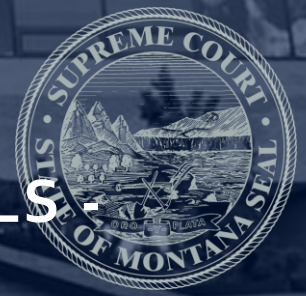


MONTANA'S PEER REVIEW MATERIALS - SUMMARY REPORT TEMPLATE



BLUE TEXT INDICATES AREAS FOR THE PEER TO FILL IN.

RED TEXT INDICATES INSTRUCTIONS FOR THE PEER.

PLEASE REMOVE THE BLUE AND RED TEXT BEFORE SHARING THE REPORT WITH THE PROGRAM.

FEEL FREE TO REWORD THE LANGUAGE IN THE SUGGESTED TEXT BELOW TO MAKE IT FEEL MORE PERSONAL OR SPECIFIC TO THE SITE.

BACKGROUND AND OVERVIEW

A peer review process was conducted with [13th Judicial District STAR Court](#) on [August 11 and 12, 2022](#) by [Andrea Lower](#), [Samantha Damm](#) and [Jeff Kushner](#). This report summarizes the highlights of the review process.

SUMMARY OF BEST PRACTICES & STANDARDS

The following practices that follow the National Treatment Court Standards (NADCP 2013, 2015), the 10 Key Components of Drug Courts, or administrative guidelines have been implemented by this program. They are based on research demonstrating that programs with these practices have more positive outcomes than other programs. Congratulations on your program's achievements in these areas!

Key:
BP = Best Practice or Standard

A full set of practices that is utilized by this program is included at the end of this report.

BP #8 There is frequent email communication between the court and treatment providers regarding each participant's overall program performance.

BP #37 Participants receive a sufficient dosage and duration of treatment to achieve long-term sobriety and recovery from addiction (usually 6-10 hours weekly during the initial phase and approximately 200 hours over 9-12 months).

BP #38 Participants meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program. The frequency of individual sessions may be reduced subsequently if doing so would be unlikely to precipitate a setback or relapse.

BP #43 Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes (are evidence-based).

BP #58 The minimum length of the Drug Court program is 12 months or more.



BP #61 Participants complete a final phase of the Drug Court focusing on a Recovery Management Plan (RMP). The RMP is primarily prepared by the participant (self-directed) in consultation with the counselor to ensure they continue to engage in prosocial activities and remain connected to recovery-oriented systems of care after their discharge from Drug Court.

BP #63 The Drug Court conducts a complete assessment of the primary drug court participant and of the family members as well assessing multiple areas for strengths and needs (basic needs/ medical and dental/child care/educational/behavioral-social-emotional/trauma, etc.).

BP #73 Drug urinalysis results are back to Drug Court within 48 hours or less.

BP #80 Sanctions are imposed immediately after significant non-compliant behavior (e.g., in advance of a client's regularly scheduled court hearing for drug use or re-offending).

BP #86 The Drug Court has a range of progressive sanctions of varying magnitudes that may be administered in response to program noncompliance.

BP #102 Judge regularly attends pre-court team meetings (staffings) to review each participant's progress and potential consequences and incentives for performance.

BP #103 Participants appear before the judge for status hearing (court session) no less than every 2 weeks during the first phase. Frequency may be reduced later initiation of abstinence but no less frequently than every 4 weeks until the last phase of the program.

BP #104 The judge spends a minimum of approximately 3 minutes at a minimum interacting with each participant in court.

BP #119 The program collects data and assesses whether members of groups that have historically experienced discrimination receive the same dispositions as other participants for completing or failing to complete the Drug Court.

Other Strength of the treatment court include:

1. Key Component #1, Item 9/10/11- Core members of the Team attend staffing meeting and the court session. All of Team members provide input as needed is helpful when there are needs and gaps. This includes treatment providers, Law Enforcement, probation, and the testing agency. When Team members are not able to participate in person, they will meet virtually.
2. Key Component #2, Item 20- Team expressed that candidates are screened and provided medication assistance and access to medical staff. Candidate disqualification is done case-by-case when not appropriate fit for the STAR Court.
3. Key Component #2, Item 22- Currently the STAR Court communicates eligibility and exclusion criteria. They are working on a draft that will be in writing rather than just verbally communicating the information.
4. Key Component #4. Item 34- Team members indicated that the chemical dependency evaluation and placement in level of care is done by separate providers. Treatment plans are individualized based on the initial assessment. Providers also shared input about programs and looking to add new material to their individual and group sessions.

