description, this list does not need to be exhaustive.
 - **Examples:** Sanctions can be verbal warnings, courtroom observation of status review hearings, instructive community service, curfews travel/association restrictions, electronic surveillance, day reporting, home detention and jail.
 - **Jail as a sanction:** Jail sanctions may interfere with a participant's treatment and/or MAT. Jail sanctions should be no more than three to six days in length and delivered in the least disruptive manner possible (e.g., on weekends or evenings) to avoid interfering with treatment, household responsibilities, employment, or other productive activities. See [All Rise Best Practices](#), Incentives, Sanctions, and Service Adjustments, Jail Sanctions.
 - **Jail Sanctions in Early Phases:** Jail often has a negative effect on people with a high need for treatment. Jail sanctions should not be imposed until participants are psychosocially stable and in early remission. See [All Rise Best Practices](#) Incentives, Sanctions, and Service Adjustments, Jail Sanctions.
 - **Participant Rights:** See [Commission on Specialized Dockets Guidance: Constitutional Rights of Participants](#) for due process concerns regarding jail sanctions. As a reminder, notice of intent to impose a jail sanction, a hearing, and representation by defense counsel is required prior to any life/liberty sanction.
 - **Demotion:** Phase demotion is not recommended because it can demoralize participants and lower their motivation to continue striving for phase advancement. It is appropriate to reinstate conditions like curfews, drug testing, court appearances that were lifted in earlier stages, and to keep participants in a phase longer if they are not meeting expectations.
 - See [All Rise Best Practices](#), Incentives, Sanctions, and Service Adjustments, Sanctions.
 - **Financial Sanctions:** Refrain from imposing financial sanctions. They may create a barrier to success or a disincentive to participate in the docket. See [The Impact of Fines and Fees on Participants \(2022\)](#).

- ❑ **Therapeutic Adjustments:** Include a separate section for therapeutic adjustments. See Ohio Standard 8(D). See also [All Rise Best Practices](#), Incentives, Sanctions, and Service Adjustments, Service Adjustments.
 - **Group meetings:** Adjustments in treatment and participation in mutual support meetings should be based on clinically informed needs of the participant.
 - Not all participants benefit from treatment in a group setting. Discuss with individual treatment providers.
 - **NOT Sanctions:** Therapeutic adjustments, such as moving from intensive outpatient program (IOP) level of care to residential level of care or increased number of weekly therapy sessions, are distinct from sanctions.
- ❑ **Judicial Authority:** Judges must exercise independent discretion when resolving factual disputes, ordering conditions of supervision, and administering sanctions, incentives, or dispositions that affect a person’s fundamental liberty interests. These responsibilities may not be delegated to the treatment team. [All Rise Best Practices](#), Roles and Responsibilities of the Judge, Judicial Decision Making.

Best Practices:

- ❑ Ensure the program description clarifies that therapeutic adjustments to the participant’s treatment plan must be based on the clinically informed needs of the participant. Therapeutic adjustments are “things the participants need” to develop the skills to achieve their distal goals, such as extended abstinence. Participants often perceive therapeutic adjustments as sanctions, but it is important participants understand that they are distinct from sanctions. The therapeutic adjustments portion of the program description should be separate and distinct from the sanctions section and the incentives section. Consider adding a separate therapeutic adjustments section to the materials.
 - [Adult Treatment Court Best Practice Standards - All Rise](#), Incentives, Sanctions, and Service Adjustments, Service Adjustments.
 - [Reference Guide: Incentives, Sanctions, and Service Adjustments - All Rise](#) (2024).
 - [All Rise Fact Sheet “Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions](#) (2012).

See Appendix D for a list of possible incentives, sanctions, and therapeutic adjustments.

Standard Text

Standard 8. Incentives, Sanctions, and Therapeutic Adjustments.

(A) General

Specialized dockets shall establish written policies and procedures regarding responses to a participant’s behavior that are predictable, fair, and consistent and that are administered in accordance with evidence-based principles of effective behavior modification.

(B) Incentives

- (1) Immediate, graduated, and individualized incentives shall govern the responses of a specialized docket to a participant's compliance.
- (2) Praise and positive incentives should be offered consistently to promote achieving productive behaviors.

(C) Sanctions

- (1) Immediate, graduated, and individualized sanctions shall govern the responses of a specialized docket to a docket participant's noncompliance.
- (2) The magnitude of the sanction should take into the relative ease with which the participant can achieve the desired behavior at that point in time.

(D) Therapeutic adjustment

Therapeutic adjustments in treatment services, as well as participation in community-based mutual support meetings, should be based upon the clinically informed needs of the participant.

Guide to Standard 9: Substance Monitoring

Summary: Ohio Standard 9 details the minimum standards for randomized substance monitoring. The standard requires random, frequent, and observed testing.

Required Information:

- ☐ **General:** Substance use monitoring shall be random, frequent, and observed and include all of the following:
 - Written policies and procedures for collection of samples, analysis, and reporting results;
 - Individualized testing plans;
 - Testing should be random and multiple times a week. Policies should include the following:
 - The schedule for drug and alcohol testing should be unpredictable, including a chance of being tested on weekends and holidays (random).
 - Limit the window of time between notification and testing.
 - The testing should be frequent enough to ensure that substance use is detected quickly and reliably (frequent).
 - For urine analysis, testing is recommended at least twice per week.
 - The collection of the sample should be witnessed by a staff person trained to prevent tampering (observed).

