

THE SUPREME COURT *of* OHIO

Specialized Dockets

Application for Certification as a Specialized Docket Cover Page and Instructions

Application type (check one)

- New docket
- Recertification of existing docket (same judge)
- Recertification of existing docket (new judge)

Prior judge: _____

Date prior judge last presided over the docket: _____

Instructions

To be certified as a specialized docket pursuant to [Sup.R. 36.20 – 36.32](#) and [Sup.R. Appx. I](#), a judge shall submit this application along with the necessary written materials to the Supreme Court of Ohio Specialized Dockets Section, at certspecdocs@sc.ohio.gov.

By submitting the application with the required documents, the judge certifies that the specialized docket incorporates the standards contained in [Sup.R. Appx. I](#) in its practices, procedures, and operations.

Specialized Docket Section staff is available at 614.387.9425 to provide technical assistance for this application, including discussing standards, providing examples of program materials, and answering questions. Staff may request additional information upon receipt of the application.

In addition to a document review, the Supreme Court of Ohio Specialized Dockets Section will conduct a site visit to observe the treatment team meeting and status review hearing will pursuant to [Sup.R. 36.25](#).

Attach the following specialized docket documents pursuant to [Sup.R. 36.21](#):

- Local rule or administrative order,
- Program description, (please ensure page numbers are listed)
- Participation agreement,
- Participant handbook (please ensure page numbers are listed)

THE SUPREME COURT *of* OHIO

Specialized Dockets

Application for Certification as a Specialized Docket

1. Court Information

Judge name: _____

Judge email address: _____

Court: _____

2. Docket Type

Adult Substance Use Docket

Family Dependency Treatment Docket

Substance Use - Domestic Violence Docket

Juvenile Mental Health Docket

Substance Use - Human Trafficking Victims Docket

Juvenile Substance Use-Human Trafficking Victims Docket

Substance Use - Reentry Docket

Juvenile Substance Use Docket

Substance Use - Veterans Treatment Docket

Juvenile Treatment Docket

Mental Health Docket

OVI Docket

SUMI Docket

3. Contact Details

Coordinator name: _____

Coordinator email: _____

Coordinator phone: _____

If you are not the coordinator,

Your name: _____

Your email address: _____

Your role in the specialized docket: _____

4. If this is the first application for certification, did the judge submit a Notice of the Formation of Advisory Committee and Intent to Apply for Certification per [Sup.R. 36.21?](#)

Yes No N/A

5. If this is the first application for certification, did the judge (and, if applicable, the magistrate) observe another certified docket identified by the Specialized Docket Section per [Sup.R. 36.24\(A\)\(3\)?](#)

Yes No N/A

If Yes, Judge Observed: _____ County/Jurisdiction: _____

Docket Type Observed: _____ Date Observed: _____

6. Does the docket have an Advisory Committee? Yes No

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

Provide oversight on policies and procedures

Facilitate agreements with partner agencies

Improve the quality and expands the quantity of available services

Garner community support for the Specialized Docket

Evaluate the specialized docket effectiveness

Plan for the sustainability of the Specialized Docket

8. Does the judge chair and attend Advisory Committee meetings? Yes No
9. When was the last time the Advisory Committee reviewed and approved the Program Description?
Month/Year: _____
10. Does the Program Description strive to incorporate [national best practices](#) for the particular type of docket and participants to be served? Yes No
11. When was the last time the Advisory Committee reviewed and approved the Participation Agreement?
Month/Year: _____
12. Does the Participation Agreement detail the rights and responsibilities of participants?
 Yes No
13. Does the Participation Agreement inform participants of their right to have counsel present at the portion of the treatment team regarding them? Yes No
14. When was the last time the Participant Handbook was reviewed and approved by the Advisory Committee?
Month/Year: _____
15. Is this Participant Handbook written to the participant? Yes No
16. When are participants given the handbook? At referral At entry Other _____
17. Does the docket have MOUs with all agencies participating on the Advisory Committee?
 Yes No
18. Which of the following regularly attend treatment team meetings and status review hearings?
Prosecutor: Treatment Team Status Review Hearings
Defense Attorney: Treatment Team Status Review Hearings
19. Does the docket take into consideration the prosecutor's role in pursuing justice and protecting public safety and victim's rights, including victim notifications under Marsy's Law?
 Yes No
20. Does the docket take into consideration the defense counsel's role in preserving the participant's constitutional rights? Yes No
21. What criminogenic risk levels does the docket accept? (Select all that apply)
 High High/Moderate Moderate Low/Moderate Low
22. If the docket accepts low risk/low need individuals, are alternate tracks modified for these populations per Ohio Standard 2(B)? Yes No
23. Are there charges that render a participant ineligible? Yes No
If yes, check all that apply: Drug trafficking Sexual oriented offenses
 Offenses involving violence Child victims Other _____
24. Are participants assessed for treatment needs? Yes No
If yes, check all that apply: To decide eligibility To direct level of treatment
 Understand diagnosis (if any) Assessed by court Assessed by treatment provider