5. Key Component #4, Item 47- Gender specific docket. Court is held at separate times for participants.
6. Key Component #4, Item 47- Gender specific treatment groups. The provider, New Day, offers gender specific services.
7. Key Component #4, Item 64- Culturally appropriate trainings for Team and activities for participants are provided by Billings Urban Indian Health and Wellness Center. Case management is provided, an empowerment plan is developed along with short- and long-term goals. Billings Urban Indian Health indicated 95% of those who use their services respond “yes” to being trauma exposed. Billings Urban Indian Health’s current funding stream ends in December 2022 and looking for other funding sources.
8. Key Component #4, Item 66- Peer support is a great asset, recognized by the Judge and the Team. Although the Team expressed some difficulty with hiring, referrals are made to the Peer Support Specialists and STAR Court participants utilize them frequently.
9. Key Component #4, Item 95- Judge acknowledges treatment providers are the experts and relies on their expertise.
10. Key Component #5, Abstinence is monitored by frequent alcohol and other drug testing. Testing is random and includes weekends and holidays. Samples are tested for dilution and adulteration. Breathalyzers are used in conjunction with urine testing. Drug testing is done randomly at least two times per week.
11. Key Component #6, Item 78- Relapse is not seen as a substantial issue and is seen as a symptom of the disease. Key is to be honest with Team members and the Judge. While meeting with the Focus Group and providers it was shared that there is experience working with the criminal justice population. The Team understands the distinction between proximal and distal goals.
13. Key Component #6, Item 98- Participants are engaged in productive activities. They are required to obtain HiSET prior to graduation. All participants are encouraged to engage in peer support groups. Time is spent outside of the formal court setting to include picnic and sporting activities. Participants are also required to do a volunteer project prior to graduation.
14. Key Component #7- Judge is very detail oriented when talking to each participant. One of the participants stated they have a great respect for the Judge. Judge is very compassionate. Participants that attended the Focus Group discussion were very complementary.
15. Key Component #8- Monitoring & evaluation measure achievement of program goals and gauge effectiveness. Cost benefit is recognized by Judge Harris (healthy babies) but also through other recognized successes. Process outcome data tracked & shared with community stakeholders. It is also



collected and placed in a binder for stakeholders to review. The program has a skilled evaluator that collects the data. This data has led to some changes and modification in the program's operations.

PRIORITY RECOMMENDATIONS

13th Judicial District Adult Treatment Court (STAR) Recommendations

1. Policies and procedures concerning the administration of incentives, sanctions and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members. Participants do not receive punitive sanctions if they are otherwise compliant with their treatment and supervision requirements but are not responding to the treatment interventions. Under such circumstances, the appropriate course of action may be to reassess the individual and adjust the treatment plan accordingly. The participant's manual lists treatment assignments as a (response for not meeting requirement) sanction. Treatment adjustments should not be referred to as sanctions as they are always structured to be supportive/therapeutic in order to move a participant toward a healthy, drug-free lifestyle rather than a punitive response. Treatment adjustments should have its own category unlike sanctions and incentives.
2. There is a need for clarity as to eligibility and exclusion criteria and the program's ability to make it clear to referral sources. There was a comment made that this is being worked on. We recommend that this be concluded.
3. Item 23, best practice standard states that the initial appearance before the drug court judge occurs soon after arrest or apprehension (50 days or less). This standard is not being met. The recommendation is that the prosecutor, coordinator, and public defender (contract PD) get together and determine where there may be some time saving that could occur to come closer to meeting this standard. This may be an issue that all treatment courts in the 13th Judicial District join together to review.
4. The program has access to a full continuum of care except for detoxification capacity. Discussions between potential detoxification resources and the Yellowstone drug courts should continue. There may be a strategy that combines resources to fund a detox bed at one of the resources for immediate access.
5. Treatment providers administer behavioral or cognitive behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes. The treatment court and New Day should revise the treatment process with a particular focus on the "continuing care" segment of the process. Consideration should be given to this group being a treatment court group only. As this group is currently structured it does not lend itself to

furthering the therapeutic process due to the outside members of the group and their influence on the group. Additionally, this group as currently structured appears to be a “check-in” process only with no evidence-based curriculum being utilized. This should change. New Day has suggestions on how to revise this group. This is an important change needing to occur and should be a priority for New Day.