- ❑ **Positive Tests:** Specify in the program description that testing positive, failing to show up for a test, submitting someone else's sample, or submitting an adulterated or diluted sample are treated as positive. Ohio Standard 9(B).
 - The specialized docket team shall receive immediate notification of positive tests. An appropriate sanction or therapeutic adjustment shall be immediately enforced by the judge.
- ❑ **Sufficiency of Testing:** Testing shall include the participants primary substance, as well as a range of other common substances. Ohio Standard 9(C).
- ❑ **Compliance by Agencies:** All substance testing agencies shall comply with the requirements of Ohio Standard 9(D).

Best Practices:

- ❑ **Contesting a Positive Test:** The Program Description should outline the policy for contesting a positive drug test, including no charge to the participant for the confirmation testing if the confirmation test is returned negative.
- ❑ **Frequency:** Per Ohio Standard 9(A) (3), testing must be performed frequently enough to ensure substance use is detected quickly and reliably. Research shows that specialized dockets are most effective when they perform urine drug testing at least twice per week for the first several months of the program. Some drugs are only detectable in urine for approximately two to four days, so testing less frequently leaves a time gap during which participants can use substances. Consider reducing testing to less than twice per week, only if there is no substance use disorder diagnosis.
 - [Adult Treatment Court Best Practice Standards - All Rise](#), Drug and Alcohol Testing, Frequency of Testing and Duration of Testing (commentary).
 - [FAQ: Drug Testing - All Rise](#).
 - See [NDCI Effective Drug Testing](#) (2018).

Standard Text

Standard 9. Substance Monitoring.

(A) General

A specialized docket shall monitor each docket participant's substance use by random, frequent, and observed alcohol and other drug testing protocols that include all of the following:

- (1) Written policies and procedures for sample collection, sample analysis, and result reporting. The testing policies and procedures shall address elements that contribute to the reliability and validity of the testing process.
- (2) Individualized drug and alcohol testing plans.
- (3) Testing protocols that ensure that all testing is random, frequent, and observed. Random testing shall be implemented in a manner so that the odds of being

tested are the same on any given day of the week. Drug and alcohol testing shall be performed frequently enough to ensure substance use is detected quickly and reliably. The collection of test specimens shall be witnessed directly by a staff person who has been trained to prevent tampering and substitution of fraudulent specimens.

(B) Positive tests

- (1) Testing positive, failure to submit to testing, submitting an adulterated sample or the sample of another individual, or diluting the sample shall be treated as positive tests.
- (2) A specialized docket shall receive immediate notification of all positive tests.
- (3) An appropriate sanction or therapeutic adjustment for all positive tests after entering a specialized docket program shall be immediately enforced and reinforced by the specialized docket judge.

(C) Sufficiency of testing. Testing shall be sufficient to include the participant's primary substance of use, as well as a sufficient range of other common substances.

(D) Compliance by agencies. All agencies conducting substance testing for use with the specialized docket shall comply with the requirements of this section.

Guide to Standard 10: Program Completion

Summary: Ohio Standard 10 provides that a program description must have written policies and criteria for program completion that have been developed, reviewed, and agreed upon by the Advisory Committee.

Required Information:

- ☐ **Categories of Completion:** The three categories of completion of the docket are as follows and the applicable category is determined by the docket judge:
 - Successful Completion;
 - Unsuccessful Completion; and
 - Neutral Termination for death, illness, other good cause.
- Note: There is no continued right to participate in a specialized docket. Unsuccessful discharges from specialized dockets require the same procedural due process protections as a probation revocation proceeding. See [Commission on Specialized Dockets Guidance: Constitutional Rights of Participants](#) and Ohio Standard 13.

Standard Text**Standard 10. Program Completion.****(A) Criteria**

A specialized docket shall have written policies and criteria related to program completion that have been collaboratively developed, reviewed, and agreed upon by the advisory committee.

(B) Categories

The categories of completion for a specialized docket shall be “successful completion,” “unsuccessful completion,” and “neutral termination.”

(C) Decision on termination

After affording participants any legal process to which they may be entitled, a specialized docket judge shall have discretion to decide the category of completion of the specialized docket and associated outcomes in accordance with the written criteria for the docket and after affording participants any legal process to which they may be entitled.

(D) No right to continued participation

The written legal and clinical eligibility and termination criteria do not create a right to continued participation in a specialized docket.

Guide to Standard 11: Professional Education.

Summary: Ohio Standard 11 describes continuing education procedures and guidelines for both the judge and the team. It is important that all members of the treatment team are trained and maintain updated knowledge on the specialized docket model.

Required Information:

- ☐ **Team Education Plan:** The education plan portion should include a viable continuing education plan for treatment team members and sufficient training plan for new members.
 - Prosecutors and defense counsel should be trained in specialized dockets processes.
- ☐ **Judicial Education:** Judges should be knowledgeable about treatment and programming methods. Note that every three years, each judge must complete six (6) hours of specialized docket specific education prior to submitting the application for recertification. [Sup.R.36.28\(A\)](#). These may be from any provider in any format, and do not need to carry any specific type of credit, as long as it relates to the operation of the specialized docket.

