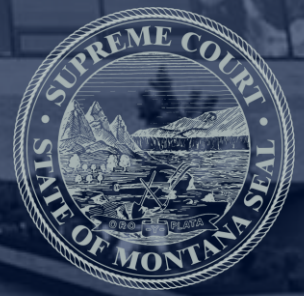


# MONTANA PEER REVIEW SUMMARY REPORT: LINCOLN COUNTY ATC



## BACKGROUND AND OVERVIEW

A peer review process was conducted with Lincoln County Adult Treatment Court on May 24-25, 2022, by Whitney Bugni, Dana Comes At Night, Jeffrey Kushner, Jake Lapke, and Juliette Mackin. 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.

1. BP #8 There is frequent email communication between the court and treatment providers regarding each participant's overall program performance.
2. BP #21 Drug Court allows non-drug charges that were driven by alcohol and other drug dependence.
3. BP #22 Drug Court communicates eligibility and exclusion criteria to potential referral sources.
4. BP #28 The Drug Court fee is based on an ability to pay.
5. BP #30 The court ensures that no one is denied participation in the program solely because of inability to pay fines, fees, or restitution.
6. 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).
7. BP #51 Program involves family member(s) or friend(s) to support the participant.
8. BP #58 The minimum length of the Drug Court program is 12 months or more.
9. 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.
10. BP #70 Testing is random and unpredictable, occurring on weekends and holidays. (Client is not aware of when he/she is going to be tested).

11. BP #73 Drug urinalysis results are back to Drug Court within 48 hours or less.
12. BP #84 Participants receive equivalent consequences without regard to gender, race, ethnicity, socioeconomic status or sexual orientation unless clear justification exists. *NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).*
13. BP #86 The Drug Court has a range of progressive sanctions of varying magnitudes that may be administered in response to program noncompliance.
14. BP #102 Judge regularly attends pre-court team meetings (staffings) to review each participant's progress and potential consequences and incentives for performance.
15. 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.
16. BP #104 The judge spends a minimum of approximately 3 minutes at a minimum interacting with each participant in court.
17. BP #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.).
18. BP # 124 The Drug Court judge attends training (legal and constitutional issues, judicial ethics, evidence-based treatment, behavior modification and community supervision).
19. The community shows a tremendous amount of support for the Treatment Court. Lincoln County Commissioners have given their assistance to the Treatment Court. The Treatment Court benefits from having the community health center available to provide a medical home for participants as well as medically assisted treatment.
20. Team members and partners utilize electronic communications and DIMS.

In Montana, Judges voluntarily serve as part of treatment court teams. Judge Cuffe has provided consistency since the inception of the Lincoln County Adult Treatment Court. Additionally, Judge Cuffe invests his time getting to know participants personally. He is able to have discussions about their histories as well as their interests and hobbies. Zach Sherbo, Lincoln County Adult Treatment Court Coordinator, is doing an excellent job. He was already working on resolving many of the recommendations made during the peer review. The Treatment Court is actively working towards intensive outpatient treatment, an encouraging undertaking, especially given the rural nature of Lincoln County. Team Members are engaged, supportive and committed. The Treatment Court has the added benefit of a misdemeanor probation officer. The participants of Treatment Court have a cohesive and supportive culture with one another. Graduates of the Treatment Court continue to be involved and are supportive of current participants.

## PRIORITY RECOMMENDATIONS

The following section lists several areas that are not currently aligned with Best Practices or Standards. These are areas that could benefit from changes. A full set of practices that are not yet utilized by this program are attached. Additional recommendations are listed at the end.

**RECOMMENDATION 1:** Broaden progressive sanctions and incentives for phase ups and add the distinction between sanctions and incentives in the policy and procedure handbook as well as the participant handbook. Provide team training related to proximal and distal goals for disseminating incentives and sanctions for team members. That information can be found at: <https://www.ndci.org/?s=incentives+and+sanctions>. Attached to this report is also an Incentive/Section Matrix from NPC Research.