6. Item 51, states, “Program involves family member(s) or friend(s) to support the participant.” New Day should reinstate the family component of treatment and consider utilizing the Family Strength and Needs Assessment with the support of the drug court team and the resources they bring to the table.
7. The drug court should consider developing a SPOC (single point of contact) with agencies providing employment services, vocational rehabilitation services and housing. This includes identifying a single person at those agencies that can become familiar with the drug court operation, attend a staffing, docket, and graduation so they can fully support the needs of drug court participants.
8. Item 61 states, Participants complete a final phase of the Drug Court focusing on a Recovery Management Plan (RMP). The RMP is primarily prepared by the participant (self-directed) in consultation with the counselor to ensure they continue to engage in prosocial activities and remain connected to recovery-oriented systems of care after their discharge from Drug Court. Consideration should be given to utilizing the RMP prior to entering the last phase of Drug Court so that it can be a focal point of the team and the participant in preparation for eventual graduation and continual use of the plan by the participant after Drug Court.
9. Item 62 states, “For at least the first 90 days after discharge from the Drug Court, systematic attempts are made to contact all previous participants periodically by telephone, e-mail, or similar means to check on their progress, offer brief advice and encouragement, and provide referrals for additional treatment when indicated. Once the team determines the phase structure of the process, consideration should be given to the strategy to implement this best practice to help ensure that Drug Court discharges are supported after leaving the drug court environment.
10. Item 64 states that , “Program offers culturally specific treatment services.” New Day should consider utilizing a cultural needs assessment to determine if specific participants would benefit from culturally relevant services and either offer those services or provide a referral to an agency that does. (See Treatment Improvement Protocol 61-SAMHSA publication).
11. Item 110 states, “Specific goals and objectives have been established to measure the effectiveness of the program.” The current set of objectives are not measurable. These objectives could be as simple as: 1) percent of admissions that should graduate, 2. Percentage of felony re-offenses that occur within three years from date of admission., 3. Percentage of people employed at discharge, 4. Percentage of people attending self-help meetings at discharge, etc.

12. Although only 2 participants with much of a history with drug court attended our focus group, the indication is that the participant manual is too lengthy. Consideration should be given to revising the publication so that it is usable by the participants. Examples are available. Lastly items 126 and 127 require that the Drug Court have a policy committee and advisory committee. We recommend that the Drug Court perhaps in conjunction with other Judicial District treatment courts develop a combined policy/advisory committee that meets at least on a quarterly basis.

PARTICIPANT FEEDBACK

An important part of the peer review process was to hear from program participants about their experiences with the program. During the visit, we spoke with 2 participants. Given the small number of participants in attendance, any strengths and recommendations were included in above statements.

RECOMMENDED NEXT STEPS

The results of this assessment can be used for many purposes, including 1) improvement of program structure and practices for better participant outcomes (the primary purpose), 2) grant applications to demonstrate program needs or illustrate the program's capabilities, and 3) requesting resources from boards of county commissioners or other local groups.

- Distribute copies of the report** to all members of your team, advisory group, and other key individuals involved with your program.
- Set up a meeting** with your team and steering committee, etc., to discuss the report's findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. Identify who will **facilitate** the meeting (bring in a person from outside the core group if all group members would like to be actively involved in the discussion).
- Contact your peer reviewer or staff at the state office** if you would like outside staff to be available by phone to answer questions.
- During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and **summarize the discussion, any decisions, and next steps [assign someone to take notes]**. You can use the format on the following page or develop your own.



RECOMMENDATION REVIEW FORM

Please complete the following table for each recommendation. For any recommendation there may be multiple tasks in the action plan.

Recommendation	Responsible individual, group, or agency	Action plan	Target dates	TA or training needed?
<p>1. (5. Treatment providers administer behavioral or cognitive behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes. The treatment court and New Day should revise the treatment process with a particular focus on the “continuing care” segment of the process. Consideration should be given to this group being a treatment court group only. As this group is currently structured it does not lend itself to furthering the therapeutic process due to the outside members of the group and their influence on the group. Additionally, this group as currently structured appears to be a “check-in” process only with no evidence-based curriculum being utilized. This should change. New Day has suggestions on how to</p>	<p><u>New Day</u></p>	<p><u>The group in question is now a treatment court only group.</u></p>	<p><u>Immediately</u></p>	<p><u>No</u></p>