Sources of education include:

- [The Ohio Specialized Dockets Conference](#), hosted by the Supreme Court every fall.

- The Supreme Court of Ohio Judicial College [Course Calendar](#).
- [All Rise E-Learning Center](#).
- [All Rise Annual Conference](#).
- [All Rise role-specific education](#).

Standard Text

Standard 11. Professional Education.

(A) General

A specialized docket should assure continuing interdisciplinary education of advisory committee members, treatment team members, and personnel to promote effective specialized docket planning, implementation, and operations.

(B) Continuing education plan

A specialized docket should establish and maintain a viable continuing education plan for specialized docket personnel.

(C) Treatment team

- (1) Treatment team members should make reasonable efforts to observe all required specialized docket service provider programs to gain confidence in the services provided and to better understand the treatment and programming process.
- (2) A specialized docket should plan for the transition of a treatment team member and provide sufficient training and program document for new treatment team members.
- (3) For consistency in the non-adversarial approach, prosecutors and defense counsel should be trained in specialized docket processes.

(D) Judicial knowledge. The specialized docket judge should be knowledgeable about treatment and programming methods and limitations of the methods.

Guide to Standard 12: Effectiveness Evaluation.

Summary: Ohio Standard 12 provides the minimum standards for planning effectiveness evaluation on specialized docket programs. Specialized dockets are required to engage in on-going data collection to evaluate if the docket is meeting goals and objectives, establish a data collection plan, and report data to the Supreme Court. Ensure that the specialized docket is uploading the most current version of the spreadsheet no later than the 15th of each month. See [Instructions for Preparation of Statistical Report Forms: Specialized Dockets](#). For additional information, contact specdocs@sc.ohio.gov or 614-387-9425.

Required Information:

- ☐ Include a statement as to how the judge will evaluate the effectiveness of the docket by doing the following:

- Establish a data collection plan, including who is collecting the data, how it is collected, and timeframes for program review;
- Engage in on-going data collection; and
- Report data to the Supreme Court by the 15th of each month.

Note: When the data is submitted to the Supreme Court, individuals in your program are automatically flagged as specialized docket participants in the Ohio Automated Rx Reporting System (OARRS) so that healthcare providers can spot concerning patterns.

Best Practices:

For more information regarding effective evaluations see [Adult Treatment Court Best Practice Standards - All Rise](#) and [Adult Treatment Court Best Practice Standards - All Rise](#), Program Monitoring, Evaluation, and Improvement.

Enter into agreements with third parties such as research institutions, universities or other non-governmental organizations to collect and evaluate data for continued improvement (optional).

Standard Text

Standard 12. Effectiveness Evaluation.

A specialized docket judge shall evaluate the effectiveness of the specialized docket by doing each of the following:

- (A) Reporting data as required by the Supreme Court, including information to assess compliance with these standards;
- (B) Engaging in on-going data collection in order to evaluate whether the specialized docket is meeting its goals and objectives;
- (C) Establishing a data collection plan. The plan should identify who is collecting the data, how the data is collected, and the time frames for conducting program reviews based on the data. Treatment team members should provide data. The specialized docket should develop policies concerning protection of confidential information and identities when collecting data.

Guide to Standard 13: Constitutional/Due Process Rights

Summary: Ohio Standard 13 emphasizes that participants retain all substantive due process and other constitutional rights while in the program. For a more robust discussion and consideration of matters involving specialized dockets and this area:

See Commission on Specialized Dockets Guidance: [Constitutional Rights of Participants](#) and Ohio Standard 13.

Standard Text

Standard 13. Constitutional and Due Process Rights.

A specialized docket shall comply with all constitutional and statutory rights of their participants. Any such rights that are permitted to be waived by said participants are to be done in a manner that ensures substantive due process rights of the participant. All certified specialized dockets shall comply with the “Constitutional and Due Process Guidance Document issued by the Commission on Specialized Dockets.”

Appendix A: Sample Local Rule

Courts operating a certified specialized docket must comply with Ohio Standards by adopting a local rule or issuing an administrative order implementing the standards set forth in [Appendix I of the Rules of Superintendence for the Courts of Ohio](#). See Sup.R. 36.20.

Ohio Standard 1(B) requires that a local rule or administrative order formally authorize the establishment and operation of a specialized docket within a specific court. This formal authorization provides a clear legal framework that reflects the court's leadership approval and ensures judicial oversight.

The local rule or administrative order is reviewed as part of the initial certification and subsequent recertification processes conducted by the Supreme Court's Specialized Docket Section. However, there are no specific requirements regarding its format, length, or structure.

To promote consistency, fairness, and procedural due process, the rule or order might include the following elements:

- the purpose and goals of the docket;
- eligibility criteria;
- roles of the judge and treatment team;
- program completion and termination policies; and
- case management procedures.

The sample local rule below is intended to serve as a starting point, while still allowing local specialized dockets the flexibility to innovate and tailor their approach to meet their unique needs.

Buckeye County Court of Common Pleas

Local Rule XX. Specialized Docket - Buckeye County Substance Use Docket

This Court has created the Buckeye County Substance Use Docket according to the requirements set forth in Sup.R. 36.20 through 36.28. The docket implements the Ohio Specialized Docket Standards contained in Sup.R. Appx. I.