25. Which of the following are included in the clinical eligibility criteria?

Substance Use Disorder diagnoses: Mild Moderate Severe N/A

Mental Health Disorder diagnoses: Mild Moderate Severe N/A

Other: _____

26. Are potential participants excluded for any of the following?

Co-occurring disorders Yes No If Yes, specify: _____

Medical conditions Yes No If Yes, specify: _____

Prescription medications legally obtained (psychotropic, pain management, MAT, etc.) Yes No If Yes, specify: _____

Medical marijuana legally obtained with physician recommendation Yes No If Yes, specify: _____

Subjective criteria (perceived motivation, willingness to change) Yes No If Yes, specify: _____

Lack of transportation Yes No If Yes, specify: _____

Inability to pay Yes No If Yes, specify: _____

Diagnosed personality disorders Yes No If Yes, specify: _____

27. Does the docket have a written referral process that addresses candidate identification, evaluation, and transfer into the docket? Yes No

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

Pre-plea

Post-plea

Pre-adjudication/conviction

Post-adjudication/conviction

Judicial Release

Probation violation

Other _____

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

Prosecutor

Defense Counsel

Judge

Magistrate

Law Enforcement

Probation/Parole

Children Services

Veterans Services

GAL/CASA

Treatment Provider

Other _____

30. Which assessment instrument(s) does the docket use? (Select all that apply)

- | | | | |
|---------------------------------------|-----------------------------------|--|---------------------------------|
| <input type="checkbox"/> ORAS | <input type="checkbox"/> ORAS-MAT | <input type="checkbox"/> ORAS-MST | <input type="checkbox"/> OYAS |
| <input type="checkbox"/> COMPASS | <input type="checkbox"/> RANT | <input type="checkbox"/> LSI-R | <input type="checkbox"/> DVSI-R |
| <input type="checkbox"/> GAIN | <input type="checkbox"/> PSA | <input type="checkbox"/> Custom Assessment | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | | | |

31. Which clinical assessment(s) does the docket use?

- | | |
|---|--|
| <input type="checkbox"/> DSM-5 Cross cutting measure | <input type="checkbox"/> Beck Depression Inventory-II (BDI-II) |
| <input type="checkbox"/> Mental Health Screening Form-III | <input type="checkbox"/> Beck Anxiety Inventory (BAI) |
| <input type="checkbox"/> Modified Mini-Screen (MMS) | <input type="checkbox"/> GAD-7 Anxiety Scale |
| <input type="checkbox"/> Mood Disorder Questionnaire (MDQ) | <input type="checkbox"/> Symptom Checklist-90-Revised (SCL-90-R) |
| <input type="checkbox"/> NIDA Modified ASSIST Drug Use Screening Tool | <input type="checkbox"/> Alcohol Use Disorders ID Test (AUDIT) |
| <input type="checkbox"/> Life Experiences Checklist (LEC) | <input type="checkbox"/> PTSD Checklist (PCL) |
| <input type="checkbox"/> Adverse Childhood Experiences (ACE) | <input type="checkbox"/> Traumatic Brain Injury OSU TBI ID |
| <input type="checkbox"/> Clinician Administered PTSD Scale (CAPS-5) | <input type="checkbox"/> Other: _____ |

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

- | | |
|---|---|
| <input type="checkbox"/> Sign Participant Agreement | <input type="checkbox"/> Review/agree to Participant Handbook |
| <input type="checkbox"/> Consult w/ defense counsel | <input type="checkbox"/> Meet with program staff |
| <input type="checkbox"/> Attend Status Review Hearing | <input type="checkbox"/> Other: _____ |

33. Does defense counsel review the written participation agreement and participant handbook with the candidate prior to acceptance into the docket? Yes No

34. Is defense counsel present during status review hearings?

- | | | | |
|---|--|--------------------------------|--|
| <input type="checkbox"/> Always | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | <input type="checkbox"/> Only if requested |
| <input type="checkbox"/> Only when sanctions are possible | <input type="checkbox"/> Only when life/liberty sanctions are possible | | |

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

36. Is each participant informed that, if they cannot afford private counsel, defense counsel will be appointed for them? Yes No

37. If there is a crime victim, who informs them of the status of the participant's case, public proceedings and of all additional rights pursuant to Marsy's Law? _____