<p>revise this group. This is an important change needing to occur and should be a priority for New Day.</p>				
<p>2. (6. Item 51, states, “Program involves family member(s) or friend(s) to support the participant.” New Day should reinstate the family component of treatment and consider utilizing the Family Strength and Needs Assessment with the support of the drug court team and the resources they bring to the table.</p>	<p><u>New Day</u></p>	<p><u>New Day is working on reactivating their Family Week</u></p>	<p><u>04/2022</u></p>	<p><u>No</u></p>
<p>3. 7. The drug court should consider developing a SPOC (single point of contact) with agencies providing employment services, vocational rehabilitation services and housing. This includes identifying a single person at those agencies that can become familiar with the drug court operation, attend a staffing, docket, and graduation so they can fully support the needs of drug court participants.</p>	<p><u>Coordinator</u></p>	<p><u>The coordinator is actively engaging community resources and groups to create a community in which participants are able to contact individuals who can assist their needs.</u></p>	<p><u>ongoing</u></p>	<p><u>No</u></p>
<p>4. Although only 2 participants with much of a history with drug court attended our</p>	<p><u>Coordinator</u></p>	<p><u>The Participant manual is in process of being changed.</u></p>	<p><u>02/2022</u></p>	<p><u>No</u></p>

<p>focus group, the indication is that the participant manual is too lengthy. Consideration should be given to revising the publication so that it is usable by the participants. Examples are available.</p>				
<p>5. 10. Item 64 states that , “Program offers culturally specific treatment services.” New Day should consider utilizing a cultural needs assessment to determine if specific participants would benefit from culturally relevant services and either offer those services or provide a referral to an agency that does.</p>	<p><u>New Day</u></p>	<p><u>New Day continues to provide culturally specific treatment services.</u></p>	<p><u>ongoing</u></p>	<p><u>No</u></p>

Responsible individual, group, or agency: Identify who is the focus of the recommendation, and who has the authority to make related changes.

Action plan: Describe the status of action related to the recommendation (some changes or decisions may already have been made). Identify which tasks have been assigned, to whom, and by what date they will be accomplished, or progress reviewed. Assign tasks only to a person who is present. If the appropriate person is not present or not yet identified (because the task falls to an agency or to the community, for example), identify who from the group will take on the task of identifying and contacting the appropriate person.

- Person: (Name)
- Task: (make sure tasks are specific, measurable, and attainable)
- Deadline or review date: (e.g., June 10th) the dates for some tasks should be soon (next month, next 6 months, etc.); others (e.g., for longer term goals) may be further in the future.
- Who will review: (e.g., advisory board will review progress at their next meeting)?

Goal dates: Indicate the date that each task will be accomplished. Add task deadlines to the agendas of future steering committee meetings, to ensure they will be reviewed, or select a date for a follow-up



review (in 3 or 6 months, for example), to discuss progress and challenges, and to establish new next steps, task lists, and review dates.

TA or training needed: Add a check mark in this column if training or technical assistance is needed to help address this recommendation.

Send this completed form to Jeff Kushner at the Montana Supreme Court. He will discuss any needed training and technical assistance and how to obtain them.

BEST PRACTICES AND STANDARDS

13th Judicial District STAR Court

Results as of 7/18/2022

Treatment Court Background:

- The treatment court began operation in 2011
- The most used substance(s) among participants is/are Methamphetamine (80%)
- Currently, there are 33 active participants, with a reported capacity of 39
- There have been 145 graduates (successful completions) and 99 non-graduates (unsuccessful completions) recorded
- The treatment court serves high risk and high need participants

The information in this report is not intended to be an exhaustive description of your treatment court or to cover every possible practice. The results for your treatment court on the key best practices listed in the table are meant to serve as a *starting point* for discussion and are not intended as a scoring or rating system. We hope that it will be useful for beginning or continuing conversations with your team.

The answers to the best practices below are compiled from the treatment court's responses to one or more questions on NPC's Treatment Court Assessment:

- "Yes" or "Fully met" indicates that the treatment court reports performing the practice
- "Partially met" indicates that some of the criteria have been met; the program is in progress toward meeting this best practice
- "No" or "Not met" indicates that the treatment court reports not performing the practice.
- "Missing" indicates that the treatment court did not respond to the question, or set of questions, necessary to determine whether the treatment court is performing the practice.
- "N/A" means this practice is not applicable

Key Component #1: Drug Court integrates alcohol and other drug treatment services with justice system case processing.