The goals and objectives are set forth in the Substance Use Docket Program Description.

The guidelines for how an individual is considered for the Substance Use Docket are set forth in the Program Description. The legal and clinical eligibility criteria for the program as well as any disqualifying factors are also listed therein.

At any time when an individual is eligible for participation in the Buckeye County Substance Use Docket, the case may be transferred to the judge presiding over the Substance Use Docket.

In the event a participant is unsuccessfully terminated from the specialized docket for violation of rules and regulations of the program as set forth in the Program Description, the case is referred back to the assigned judge for final disposition.

Appendix B: Participation Agreement Drafting Guide

Under Specialized Dockets Standard 1(D), dockets must adopt “a written participation agreement and participant handbook detailing the rights and responsibilities of participants in the specialized docket.” The handbook provides participants with a clear understanding of program expectations. The agreement documents the formal arrangement between the docket and the participant. This section of the drafting guide focuses on drafting a participant agreement, followed by drafting considerations for a handbook.

The participation agreements and participant handbooks should be written at an appropriate reading level for participants. Aim for 8th grade or lower using an appropriate readability test such as the Flesch-Kincaid grade level test. Microsoft Word provides readability statistics under Review > Editor > Document stats. Ensure that language is non-stigmatizing and person-centered where possible.

Knowing, Intelligent, and Voluntary

All agreements or waivers impacting constitutional rights or liberty interests must be made knowingly, intelligently, and voluntarily. This means participants must understand the substance of the agreement or waiver, the legal consequences, and the rights impacted or waived.

- ☐ **Plea Agreement.** A participant may be required to plead guilty before entering a specialized docket. The guilty plea can be taken in a regular criminal court session or in the specialized docket itself.
- ☐ **Admission.** The acknowledgement should confirm the participant is knowingly and intelligently requesting admission into the specialized docket, which means that the participant must understand
 - The docket’s model;
 - Terms of enrollment;
 - Consequences of termination;
 - Incarceration credit scheme; and
 - Any other material information about the program impacting the defendant’s rights.

For additional information, see the following resources regarding the role of defense counsel in the specialized docket:

- Reference Guide for Treatment Court Defense Attorneys - All Rise (2025)
- A Practitioner’s Guide to Constitutional and Legal Issues in Adult Drug Courts (2023), p. 12.

Docket Requirements and Structure

Include a high-level overview of docket requirements and procedures and require prospective participants to acknowledge them. The participant handbook includes more detail on these topics.

- ☐ Outline required treatment services and programming.
- ☐ Detail court appearance schedule.
- ☐ Describe phase requirements and advancement criteria.
- ☐ Provide examples of compliance.
- ☐ Specify responses to compliance (incentives).
- ☐ Provide examples of noncompliance.
- ☐ Specify responses to noncompliance (sanctions and/or therapeutic adjustments).
- ☐ Explain criteria for successful, neutral, and unsuccessful completion.

Constitutional Rights

A participant agreement must outline any rights the participant waives by entering the specialized docket. Similarly, the participant agreement should state that certain rights, such as due process rights, cannot be waived. To ensure a specialized docket does not engage in practices that infringe upon participants' rights, a participant agreement should list the following acknowledgments.

For ease of use, the items below follow the sequence of the Commission on Specialized Dockets Guidance: Constitutional Rights of Participants. Ohio Standard 13 explicitly incorporates this guidance document.

Restrictions on Geographical Locations and Associations

Dockets may restrict participants from certain people or places if it is necessary for their recovery.

- ☐ Clearly specify any restrictions on access to certain geographic locations.
- ☐ Detail any restrictions on contact with certain people or groups.
- ☐ Explain that restrictions are reasonably related to rehabilitative needs.
- ☐ Include language about monitoring compliance with these restrictions.

Restrictions on 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.

- ☐ Specify requirements to comply with medical directives, such as prescribed medications.

- ☐ Detail any restrictions on otherwise legal substances or medications.
- ☐ Be cautious with broad prohibitions on “mood altering” medications. Instead, ensure prescribing physicians are aware the participant is in recovery and discuss concerns with the prescriber and the treatment team.
- ☐ Specify the process by which participants are to notify the docket when they are prescribed new medications.
- ☐ State explicitly that there shall be no restrictions on legally prescribed FDA-approved MAT.
- ☐ Confirm participants shall not be required to cease legally prescribed MAT for program admission or completion.

Requirements for Random Drug Testing

Ohio Standard (9)(A)(3) requires testing frequently enough to ensure substance use is detected quickly and reliably.

- ☐ Include how participants determine whether they are required to test on any particular day.
- ☐ Describe testing protocols such as the method, frequency, and location of testing.
- ☐ Specify consequences for positive tests, failing to submit, or submitting adulterated/diluted samples.
- ☐ State the process for contesting a positive test result.
- ☐ Include procedures for disputing test results.
- ☐ Explain the types of substances found in testing.

Alternatives to Faith-Based Programs

If the specialized docket requires group meetings that are religious in nature, provide nonreligious alternatives.

- ☐ State that secular alternatives to 12-step programs are permitted if the docket requires such programs.
- ☐ Explain that attendance at community-based mutual support meetings should be based upon the clinically informed needs of the participant pursuant to Ohio Standard 8(D).