38. Are all screenings and assessments for treatment determinations performed by programs or persons appropriately licensed and trained to deliver such services according to standards of the profession? Yes No

39. Does the docket work directly with any veterans' services agencies? Yes No

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

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

42. Does the docket allow the use of all medications approved by the FDA for treatment of an opioid use disorder, if prescribed by a qualified provider and administered in conjunction with behavioral health treatment? Yes No
43. When using jail/detention as a sanction, does the treatment team consult with the participant's medical treatment provider in advance to ensure continuity of effective medical care within institutional formularies and other limitations? Yes No N/A (no jail sanctions)
44. When sanctions that impact liberty interests are contemplated, does the participant receive notice, a hearing and representation by an attorney? Yes No N/A (no jail sanctions)
45. What is the average number of months it takes for participants to complete the docket?
 6 months 9 months 12 months 18 months 24 months Other _____
46. How many phases are in the docket? _____
47. If participants are required to attend self-help or sober support meetings, is there a secular/non-secular alternative? Yes No N/A (no blanket group requirement)
48. How often do participants attend status review hearings in each phase of the docket?
 Initial Phase: _____
 Intermediate phases: _____
 Final phase: _____
49. Are participants required to pay any fees to participate in the docket? Yes No
 If yes, do they vary according to ability to pay? Yes No
 Please list the required fees, if any. _____
50. Does the participant receive detailed written information regarding indigency and costs, fees, or fines required to participate in the docket? Yes No
51. Identify the members of the treatment team: (Select all that apply)
 Judge Magistrate Prosecutor Defense Counsel
 Treatment Provider Treatment Coord. Case Manager Probation/Parole
 Docket Coord. Law Enforcement Child Welfare GAL/CASA
 Vet's Justice Outreach (VJO) Veterans Affairs (VA) Peer Supporters
 Housing Representative Other _____
52. What is the current schedule for the treatment team meetings? Day: _____ Time: _____
53. Does the specialized docket judge (or magistrate for juvenile dockets) attend and chair the treatment team meetings? Yes No
54. Do treatment team members understand they are expected to serve for a minimum of one year?
 Yes No
55. What is the current schedule for the status review hearings? Day: _____ Time: _____

56. Are all participants placed under reporting supervision as soon as possible to monitor compliance with court requirements? Yes No

For Family Dependency Treatment Courts, who provides reporting supervision?

- Docket Coordinator Case manager Child welfare case worker
 N/A (not a FDTC) Other _____

57. Does the Specialized Docket Judge speak directly to each participant individually during their court appearances for 3-7 minutes per [All Rise best practices](#)? Yes No Sometimes

*For guidance on judicial interactions, see the [All Rise Judicial Bench Card](#).

58. How many participants typically appear at a single court session?

- 1-2 3-5 6-10 11 or more

59. Regarding incentives and sanctions in the docket, evaluate the following (respond Yes/No):

- Participants receive intangible incentives (applause, praise from judge/team) Yes No
Participants receive tangible incentives (candy, movie tickets, gift cards) Yes No
Treatment team receives written guidelines for responses to behavior Yes No
Participants receive a list of behaviors that lead to sanctions or incentives Yes No
Sanctions are graduated (more severe for more frequent/serious infractions) Yes No
Sanctions are discussed during the treatment team meeting Yes No
Therapeutic adjustments are distinct from sanctions Yes No
Someone other than the judge delivers sanctions outside the courtroom Yes No
The judge issues sanctions at the soonest possible status review hearing Yes No
Incentives are individualized for each participant Yes No
Sanctions are individualized for each participant Yes No
Incentives vary based on proximal vs. distal goals Yes No
Sanctions vary based on proximal vs. distal goals Yes No

60. Is jail or detention a possible sanction for participants? Yes No

If yes, does the docket use jail as a sanction in the following instances?

- For a positive drug screen in the first phase Always Usually Rarely Never
For continued use after the first phase Always Usually Rarely Never
For a positive screen as a result of a relapse Always Usually Rarely Never
For noncompliance with program rules Always Usually Rarely Never
For failure to appear for a status review hearing Always Usually Rarely Never
For failure to appear for treatment Always Usually Rarely Never

For any other reason:

61. Jail/detention stays are generally: Less than 6 days More than 6 days N/A

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

63. Which of the following responses has the docket used? (Check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Jail/detention | <input type="checkbox"/> Day Jail | <input type="checkbox"/> Writing assignments/essays |
| <input type="checkbox"/> Court observation (sit sessions) | <input type="checkbox"/> Community service | <input type="checkbox"/> Change in level of care |
| <input type="checkbox"/> Residential treatment | <input type="checkbox"/> Increased substance testing | <input type="checkbox"/> Increased hearing frequency |
| <input type="checkbox"/> Increased probation reporting | <input type="checkbox"/> Increased treatment sessions | <input type="checkbox"/> Return to earlier phase |
| <input type="checkbox"/> Self-help groups, books, videos | <input type="checkbox"/> Group meetings | <input type="checkbox"/> Other _____ |