Rating	Item #	Practice/Standard	Results
A	1	Staff and team members have reviewed Montana drug court statutes	Partially Met
A	2	There is a Memorandum of Understanding (MOU) in place between the Drug Court team members (and/or the associated agencies).	Yes/Fully Met
A	3	The Drug Court has a current contract or MOU with a treatment provider. ¹	Yes/Fully Met
A	4	The Drug Court has a policy and/or procedure manual.	Yes/Fully Met
A	5	The program has a participant manual or handbook.	Yes/Fully Met
A	6	The program has a participant contract.	Yes/Fully Met
A	7	The program has a written consent or release of information form that specifies what information will be shared among team members. <i>NOTE: please check consent form to ensure it has 9 required elements (see authorization checklist) - add comments to team if elements need to be added.</i>	Partially Met
H	8	There is frequent email communication between the court and treatment providers regarding each participant’s overall program performance. Content of email communication includes: 1) treatment attendance, 2) dates of missed appointments, 3) brief progress note (including what participant is studying), 4) recommendations from provider for judge.	Partially Met
	9	Clinically trained representatives from treatment agencies are core members of the Drug Court team and regularly attend team meetings and status hearings (court sessions).	Partially Met
	10	Law enforcement is a member of the Drug Court team and attends team meetings and status hearings (court sessions).	No
	11	All key team members attend team meetings (staffings) and status hearings (court sessions) [Judge, prosecutor, defense attorney, treatment representative(s), drug court coordinator, probation, law enforcement.]	Partially Met

¹ In Montana enabling legislation

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.

Rating	Item #	Practice/Standard	Results
A	12	A validated risk-assessment is used to determine “high-risk” and “high-need”	Yes/Fully Met
	13	Program admits only participants who are high risk/high need	Yes/Fully Met
A	14	An alternative track has been developed for those outside of high-risk, high-need.	N/A
A	15	A review of the case and criminal history check is conducted ² to determine if the defendant is eligible for the Drug Court program.	Yes/Fully Met
A	16	The Drug Court team understands Montana’s definition of “sexual offense.” <i>NOTE: please interview coordinator and prosecutor to ensure definition of sexual offense meets Montana’s criteria.</i>	Interview team members
A	17	No one is admitted to drug court who has been previously convicted of a sexual offense.	Yes/Fully Met
	18	Defense counsel advises the defendant as to the nature, purpose, and rules of the Drug Court.	Yes/Fully Met
A	19	The Drug Court defines in policy the current or prior offenses that may disqualify candidates for Drug Court and the reasons why.	Yes/Fully Met
	20	The Drug Court defines what candidates are clinically disqualified and the reasons for the disqualification, e.g., psychiatric, or medical services are not available. Disqualifications do not occur because of co-occurring disorder, medical conditions, or legally prescribed medication.	Missing
	21	Drug Court allows non-drug charges that were driven by alcohol and other drug dependence.	Yes/Fully Met
	22	Drug Court communicates eligibility and exclusion criteria to potential referral sources	Missing

Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.

Rating	Item #	Practice/Standard	Results
H	23	The initial appearance before the drug court judge occurs soon after arrest or apprehension (50 days or less).	No
A	24	Specific drug court team members are designated to screen cases and identify potential drug court participants.	Yes/Fully Met
	25	Program caseload/census (number of individuals participating at any one time) is less than 125 – or – program demonstrates it has sufficient resources and intensity to serve a larger caseload/census.	Yes/Fully Met

² By prosecuting attorney or someone else designated for this role.

Rating	Item #	Practice/Standard	Results
A	26	Program uses standardized screening tool to determine eligibility.	Yes/Fully Met
	27	There is a fee for participating in the Drug Court.	Yes/Fully Met
H	28	The Drug Court fee is based on an ability to pay. ³	No
A	29	The Drug Court documents the fee in the participant's file or court file.	Yes/Fully Met
	30	The court ensures that no one is denied participation in the program solely because of inability to pay fines, fees, or restitution.	Yes/Fully Met

Key Component #4: Drug Court provides access to a continuum of alcohol, drug and other treatment and rehabilitation services.

Rating	Item #	Practice/Standard	Results
H	31	Treatment is used as a supportive/therapeutic response not as a sanction. <i>NOTE: Observe this item in the team meeting (staffing) and status hearing (court session).</i>	Observe
	32	One or two treatment agencies/professionals are primarily responsible for managing the delivery of treatment services for Drug Court participants.	Yes/Fully Met
	33	A validated clinical assessment instrument is utilized immediately upon admission to treatment.	Yes/Fully Met
	34	The results of the assessment are the basis for the individualized treatment plan and placement in level of treatment.	Partially Met
	35	The treatment plan is updated regularly per a specified schedule.	Yes/Fully Met
A	36	The Drug Court requires that eligible participants enroll in Alcohol and Other Drug Treatment services immediately upon entering (within 7 days).	Yes/Fully Met
H	37	Participants receive a sufficient dosage and duration of treatment to achieve long-term sobriety and recovery from addiction (Usually 6-10 hours weekly during the initial phase and approximately 200 hours over 9-12 months).	Yes/Fully Met
H	38	Participants meet with a treatment provider or clinical case manager for at least one individual session per week during the first phase of the program. The frequency of individual sessions may be reduced subsequently if doing so would be unlikely to precipitate a setback or relapse.	Yes/Fully Met
	39	Participants are screened for their suitability for group interventions, and group membership is guided by evidence-based selection criteria including participants' gender, trauma histories, and co-occurring psychiatric symptoms.	Yes/Fully Met