Consent to Searches

Specialized dockets may require participants to waive the right against warrantless searches, but the participant must sign the conditions knowingly, intelligently, and voluntarily.

- ☐ Specify conditions under which searches may be conducted.
- ☐ Explain scope of searches (person, residence, or property).
- ☐ Include language ensuring waivers are signed knowingly, intelligently, and voluntarily.

Due Process Rights

In specialized dockets, due process requirements usually come into effect upon termination from the program or imposition of a jail sanction.

- ☐ Specify right to notice, hearing, and representation before termination.
- ☐ Detail right to notice, hearing, and representation before jail sanctions.
- ☐ Clarify participants do not have the right to contest sanctions without impacting liberty interests.
- ☐ Differentiate between sanctions and treatment adjustments.
- ☐ Outline process for waiving hearings, including attorney consultation requirements.
- ☐ Specify right to counsel at treatment team meetings concerning the participant.
 - If a participant cannot afford private representation, a defense counsel will be appointed.

Rights Against Self-Incrimination

Specialized dockets *may* require participants to waive the right to remain silent regarding violation of program rules, but it may not require participants to waive rights regarding pending criminal cases. If this waiver is required for admission to the specialized docket, all of the following apply:

- ☐ State clearly that waiver does not extend to pending criminal charges.
- ☐ Confirm statements made cannot be used as evidence in criminal prosecutions.
- ☐ Ensure waivers are knowing, intelligent, and voluntary.

Indigency

Do not discriminate against defendants based solely on their ability to pay.

- ☐ State explicitly that admission is not based on financial status or ability to pay.
- ☐ Outline process for requesting financial accommodations.
- ☐ Detail fee schedule and payment expectations.
- ☐ Explain how the docket makes financial accommodation for indigent participants.

Other Constitutional and Statutory Concerns

Below are other rights that must be described in the participation agreement.

- ☐ Address confidentiality provisions and information sharing.
- ☐ Include release of information forms for communication about confidential information.
- ☐ Ensure compliance with relevant laws (for example, the Health Insurance Portability & Accountability Act (HIPAA) and [42 CFR Part 2](#)).
- ☐ Document any additional rights waivers with appropriate due process protections.

Acknowledgment and Signatures

Provide participants ample time to review the program requirements with defense counsel and to ask clarifying questions to ensure knowing, intelligent, and voluntary agreement.

- ☐ Include a statement that participant has read and understood the document.
- ☐ Contain acknowledgment of opportunity to review with legal counsel.
- ☐ Confirm all waivers are made knowingly, intelligently, and voluntarily.
- ☐ Provide spaces for signatures of participant, defense attorney, and any necessary staff.
- ☐ Include date of signing.
- ☐ Include space for interpreter certification if applicable.

Documentation

Determine the process for providing a copy to the participant and retaining a copy for record keeping.

- ☐ Provide the participant with a copy of the signed participant agreement.
- ☐ Store the original in the participant's file.

Appendix C: Participant Handbook Drafting Guide

The participant handbook provides potential specialized docket participants with a clear understanding of the requirements and expectations of the program. An effective participant handbook is:

- ☐ Well-organized and easy to understand.
- ☐ Written at an eighth-grade level (see discussion above under participation agreement).
- ☐ Visually appealing; with close attention to spacing and white space on each page.
- ☐ Written and designed in a manner so participants will fully understand the operations of the program without feeling overwhelmed.

Following is a checklist of specific considerations for writing a participant handbook.

Cover and Introduction

The cover is the participant's first impression of the specialized docket. Make a good impression.

- ☐ Create a cover that identifies the name of the program and the date of its last update.
- ☐ The first page of the manual should be the table of contents.
- ☐ A welcome letter written by the judge should be the next page.

The Specialized Docket Team

It is important that participants know who is part of the team of the specialized docket and will most likely be working with them throughout the course of program.

- ☐ Clearly identify the members of your core treatment team by name and title.
- ☐ Provide a telephone number for each member.

Mission Statement

- ☐ Tell participants about the intended purpose of the program. By providing this information, participants will have a clear understanding of why the program exists.

Eligibility Requirements – See Ohio Standard 2

Provide a brief description of the criteria participants must meet to be eligible for the program.

- ☐ Information should include things such as criminal class, residency requirements, and clinical criteria.

Program Requirements – See Ohio Standards 4 and 5

Provide participants with a clear understanding as to what is required of them while taking part in the specialized docket, including information such as:

- ☐ The minimum and maximum time spent in the program;
- ☐ General reporting requirements;
- ☐ Employment/educational expectations; and
- ☐ Frequency of treatment and court appearances.

Attendance and Absence Policy

Incorporate a clear statement of the docket's attendance and absentee policy, containing:

- ☐ The importance of timely arrival.
- ☐ The program's point of contact in the event of a necessary absence.

Court Sessions

Describe when and where participants are required to report to court.

- ☐ Include the date or day of the week, time, and location of docket sessions.

Drug Testing Protocol

Clearly state the docket's drug testing policy, including:

- ☐ The method and frequency of testing;
- ☐ Testing will be observed;
- ☐ Location of sample collection sites; and
- ☐ How a participant determines if they must test on any given day.

Supervision Protocol

Identify the type of supervision utilized by the specialized docket, including:

- ☐ The organization responsible for supervision;
- ☐ The frequency of reporting; and
- ☐ The address and telephone number of supervising entity.