**RECOMMENDATION 2:** Discuss therapeutic responses during team staffing meetings and add therapeutic responses to the policy and procedure handbook and the participant handbook.

**RECOMMENDATION 3:** Provide training for the team on medically assisted treatment and then educate participants about this service.

**RECOMMENDATION 4:** Implement a recovery management plan while in the 5th phase of Treatment Court. The Court Administrator's Office has examples of self-directed recovery management plans.

**RECOMMENDATION 5:** Follow up with graduating participants at least 90 days after graduation and explore the possibility of utilizing past graduated participants or peer mentors for this task. Continue monitoring for at least 3 years post entry.

**RECOMMENDATION 6:** Conduct a meeting with partners including the County Attorney and Public Defender to provide education about Treatment Court and improve dynamics between partners to expedite referrals to Treatment Court. The Standard is to admit new participants within 50 days of arrest.

These items were not yet met based on the assessment:

1. **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.
2. **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.). Consider utilizing the Family Strength and Need Assessment.
3. **BP #110** Specific goals and objectives should be established to measure the effectiveness of the program.
4. **BP # 120** Staff members record information about services and program outcomes within 48 hours. Timely and reliable data entry is part of performance evaluation.

## 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 five participants. Here is a summary of their feedback.

Participants most like and appreciate the following parts of the program:

- The participants articulated that they liked having an alternative to incarceration.
- The participants expressed that they like the second chance Treatment Court provides.
- The participants thought that the meetings were beneficial.
- The participants like working with the Team and their fellow participants.

Participants reported that the following parts of the program are most challenging for them:

- Transportation
- The amount of drug testing

Participants offered the following suggestions for the program to consider:

- Reduce the redundancy in compliance testing.
- Utilize technology such as Zoom especially in winter months for participants.

## ADDITIONAL OBSERVATIONS/RECOMMENDATIONS

- Implement more in person staffing and using a conference or jury room to facilitate more discussion.
- Adapt the release of information form, possibly implementing a global release form that coordinates with all partners.
- Treatment Court Coordinator to provide training to medical providers at CHC about Treatment Court.
- Implement goals and objectives for the Treatment Court.
- Formalize the phase up applications to include the goals participants met during their current phase, and what they plan to accomplish in the next phase. Jake will provide a task sheet for participants.
- Ensure the quality and accountability of the treatment provider. Information about what the team needs to know about the treatment being provided can be found in Appendix A at: <https://www.american.edu/spa/jpo/initiatives/drug-court/upload/a-technical-assistance-guide-for-drug-court-judges-on-drug-court-treatment-services.pdf> [american.edu].
- Use analytics on DIMS. Jake has already contacted Vivek Jha, [vivek@datagainservices.com](mailto:vivek@datagainservices.com), to ensure full implementation of DIMS.

- During the peer review, we learned about the concerning dynamics between the participants and the Office of Public Defender, specifically the remote nature of the Defense Attorney on the Team. We recommend that Judge Cuffe consider contracting an attorney locally.
- Explore using a vendor experienced in urine analysis collection, possibly compliance monitoring.

## 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. Add additional recommendations. For any recommendation there may be multiple tasks in the action plan.

Recommendation	Responsible individual, group, or agency	Action plan	Goal dates	TA or training needed?
1. Broaden progressive sanctions and incentives for phase ups and add the distinction between sanctions and incentives in the policy and procedure handbook as well as the participant handbook. Provide team training related to proximal and distal for disseminating incentives and sanctions for team members.	Click to enter text	Click to enter text	Click to enter text	Click to enter text
2. Discuss therapeutic responses during team staffing meetings and add therapeutic responses to policy and procedure handbook and the participant handbook.	Click to enter text	Click to enter text	Click to enter text	Click to enter text
3. Team training for the team on medically assisted treatment and then educating participants.	Click to enter text	Click to enter text	Click to enter text	Click to enter text
4. Implement a recovery management plan while in the 5th phase of Treatment Court.	Click to enter text	Click to enter text	Click to enter text	Click to enter text