³ Required in Montana statute.



Rating	Item #	Practice/Standard	Results
	40	The Drug Court offers a continuum of care for substance use disordered treatment including detoxification, outpatient, intensive outpatient, day treatment, and residential services.	Partially Met
	41	Participants are <u>not</u> incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.	Partially Met
	42	Treatment groups ordinarily have no more than 12 participants and 2 leaders or facilitators.	Partially Met
H	43	Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes (are evidence-based).	Yes/Fully Met
	44	Treatment providers are supervised regularly for fidelity to the models being used.	Yes/Fully Met
	45	Participants are prescribed psychotropic, or addiction medications based on medical necessity as determined by a treating physician.	Yes/Fully Met
	46	Treatment providers are licensed or certified to deliver substance abuse treatment and have experience working with criminal justice populations.	Yes/Fully Met
H	47	The Drug Court offers gender specific services.	Yes/Fully Met
	48	The Drug Court offers mental health treatment when indicated and the treatment is integrated (offered simultaneously by the same clinicians).	Yes/Fully Met
	49	The Drug Court offers or refers participants to parenting classes.	Yes/Fully Met
	50	The Drug Court offers or refers participants to family/domestic relations counseling.	Yes/Fully Met
	51	Program involves family member(s) or friend(s) to support the participant.	No
	52	The Drug Court offers or refers participants to health-related services.	Yes/Fully Met
	53	The Drug Court offers or refers participants to dental care.	Yes/Fully Met
	54	Participants receive standardized, validated criminal thinking interventions if needed	Yes/Fully Met
	55	Participants who need it are provided vocational/educational services.	Yes/Fully Met
O	56	Participants are provided brief, evidence-based educational curriculum to prevent health risk behavior (e.g., STIs).	Yes/Fully Met
O	57	Participants are provided brief evidence-based educational curriculum to prevent or reverse drug overdose.	Yes/Fully Met

Rating	Item #	Practice/Standard	Results
H	58	The minimum length of the Drug Court program is 12 months or more.	Yes/Fully Met
	59	The Drug Court program has processes in place to ensure the quality and accountability of the treatment provider (for example, discusses evidence-based practices, surveys participants)	Yes/Fully Met
	60	Participants regularly attend self-help or peer support groups. Before joining the mutual aid group, the treatment provider prepares the participants for what to expect in the group and assists them to gain the most benefit from the groups.	Yes/Fully Met
H	61	Participants complete a final phase of the Drug Court focusing on a Recovery Management Plan (RMP). The RMP is primarily prepared by the participant (self-directed) in consultation with the counselor to ensure they continue to engage in prosocial activities and remain connected to recovery-oriented systems of care after their discharge from Drug Court.	Yes/Fully Met
H	62	For at least the first 90 days after discharge from the Drug Court, systematic attempts are made to contact previous participants periodically by telephone, mail, e-mail, or similar means to check on their progress, offer brief advice and encouragement, and provide referrals for additional treatment when indicated. (Recovery Management Check-In)	No
H	63	The Drug Court conducts a complete assessment of the primary drug court participant and of the family members as well as assessing multiple areas for strengths and needs (basic needs/ medical and dental/childcare/educational/ behavioral-social-emotional/ trauma, etc.)	Yes/Fully Met
	64	Program offers culturally specific treatment services. Members of all racial/ethnic groups have access to the same levels of care and quality of treatment (including evidence-based practices)	Partially Met
	65a	Caseloads for probation officers or other professionals providing community supervision for the Drug Court do not exceed 30 active participants (Caseloads can go up to 50 if staff has a mix of low risk and no other caseloads or responsibilities).	No
	65b	Caseloads for clinicians providing case management and treatment do not exceed 30 active participants (Caseloads can go up to 50 if providing counseling OR case management).	Missing
	66	The treatment court offers or makes referrals to a peer support specialist	Yes/Fully Met

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.