Prescription Medication Policy

Include the docket's policy on prescription medication, including:

- ☐ The types or classes of medication that are not allowed in the program;
- ☐ MAT is not prohibited;
- ☐ Who to contact when they are prescribed medication while in the program; and
- ☐ Identify the type of documentation the docket requires for prescription medication.

Incentives, Sanctions, and Therapeutic Adjustments

Explain the purpose of imposing incentives, sanctions, and therapeutic adjustments:

- ☐ Provide examples of compliance that may lead to incentives;

- ☐ Provide examples of noncompliance that may lead to sanctions and/or therapeutic adjustments; and
- ☐ Include a short list of potential rewards, punishments, and treatment adjustments so participants know what to expect.

Fees

Explain the docket's fee policy:

- ☐ Explain the reason for the fee;
- ☐ Frequency of payment;
- ☐ Location of the cashier;
- ☐ State that program entry and success do not depend on a participant's ability to pay; and
- ☐ Explain how the docket makes accommodations for indigent participants (See [Commission on Specialized Dockets Guidance: Constitutional Rights of Participants](#)).

Transportation

Explain the docket's transportation policy:

- ☐ Note resources for seeking transportation assistance services; and
- ☐ Assure participants with transportation concerns that the program will not discriminate based on their ability to pay.

Graduation

Provide guidelines on how to successfully exit the program such as:

- ☐ Treatment requirements;
- ☐ Criminal record considerations;
- ☐ Sobriety requirements; and
- ☐ Applications or other formal documentation.

Termination

- ☐ Provide the program's policy and terms for unsuccessful discharge from the docket.

General Rules

Clearly define the basic rules and guidelines of the program. Advise participants on:

- ☐ The docket's policy on drug/alcohol use;
- ☐ Acceptable behaviors;
- ☐ Dress code; and
- ☐ Electronic device usage.

Program Phases

Explain the phase system the docket uses, including:

- ☐ Average duration of each phase;
- ☐ Milestones that must be met to advance to the next phase; and
- ☐ Clearly state that noncompliance does not lead to phase demotion.

Treatment

Identify the treatment levels of care and type of treatment the docket uses, including:

- ☐ The frequency of care;
- ☐ Treatment provider information;
- ☐ Available programming;
- ☐ Days and time of service delivery; and
- ☐ Location of treatment providers.

Releases of Information & Confidentiality

Explain the program's policy on participant confidentiality and the need for releases of information.

- ☐ Assure participants that their information is protected and will only be utilized for the intended purpose of the specialized docket; and
- ☐ Inform participants of the entities that will share information.

(Optional) Complaints and Grievances

Include the program's procedures for filing complaints and grievances.

- ☐ Inform participants of their right to express opinions, recommendations, and grievances;
- ☐ Notify participants of their right to request and receive responses via a procedure of due process;
- ☐ Explain the process for filing a complaint without fear of negative repercussions; and
- ☐ Note the waiting period for an initial response to the grievance.

(Optional) Frequently Asked Questions

Consider a frequently asked questions section at the end of the handbook. Include questions that are most often posed to docket staff and team members.

Updates

Update the participant handbook immediately following any changes in the program's policies and procedures. Update contact information for team members any time there is a change in staff or team members. In addition, review the handbook once a year to identify and address any needed programmatic adjustments.

Appendix D: Incentives, Sanctions, and Therapeutic Adjustments

Incentives can be verbal praise, public recognition (applause), symbolic tokens (achievement certificates/phase promotion diplomas), tangible prizes (gift cards/snacks), points systems, reduced nonservice obligations, fishbowl drawings, financial waivers (reduction of fines, fees, treatment costs), written recommendations, phase advancements, and legal incentives.

Sanctions can be verbal warnings, courtroom observation of status review hearings, instructive community service, curfews, travel/association restrictions, electronic surveillance, team roundtable, day reporting, home detention, brief intervals of jail detention, and program discharge.

Therapeutic adjustments must be based on clinical recommendations by qualified professionals and may include the following:

- Modify the frequency of sessions, level of care, or modality of treatment;
- Initiate or modify specialized services and counseling groups;
- Initiate or modify medications;
- Implement harm reductions strategies;
- Report daily to a treatment program;
- Increase attendance at a mutual peer support group;
- Initiate or modify peer recovery specialist support; or
- Report to peer respite staffed by peer recovery specialists.

See [Reference Guide: Incentives, Sanctions, and Service Adjustments - All Rise](#) (2024).

Appendix E: All Rise Sample Document: Memorandum of Understanding

SAMPLE MEMORANDUM OF UNDERSTANDING

AGREEMENT between *(list all organizations involved)*.

The parties to this Agreement endorse the mission and goals of the treatment court in order to enhance public safety, ensure participant accountability, and reduce the cost to society. By addressing criminal thinking, substance/alcohol use disorders, trauma, and mental and physical health, the participants will realize improved quality of life. The parties recognize that for the goals and mission of the treatment court to be successful, cooperation and collaboration must occur within a networks of systems.

The parties to this Agreement understand that the confidentiality of participants' alcohol and drug treatment records are protected under Federal regulations: Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and the HIPPA Privacy Rule, 45 CFR 160, 162, and 164. The parties agree to comply with all confidentiality requirements.