5. Follow up with graduating participants at least 90 days after graduation and exploring the possibility of utilizing past graduated participants for this task	Click to enter text	Click to enter text	Click to enter text	Click to enter text
6. Conduct a meet with partners including the County Attorney and Public Defenders to provide education about Treatment Court and improve dynamics between partners to expedite referrals to Treatment Court.	Click to enter text	Click to enter text	Click to enter text	Click to enter text

**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 10<sup>th</sup>) 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

### *Lincoln County Adult Treatment Court*

*Results as of 3/23/2022*

#### **Treatment Court Background:**

- The treatment court began operation in 2020
- The most commonly used substance(s) among participants is/are Methamphetamine (58%)
- Currently, there are 12 active participants, with no reported capacity
- There have been 7 graduates (successful completions) and 2 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



Rating	Item #	Practice/Standard	Results
A	3	The Drug Court has a current contract or MOU with a treatment provider. <sup>1</sup>	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.	Yes/Fully 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).	Yes/Fully Met
	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

<sup>1</sup> 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 <sup>2</sup> 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>	Yes
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.	Yes/Fully Met
	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	Yes

**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

<sup>2</sup> By prosecuting attorney or someone else designated for this role.

Rating	Item #	Practice/Standard	Results
	25	Program caseload/census (number of individuals actually 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
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. <sup>3</sup>	Yes/Fully Met
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.	Partially Met
	34	The results of the assessment are the basis for the individualized treatment plan and placement in level of treatment.	Yes/Fully Met
	35	The treatment plan is updated regularly per a specified schedule.	No
A	36	The Drug Court requires that eligible participants enroll in Alcohol and Other Drug Treatment services immediately upon entering (within 7 days).	No
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).	Unsure
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.	No

<sup>3</sup> Required in Montana statute.



Rating	Item #	Practice/Standard	Results
	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.	No
	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.	No
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.	No
	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.	Yes/Fully Met
	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

Rating	Item #	Practice/Standard	Results
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
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.	Partially 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.	Partially 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 assessing multiple areas for strengths and needs (basic needs/ medical and dental/childcare/educational/ behavioral-social-emotional/ trauma, etc.)	No
	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
	65	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
	66	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 ).	Yes
	67	The treatment court offers or makes referrals to a peer support specialist	No

**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.	No
	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>	No
	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>	Training needed
	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.	No
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>	No
	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	No

Rating	Item #	Practice/Standard	Results
		modify consequences in light of circumstances presented in each case.	
	82	Participants are given the opportunity to explain their perspectives concerning factual controversies and the imposition of incentives, sanctions, and therapeutic adjustments. Participant may have a representative assist in providing explanations.	Yes/Fully Met
	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>	Yes; and more explanation would be helpful
	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>	Yes
	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>	Yes
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 offers assistance 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	Yes/Fully Met
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>	Yes
	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.	Partially Met



Rating	Item #	Practice/Standard	Results
	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>	Yes
	96	Drug Court has a medical expert who the team can consult with on medical issues, including the need for certain medication.	Yes/Fully Met
	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>	Yes
	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>	Yes
	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.	No
	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.	No
	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
	107	Participants appear before the same judge throughout Drug Court.	Yes/Fully Met

Rating	Item #	Practice/Standard	Results
	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>	Yes

**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.	No
	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.)	Yes/Fully Met
O	113	Where information is available, criminal recidivism is monitored for at least 3 years post entry.	No
O	114	Program has skilled and independent evaluator look at best practices and participant outcomes.	No
	115	The results of program evaluations have led to modifications in Drug Court operations.	N/A
	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.	No
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.	No
	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.	No
	122	Drug Court team members are educated across disciplines.	No; training for new team members needed
	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>	No
	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.	No
	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>	Yes/Fully Met