Rating	Item #	Practice/Standard	Results
A	67	A written drug testing policy and procedure exists.	Yes/Fully Met

	68	Urinalysis testing is always observed by appropriate gender.	Yes/Fully Met
	69	Urine test samples are examined for dilution and adulteration.	Yes/Fully Met
	70	Testing is random and unpredictable, occurring on weekends and holidays. (Client is not aware of when he/she is going to be tested)	Yes/Fully Met
	71	Breathalyzers are utilized in conjunction with testing.	Yes/Fully Met
	72	Procedures are in place for verifying contested test results.	Yes/Fully Met
H	73	Drug urinalysis results are back to Drug Court within 48 hours or less.	Yes/Fully Met
H	74	Drug Court drug tests are collected at least two times per week on average throughout drug court phases.	Yes/Fully Met
	75	Participants are expected to have greater than 90 days clean (negative drug tests) before graduation.	Yes/Fully Met

Key Component # 6: A coordinated strategy governs drug court responses to participants' compliance.

Rating	Item #	Practice/Standard	Results
H	76	The Drug Court places as much emphasis on incentives as it does on other infractions. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i>	Observe
	77	Participants are <u>not</u> sanctioned for failing to respond to their assessed level of treatment.	Yes/Fully Met
	78	Program considers whether a goal is distal or proximal when determining a sanction. <i>NOTE: confirm survey response by observing team meeting and court session.</i>	Yes/Fully Met
	79	Therapeutic responses or consequences are imposed for the nonmedically indicated use of intoxicating or addictive substances, regardless of the licit or illicit status of the substance.	Yes/Fully Met
H	80	Sanctions are imposed immediately after significant non-compliant behavior (e.g., in advance of a client's regularly scheduled court hearing for drug use or re-offending). <i>NOTE: confirm survey response by observing team meeting and court session.</i>	Yes/Fully Met
	81	Policies and procedures concerning the administration of incentives, sanctions and therapeutic adjustments are specified in writing and communicated in advance to Drug Court participants and team members but there is also a reasonable degree of discretion to modify consequences in light of circumstances presented in each case.	No
	82	Participants are given the opportunity to explain their perspectives concerning factual controversies and the imposition of incentives,	Yes/Fully Met

Rating	Item #	Practice/Standard	Results
		sanctions, and therapeutic adjustments. Participant may have a representative assist in providing explanations.	
	83	Participants receive a clear justification for why a particular consequence is or is not being imposed. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i>	Observe
	84	Participants receive equivalent consequences without regard to gender, race, ethnicity, socioeconomic status, or sexual orientation unless clear justification exists. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i>	Observe
	85	Sanctions are delivered without expressing anger or ridicule. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i>	Observe
H	86	The Drug Court has a range of progressive sanctions of varying magnitudes that may be administered in response to program noncompliance.	Yes/Fully Met
	87	In order to graduate, participants must have a job or be in school unless there are extenuating circumstances.	Yes/Fully Met
	88	Drug Court helps finding safe, stable, and drug-free housing. In order to graduate, participants must have a sober housing environment.	Yes/Fully Met
	89	Participants are required to pay court fees in order to graduate.	No
	90	In order to graduate participants must have paid all required program fees	No
H	91	Jail sanctions are imposed judiciously, sparingly, and progressively. Jail sanctions are definite in duration and last no more than three to five days.	No
	92	Participants are given access to counsel and a fair hearing if a jail sanction might be imposed.	Yes/Fully Met
	93	Members of groups who have historically experienced discrimination receive the same incentives and sanctions as other participants. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i>	Observe
	94	The judge is the ultimate arbiter and makes the final decision after taking into consideration the input of the Drug Court team members and discussing the matter in court with the participant.	Yes/Fully Met
	95	The judge relies on the expert input of trained treatment professionals when imposing treatment-related conditions. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i>	Observe
	96	Drug Court has a medical expert who the team can consult with on medical issues, including the need for certain medication.	No

Rating	Item #	Practice/Standard	Results
	97	Phase promotion is based on achievement of realistic and defined objectives. <i>NOTE: Review participant handbook or program manual criteria for phase promotion criteria.</i>	Review participant handbook or program manual
	98	Phase advancement and graduation include objective evidence that participants are engaged in productive activities, such as employment, education, or attendance in peer support groups. <i>NOTE: Review participant handbook or program manual criteria for phase promotion criteria; Ask participants in focus group.</i>	Review documents and ask participants in focus groups
	99	Participants may be terminated from Drug Court if they no longer can be managed safely or they fail repeatedly to comply with treatment or supervision requirements. Participants are not terminated from the Drug Court for continued substance use if they are otherwise generally compliant.	Yes/Fully Met
	100	Graduates of the Drug Court avoid a criminal record, avoid incarceration, receive a substantially reduced sentence or disposition, or have reduced fines or fees as an incentive for completing the program.	Yes/Fully Met
	101	Participants terminated early receive a sentence or disposition for the offense that brought them into drug court.	Yes/Fully Met

Key Component # 7: Ongoing judicial interaction with each participant is essential.

