

# 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](mailto: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,
- Participation agreement,
- Participant handbook

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### Application for Certification as a Specialized Docket

#### 1. Court Information

Judge name: \_\_\_\_\_

Judge email address: \_\_\_\_\_

Court: \_\_\_\_\_

#### 2. Docket Type

Adult Drug Court

Adult Human Trafficking Court

Adult Mental Health Court

Domestic Violence Drug Court

OVI Court

Reentry Drug Court

SAMI Court

Veterans Treatment Court

Family Dependency Treatment Court

Juvenile Drug Court

Juvenile Human Trafficking Court

Juvenile Mental Health Court

Juvenile Treatment Court

#### 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?

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)**

- ORAS                       ORAS-MAT                       ORAS-MST                       OYAS  
 COMPASS                       RANT                       LSI-R                       DVSI-R  
 GAIN                       PSA                       Custom Assessment                       None  
 Other: \_\_\_\_\_

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

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

- Sign Participant Agreement                       Review/agree to Participant Handbook  
 Consult w/ defense counsel                       Meet with program staff  
 Attend Status Review Hearing                       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?**

- Always                       Sometimes                       Never                       Only if requested  
 Only when sanctions are possible                       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)
- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Judge                        | <input type="checkbox"/> Magistrate            | <input type="checkbox"/> Prosecutor      | <input type="checkbox"/> Defense Counsel  |
| <input type="checkbox"/> Treatment Provider           | <input type="checkbox"/> Treatment Coord.      | <input type="checkbox"/> Case Manager    | <input type="checkbox"/> Probation/Parole |
| <input type="checkbox"/> Docket Coord.                | <input type="checkbox"/> Law Enforcement       | <input type="checkbox"/> Child Welfare   | <input type="checkbox"/> GAL/CASA         |
| <input type="checkbox"/> Vet's Justice Outreach (VJO) | <input type="checkbox"/> Veterans Affairs (VA) | <input type="checkbox"/> Peer Supporters |   |
| <input type="checkbox"/> Housing Representative       | <input type="checkbox"/> 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 3-7minutes 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  10 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 drug screen in 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.

<b>Detail education activities, including topic and delivery method</b>	<b>Hours</b>

**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