## Positive Behavior

### Incentive Matrix: “What do we want the participant to learn from this?”

**Step 1. Identify the Behavior**

Proximal (Expect Sooner)	Moderate	Distal (Expect Later)
<ul style="list-style-type: none"> <li>Attendance at treatment</li> <li>Attendance at other appointments</li> <li>Home for home visits</li> <li>Report to UA</li> <li>Timeliness</li> <li>Payment</li> </ul>	<ul style="list-style-type: none"> <li>Honesty</li> <li>Testing Negative</li> <li>Participating in Prosocial Activities</li> <li>Employment</li> <li>Progress toward Tx Goals</li> <li>Progress in Tx</li> </ul>	<ul style="list-style-type: none"> <li>Complete Tx LOC</li> <li>Extended Abstinence/Neg. Tests</li> <li>Treatment Goals Completed</li> <li>Phase Goals Completed</li> <li>Program Goals Completed</li> </ul>

**Step 2. Determine the Response Level**

		Proximal (Expect Sooner)	Moderate	Distal (Expect later)
Distal ↓ Prox	Phase 1	Small	Medium	Large
	Phase 2	Small	Medium	Large
	Phase 3	Small	Small	Large
	Phase 4	Small	Small	Large
	Phase 5	Small	Small	Medium

**Step 3. Choose the Responses (Paired with Judicial Approval/Verbal Praise)**

### 3a. Therapeutic/Teaching Response

	Phase 1	Phase 2	Phase 3	Phases 4 and 5
Single Event	<ul style="list-style-type: none"> <li>Behavior Chain</li> <li>Cost/Benefit Analysis</li> </ul>	<ul style="list-style-type: none"> <li>Behavior Chain</li> <li>Cost/Benefit Analysis</li> </ul>	<ul style="list-style-type: none"> <li>Behavior Chain</li> </ul>	<ul style="list-style-type: none"> <li>Behavior Chain</li> </ul>
Continued Progress		<ul style="list-style-type: none"> <li>Change in LOC</li> <li>(FTC) Increased visitation with child</li> </ul>	<ul style="list-style-type: none"> <li>Aftercare Eqcy</li> <li>Re-evaluate Pharmacological Interventions</li> </ul>	<ul style="list-style-type: none"> <li>Aftercare Eqcy</li> <li>Re-evaluate Pharmacological Interventions</li> </ul>

### 3b. Supervision Responses

Phase 1	Phase 2	Phase 3	Phases 4 and 5
<ul style="list-style-type: none"> <li>Change in Curfew Status</li> </ul>	<ul style="list-style-type: none"> <li>Reduced Contacts</li> <li>Reduction in Home Visits</li> </ul>	<ul style="list-style-type: none"> <li>Reduced Contacts</li> <li>Reduce Home Visits</li> <li>Reduce in External Monitoring Devices</li> </ul>	<ul style="list-style-type: none"> <li>Reduced Contacts</li> <li>Decreased Drug Testing</li> </ul>

### 3c. Incentive Response

Small	Medium	Large
<ul style="list-style-type: none"> <li>Judicial approval (always)</li> <li><u>Fish Bowl</u></li> <li>Decision Dollars</li> <li>Example for other participants in court</li> <li>Handshake</li> <li>Candy</li> <li>≤ 1 day reduction of curfew</li> <li>On the A Team</li> </ul>	<p><i>Any small and/or:</i></p> <ul style="list-style-type: none"> <li>≤ <u>3 day</u> reduction of curfew</li> <li>Choice of Gift Certificate</li> <li>Supervisor Praise</li> <li>Written Praise</li> <li>Positive Peer Board</li> <li>Certificate</li> <li>Reduction in CS hours</li> <li>Reduction in program fees</li> </ul>	<p><i>Any <u>small, medium</u> or:</i></p> <ul style="list-style-type: none"> <li>Framed Certificate</li> <li>Travel Pass</li> <li>Larger Gift Certificate</li> <li>Position as Mentor to New Participants</li> </ul>

\*NPC Research: Contact Shannon Carey ([carey@npcresearch.com](mailto:carey@npcresearch.com)). Adapted from a matrix originally developed by the Harris County TX Treatment Court. Training is recommended before use. Please do not change or revise without permission. While individual responses can change, the steps and their order should remain.