Rating	Item #	Practice/Standard	Results
H	102	Judge regularly attends pre-court team meetings (staffings) to review each participant's progress and potential consequences and incentives for performance.	Yes/Fully Met
H	103	Participants appear before the judge for status hearing (court session) no less than every 2 weeks during the first phase. Frequency may be reduced after initiation of abstinence but no less frequently than every 4 weeks until the last phase of the program.	Yes/Fully Met
H	104	The judge spends a minimum of approximately 3 minutes at a minimum interacting with each participant in court.	Yes/Fully Met
	105	The judge presides over the Drug Court for no less than 2 consecutive years to maintain continuity and knowledge about Drug Court.	Yes/Fully Met
	106	The judge was assigned to Drug Court on a voluntary basis.	Yes/Fully Met
	107	Participants appear before the same judge throughout Drug Court.	Yes/Fully Met
	108	The judge offers supportive comments to participants, stresses the importance of their commitment to treatment and other program requirements and expresses optimism. <i>NOTE: Base your rating on observation in status hearing (court session).</i>	Observe

Key Component # 8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Rating	Item #	Practice/Standard	Results
	109	Drug Court monitors adherence to best practices on at least an annual basis and develops an action plan to address deficiencies.	Yes/Fully Met
H	110	Specific goals and objectives have been established to measure the effectiveness of the program.	No
	111	The program employs an automated system to collect data and aggregated data reports are provided to the drug court team, policymaking group, and/or the public.	Yes/Fully Met
	112	Drug Court continually monitors participant outcomes during the program (including attendance, graduation rate, drug and alcohol test results, length of stay, technical violations, new arrests, etc.)	No
O	113	Where information is available, criminal recidivism is monitored for at least 3 years post entry.	N/A
O	114	Program has skilled and independent evaluator look at best practices and participant outcomes.	Yes/Fully Met
	115	The results of program evaluations have led to modifications in Drug Court operations.	Yes/Fully Met
	116	Review of the data and/or regular reporting of program statistics have led to modification in Drug Court operations.	Yes/Fully Met
	117	Drug Court has a process in place to get feedback from participants regarding their Drug Court experience.	Yes/Fully Met
	118	The Drug Court monitors whether members of groups who have historically experienced discrimination are admitted and complete the program at equivalent rates to other participants and develops remedial action if this is not the case.	Yes/Fully Met
H	119	The program collects data and assesses whether members of groups who have historically experienced discrimination receive the same dispositions as other participants for completing or failing to complete the Drug Court.	Yes/Fully Met
	120	Staff members record information about services and program outcomes within 48 hours. Timely and reliable data entry is part of performance evaluation.	No

Key Component #9: Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.

Rating	Item #	Practice/Standard	Results
	121	All new hires to the Drug Court team complete a formal training or orientation.	Yes/Fully Met
	122	Drug Court team members are educated across disciplines.	Yes/Fully Met

	123	Drug Court team members attend up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts.	No
	124	The Drug Court judge attends training (legal and constitutional issues, judicial ethics, evidence-based treatment, behavior modification and community supervision).	Yes/Fully Met
	125	The team occasionally meets outside of regular staffing and court sessions to address program policies and training needs.	Yes/Fully Met

Key Component # 10: Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Rating	Item #	Practice/Standard	Results
	126	The Drug Court has a policy committee. <i>(Can be the drug court team if the members have the proper decision-making authority)</i>	Yes/Fully Met
	127	The Drug Court has an advisory committee. <i>(Including representatives from community organizations)</i>	No
	128	The Drug Court team members provide information regarding the program through presentations to groups and individuals in the community.	Yes/Fully Met
	129	Secular alternatives to 12-step groups are available to participants who object to the religious content of 12-step groups.	Yes/Fully Met
O	130	Program has a Mental Health Specialist as part of the team and agreements with community mental health service agencies. <i>[optional]</i>	No