PROGRAM GOALS

Improve the lives of participants with substance use disorders in the criminal justice system through the integration of intensive supervision, alcohol and drug treatment, mental health services, alcohol and drug testing, and case management services with criminal justice system processing.

The parties agree that the program will follow the *10 Key Components of Drug Courts* in which the respective agencies will work cooperatively. They are:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitations services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participant compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

INDIVIDUAL AGENCY RESPONSIBILITIES AND STAFF COMMITMENTS

Treatment Court Judge

1. The Judge will ensure a cooperative atmosphere for attorneys, probation officers, law enforcement, and treatment providers to stay focused on the task of providing participants with treatment and rehabilitation opportunities.
2. The Judge will ensure the integrity of the treatment court is maintained by having an understanding of the program's policies and procedures.
3. The Judge will participate as an active member of the Staffing Team and will chair the treatment court team.
4. The Judge will assist in motivating and monitoring the participants of the treatment court.
5. The Judge will gather information from the treatment court team and make all final decisions on incentives and sanctions that effect the participants.
6. The Judge will act as a mediator to develop resources and improve interagency linkages.
7. The Judge will contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.
8. The Judge encourages participants to succeed, treats participants fairly and with respect, and is not intimidating.
9. The Judge emphasizes treatment throughout the participant's time in the treatment court.

Ethical Considerations

1. The Judge must show impartiality.
2. The Judge must be aware of ex parte communication.
3. The Judge must demonstrate judicial authority.
4. The Judge must not give up their final decision-making authority.
5. The Judge must recognize constitutional rights and follow appropriate legal processes.

Treatment Court Coordinator

1. The Coordinator will assist in providing general oversight to the treatment court to include meeting attendance, grant reporting, and administration of the budget (to include management of contracts), program support, funding solicitation and community outreach. The responsibilities exist for the term of this Agreement, as funding permits.

2. The Coordinator will facilitate communication between team members and partner agencies.
3. The Coordinator will assist with organizing court, events and meetings and compiling supporting materials to disseminate to stakeholders and providers of services to maintain linkages.
4. The Coordinator will ensure the treatment court policies and procedures are updated annually and followed during program operations.
5. The Coordinator will ensure all team members follow confidentiality regulations and all appropriate forms are signed and circulated to the appropriate agencies.
6. The Coordinator will provide oversight of the statistical database and evaluation process of the treatment court.
7. The Coordinator will assist in providing or seeking continuing training for the treatment court team and will ensure all new team members receive a treatment court orientation before participating in their first staffing.

Ethical Considerations

- The Coordinator must be knowledgeable of each team members ethical boundaries and how they are incorporated into the treatment court.

Treatment Court Prosecutor

1. The Prosecutor will be assigned to the treatment court for the term of this Agreement and will participate as an active member of the Staffing Team and the Steering/Planning Team.
2. The Prosecutor will assist in identifying defendants arrested for specific offenses that meet program eligibility requirements.
3. The Prosecutor may help resolve other pending legal cases that affect participants' legal status or eligibility.
4. The Prosecutor will participate as a Team member during pre-court staffings and advocate for effective incentives and sanctions for program compliance or lack thereof.
5. The Prosecutor will participate as a Team member, operating in a non-adversarial manner during court, to promote a sense of a unified Team presence.
6. The Prosecutor will contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.
7. The Prosecutor agrees that a positive drug test or open court admission of drug possession or use will not result in filing of additional charges.
8. The Prosecutor makes decisions regarding the participant's continued enrollment in the program based on performance in treatment rather than on legal aspects of the case, barring additional criminal behavior.

Ethical Considerations

- The Prosecutor must make decisions to protect public safety.
- The Prosecutor must advocate for the victims' interest.

Treatment Court Public Defender

1. The Public Defender will be assigned to the treatment court for the term of this Agreement and will participate as an active member of the Staffing Team and the Steering/Planning Team.
2. The Public Defender will advise the defendant as to the nature and purpose of the treatment court, the rules governing participation, the consequences of abiding or failing to abide by the rules, and how participating or not participating in treatment court will affect his/her interests.
3. The Public Defender will participate as a Team member, operating in a non-adversarial manner during court, to promote a sense of a unified Team presence.
4. The Public Defender will review the participant's progress in the program and advocate appropriately for effective incentives and sanctions for program compliance or lack thereof.
5. The Public Defender will ensure the constitutional rights of the participant are protected.
6. The Public Defender will advocate for the participant's stated interests.
7. The Public Defender will contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.
8. The Public Defender explains all the rights that the participant will temporarily or permanently relinquish.
9. The Public Defender explains that because criminal prosecution for admitting to substance or alcohol use in open court will not be invoked, the participant is encouraged to be truthful with the team.

Ethical Considerations

- The Public Defender must demonstrate integrity to the client.
- The Public Defender must protect attorney/client privilege.
- The Public Defender must insure the client's due process rights are protected.

Treatment Court Probation Officer

1. The Probation Officer will be assigned to provide comprehensive case management and field supervision of treatment court participants for the term of this Agreement and to participate as an active member of the Staffing Team and Steering/Planning Team.
2. The Probation Officer will use a validated criminogenic risk/needs assessment tool to be conducted during the referral process to ensure the treatment court is serving the appropriate target population.