## Inappropriate Behavior

### Sanction Matrix: “What do we want the participant to learn from this?”

#### Step 1. Identify the **Behavior**

Low (Less Immediate)	Moderate	High (More Immediate)	Very High
<ul style="list-style-type: none"> <li>Late for Scheduled Event</li> <li>Missed payment</li> </ul>	<ul style="list-style-type: none"> <li>Missed UA</li> <li>Failure to Complete Assignments</li> </ul>	<ul style="list-style-type: none"> <li>Unexcused Absence <del>tx</del></li> <li>Alcohol Use</li> <li>Drug Use</li> <li>Tamper with UA or device/dilute</li> <li>Dishonesty</li> </ul>	<ul style="list-style-type: none"> <li>Criminal behavior (new crimes, drinking and driving)</li> <li>Arrest</li> </ul>

#### Step 2. Determine the **Response Level**

		Low	Moderate	High	Very High
Distal ↓ Prox	Phase 1	Level 1	Level 2	Level 2	Level 4
	Phase 2	Level 1	Level 2	Level 3	Level 4
	Phase 3	Level 2	Level 3	Level 4	Level 5
	Phase 4	Level 3	Level 4	Level 5	Level 5
	Phase 5	Level 3	Level 4	Level 5	Level 5

**Step 3. Choose the Responses (paired with Judicial Verbal Disapproval and Explanation)**

**3a. Therapeutic/Teaching Responses**

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> <li>• Behavior Chain</li> <li>• Cost/Benefit Analysis</li> <li>• Skill Development</li> <li>• Homework/Practice</li> <li>• Homework chats</li> </ul>	<b>Level 1 plus:</b> <ul style="list-style-type: none"> <li>• LOC Review</li> <li>• Thinking Report</li> <li>• Write letters to nursing home resident</li> </ul>	<b>Level 1, 2, plus:</b> <ul style="list-style-type: none"> <li>• Referral Medication Eval</li> <li>• Treatment Team Review/Round Table</li> </ul>	<b>Level 1, 2, 3, plus:</b> <ul style="list-style-type: none"> <li>• Re-Assessment</li> </ul>	

**3b. Supervision Responses**

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> <li>• ≤ 1 additional report days/week</li> <li>• Homework chats</li> </ul>	<ul style="list-style-type: none"> <li>• ≤ 2 additional report days/week</li> <li>• Home Visit</li> <li>• Curfew</li> <li>• (FTC) Increased supervision at child visits</li> </ul>	<ul style="list-style-type: none"> <li>• ≤ 3 additional report days/week</li> <li>• Continuous Testing</li> <li>• GPS/Electronic Monitoring</li> <li>• Home Visit</li> <li>• Increase frequency UA Test</li> <li>• Additional Court Report</li> <li>• Case Conference</li> </ul>	<ul style="list-style-type: none"> <li>• ≤ 4 additional report days/week</li> <li>• Electronic Monitor Device</li> <li>• Case Conference</li> <li>• Curfew</li> </ul>	

**3c. Sanction/Punishment Responses (Judicial Disapproval)**

	Level 1	Level 2	Level 3	Level 4	Level 5
<b>Community Service</b>	≤ 4 hrs	≤ 8 hrs	≤ 16 hrs	≤ 24 hrs	≤ 32 hrs
<b>Curfew</b>	≤ 3 days	≤ 5 days	≤ 7 days	≤ 10 days	≤ 15 days
<b>House Arrest</b>	≤ 24 hrs	≤ 72 hrs	≤ 5 days	≤ 7 days	≤ 15 days
<b>Jail</b>			≤ 24 hours	≤ 3 days	≤ 7 days
<b>Other</b>				Review Placement	Termination

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