64. Regarding Substance Use Monitoring, evaluate the following (respond Yes/No):

- | | | |
|--|------------------------------|-----------------------------|
| There is an equal chance that a participant could be tested each weekday | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participants may be tested on weekends | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participants cannot predict when they will be tested | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Testing occurs on a regular schedule | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Substance use monitoring screens are fully observed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Samples are tested for dilution | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Samples are tested for adulteration | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Testing includes primary substance of use and other common substances | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The docket receives immediate notification of all positive tests | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

66. Does the docket use the following types of substance use monitoring tests? (Select all that apply)

- | | | | | | |
|--|---|--------------------------------------|---------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Urine: In-house dipsticks for instant tests | <input type="checkbox"/> Urine: Sent out to lab to confirm positive tests | | | | |
| <input type="checkbox"/> Urine: Collected and tested by In-house lab | <input type="checkbox"/> Urine: Sent out to lab for testing | | | | |
| <input type="checkbox"/> EtG | <input type="checkbox"/> Patch | <input type="checkbox"/> Hair | <input type="checkbox"/> Breath | <input type="checkbox"/> Blood | <input type="checkbox"/> Oral swab |
| <input type="checkbox"/> Sleep monitor | <input type="checkbox"/> SCRAM | <input type="checkbox"/> Other _____ | | | |

67. Are the following treated as positive tests?

- | | | |
|---|------------------------------|-----------------------------|
| Testing positive | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Failure to submit for testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Submitting an adulterated sample | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Submitting a sample of another individual | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Submitting a diluted sample | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

68. Where is the drug screening notification process and participant requirements stated?

- Participant Handbook Participation Agreement Neither

69. Where does the written criteria for successful completion of the docket appear?

- Participant Handbook Participation Agreement Neither

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

- Have a job, enroll in school, or be involved in some other qualifying activity Yes No
- Live in a sober housing environment Yes No
- Complete community service Yes No
- Create a sobriety/relapse prevention plan Yes No
- Pay all drug court fees Yes No
- Pay all treatment fees Yes No
- Pay all court costs and fines Yes No
- Minimum amount of abstinence Yes No
- Other _____

71. Where does the written criteria for unsuccessful completion of the docket appear?

- Participant Handbook Participation Agreement Neither

72. Where does the written criteria for neutral termination of the docket appear?

- Participant Handbook Participation Agreement Neither

73. Do participants receive notice of intent to terminate, a hearing and representation by an attorney prior to termination from the docket? Yes No

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

- Judge Magistrate Prosecutor Defense Counsel
- Treatment Provider Treatment Coord. Case Manager Probation/Parole
- Docket Coord. Law Enforcement Child Welfare GAL/CASA
- Vet's Justice Outreach (VJO) Veterans Affairs (VA) Peer Supporters
- Community-based Service Providers Funding Authorities Housing Authority
- Faith Community Other _____

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

76. Has the Specialized Docket Judge engaged in the following:

- Attend official treatment court training sessions or workshops Yes No
- Received training from other treatment court judges Yes No
- Observed other specialized dockets Yes No
- Attended treatment court conferences such as the annual Supreme Court of Ohio Specialized Docket Conference or All Rise Yes No
- Completed six hours of relevant education within the three years prior Yes No

Please list the education that satisfies the six hour education requirement per certification period. Education may include formal and informal self-study activities and attendance at roundtables.

Detail education activities, including topic and delivery method	Hours

77. Does the docket regularly collect data and evaluate whether it is meeting the admission and completion requirements under Standard 2 as well as its stated goals and objectives as required by Standard 12? Yes No

78. When did the Advisory Committee last review the data collected by the docket?
 Month/Year: _____

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

80. When was the last time the docket submitted monthly statistics to the Specialized Docket Section?
 Month/Year: _____

81. Does the data include information from the treatment providers? Yes No

The Supreme Court of Ohio Specialized Dockets Section will grant certification when the written materials submitted by each court and observations made during the site review demonstrate compliance with the certification standards contained in [Sup.R. Appx. I](#). Topics that are not expressly set forth in the certification standards are not evaluated.

I hereby certify that the information set forth above is true and accurate to the best of my knowledge and information.

 Judge’s Signature Date:

 Judge’s Printed Name