3. The Probation Officer will provide coordinated and comprehensive supervision and case management to include telephone contact, office/home/employment visits, as well as random field visits to participants' homes.
4. The Probation Officer will develop effective measures for alcohol and drug testing and supervision compliance reporting that provide the treatment court staffing team with sufficient and timely information to implement sanctions, incentives, and therapeutic interventions.
5. The Probation Officer will monitor/assist the participant compliance and progress to the adherence of the Judgement and Sentence order and program requirements.
6. The Probation Officer will participate in pre-court staffings and will provide updates on all active participants and advocate for effective incentives, sanctions, and therapeutic interventions during staffing.
7. The Probation Officer will coordinate the utilization of community-based services such as health and mental health services, victims' services, housing, entitlements, transportation, education, vocational training, and job skills training and placement to provide a strong foundation for participants.
8. The Probation Officer will utilize and deliver cognitive-behavioral interventions to address criminal thinking and increase a readiness for change.
9. The Probation Officer will contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.
10. The Probation Officer will develop a written case plan and update based ongoing risk and need assessment.

Ethical Considerations

- The Probation Officer must make decisions to protect public safety.
- The Probation Officer must inform the court of non-compliance with judicial orders in a timely manner.

Treatment Court Treatment Provider

1. The Treatment Provider will participate fully as a Team member, for the term of this Agreement and will work as a partner to ensure the success of treatment court participants.
2. The Treatment Provider will operate in conjunction with the treatment court team for the assessment and placement of participants in the appropriate level of care to meet their treatment needs.
3. The Treatment Provider will utilize a validated clinical screening and assessment tool to ensure appropriate placement of participants.
4. The Treatment Provider will provide progress reports to the Team prior to staffing, so the Team will have sufficient and timely information.

5. The Treatment Provider will advocate for effective incentives, sanctions, and therapeutic adjustments during staffing.
6. The Treatment Provider will provide information to the Team on assessment, basis of alcohol/substance use, the impact of treatment on the participant, and the potential for relapse.
7. The Treatment Provider will ensure all confidentiality forms are signed with the client and the team.
8. The Treatment Provider will contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.
9. The Treatment Provider manages the delivery of treatment services and administers behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes.
10. The Treatment Provider provides clinical case management, provides relapse prevention and continuing care and develops a continuing care plan with participants.

Ethical Considerations

- The Treatment Provider must keep its integrity to the client.
- The Treatment Provider must have a valid release of information executed before sharing patient information.
- The Treatment Provider only needs to share information that is pertinent to court requirements (i.e., attendance, testing results, where client is in treatment, changes in client treatment).

Treatment Court Law Enforcement

1. Law Enforcement will assist the treatment court team in monitoring of participants and will designate specific officers to perform the service for the term of this Agreement and will assign a representative to participate as an active member of the Steering/Planning Team.
2. Law Enforcement will identify appropriate representatives to participate in the weekly treatment court staffing meetings to provide appropriate information and insight from the law enforcement community's perspective regarding treatment court participants.
3. Law Enforcement will help to identify potential and eligible treatment court participants.
4. Law Enforcement will advocate for effective incentives and sanctions during staffing.
5. Law Enforcement serves as a liaison between the treatment court team and the community and provides information to the treatment court team on community issues related to alcohol and drug use.

6. Law Enforcement will provide information and support to participants in the community, encouraging them to succeed in the treatment court.
7. Law Enforcement will contribute to the education of peers, colleagues, and the judiciary in the efficacy of treatment court.
8. Law Enforcement may assist with home visits.

Ethical Considerations

- Law Enforcement must protect public safety.
- Law Enforcement is sworn to uphold the law and serve their community.

In creating this partnership and uniting around a single goal of addressing an underlying problem affecting our community, we pledge to enhance communication between courts, law enforcement, advocacy groups, and treatment programs. Through this linkage of services, we expect greater participation and effectiveness in addressing treatment court participants involved in the criminal justice system.

All parties agree to be represented in the treatment court team. The treatment court team will be responsible for modifying and amending this Agreement. The treatment court team will address problems and issues as identified and develop policy and program modifications.

AGREEMENT MODIFICATIONS

Any individual agency wishing to amend and/or modify this Agreement will notify the coordinator of this issue(s). The coordinator will present the issue(s) to the Steering Team for the purpose of modifying and/or amending the Agreement. The issues will be decided by consensus (if possible) or by simple majority, if not.

TERMINATION OF AGREEMENT

Individual agencies contemplating termination of their participation in this Agreement shall first notify the coordinator of their concerns. The coordinator shall attempt to resolve the program to ensure continuation of the treatment court. If the coordinator is unable to resolve the concern, the issue(s) will be presented to the Steering Team to reach a resolution. If unable to resolve the problem, the individual agency or department can exercise its right to terminate this Agreement by notifying all other agencies in writing a minimum of sixty (60) days prior to such termination.

IN WITNESS THEROF, the parties have caused their duly authorized representative to execute this Agreement.

_____	_____
Judge	Date

_____	_____
Treatment Court Coordinator	Date

_____	_____
Prosecutor	Date

_____	_____
Public Defender	Date

_____	_____
Probation Officer	Date

_____	_____
Treatment Provider	Date

_____	_____
Law Enforcement	Date



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