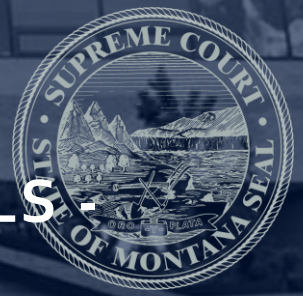


MONTANA'S PEER REVIEW MATERIALS - SUMMARY REPORT TEMPLATE



BACKGROUND AND OVERVIEW

A peer review process was conducted with 20th Judicial District Adult Treatment Court on April 23rd-24th by Korie Dheil, Colleen Singer, Dustin Tessier and Jake Lapke. 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.

Key:
BP = Best Practice or Standard

Congratulations on your program's achievements in these areas!

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

1. **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).
2. **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 is unlikely to precipitate a setback or relapse.
3. **BP #43** Treatment providers administer behavioral or cognitive-behavioral treatments such as Moral Recognition Therapy, Seeking Safety and Matrix Model that are documented in manuals and have been demonstrated to improve outcomes (are evidence-based).
4. **BP #58** The minimum length of the Drug Court program is 12 months or more.
5. **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.
6. **BP #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)

7. **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).
8. **BP # 86** The Drug Court has a range of progressive sanctions of varying magnitudes that may be administered in response to program noncompliance.
9. **BP # 91** Jail sanctions are imposed judiciously, sparingly and progressively. Jail sanctions are definite in duration and last no more than three to five days.
10. **BP #102** Judge regularly attends pre-court team meetings (staffing) to review each participant's progress and potential consequences and incentives for performance.
11. **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 after initiation of abstinence but no less frequently than every 4 weeks until the last phase of the program.
12. **BP #104** The judge spends a minimum of approximately 3 minutes at a minimum interacting with each participant in court.

ADDITIONAL PROGRAM STRENGTHS

- The review team identified that this court has a recovery community embedded into the court program that is a massive support to this program and key factor in its success. NARSS (Never Alone Recovery Support Services) program provides sober living, Peer Support, counseling, recovery activities, spiritual activities and mentorship to participants and demonstrates to be a large support to the recovery of the participants. NARSS also manages tribal housing and oversees housing placements for participants while providing communication, community and accountability to the court. This supportive collaboration between the court and NARSS cannot be overemphasized.
- Legal representation for both the County Attorney's Office and the Office of the Public Defender both offered a complementary and non-adversarial take on how their role is focused on creating positive outcomes for participants and the community at large.
- Case Management was highly engaged with the participants and demonstrated a strong therapeutic relationship while maintaining collaboration with the court team.
- The Medication Assisted Treatment provider was very knowledgeable and collaborative with the team.
- The coordinator goes to great lengths to develop programming for the benefit of the participants recovery and success.
- The judicial interaction was personable, appropriate, compassionate and accountable.

Listed below are other administrative practices and standards that were observed as fully met by the treatment court and are recognized as foundational elements and commendations by the Office of Court Administrator.

2. **BP #2** There is a Memorandum of Understanding (MOU) in place between the Drug Court team members (and/or the associated agencies).

3. **BP #3** The Drug Court has a current contract or MOU with a treatment provider.
4. **BP #4** The Drug Court has a policy and/or procedure manual.
5. **BP #5** The program has a participant manual or handbook.
6. **BP #6** The program has a participant contract.
7. **BP #12** A validated risk-assessment is used to determine “high-risk” and “high-need”
8. **BP #15** A review of the case and criminal history check is conducted to determine if the defendant is eligible for the Drug Court program by the prosecutor.
9. **BP #17** No one is admitted to the drug court who has been previously convicted of a sexual offense.
10. **BP #19** The Drug Court defines in policy the current or prior offenses that may disqualify candidates for Drug Court and the reasons why.
11. **BP #21** Drug Court allows non-drug charges that were driven by alcohol and other drug dependence.
12. **BP #24** Specific drug court team members are designated to screen cases and identify potential drug court participants.
13. **BP #30** The court ensures that no one is denied participation in the program solely because of inability to pay fines, fees, or restitution.
14. **BP #33** A validated clinical assessment instrument is utilized immediately upon admission to treatment.

The full list of fully met standards are provided at the end.

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: The Court should create Memoranda of Understanding (MOUs) to structure the agreement between the Court and each Team Member. List the Program goals along with the roles and responsibilities of each individual agency within their role, responsibilities, and staff commitments. Include ethical considerations for each team member. This will provide greater clarity of the roles and responsibilities of each team member, reduce redundancy in care and create more team member accountability. The Statewide Treatment Court Coordinator can provide examples.

RECOMMENDATION 2: While the treatment court does provide a recovery community through partner affiliates, it would benefit from incorporating elements of the Recovery Management Tool Kit for participants entering the last phase of the program and Recovery Management Check in's (RMCi's) for graduates of the program. This will better prepare participants for life after treatment court, utilizing DIMS software and Peer Support Specialists (PSS). This change should be reflected in court documents such as the policy and procedures, participant handbook and contract. Work with PSS to train on the model and implement the Recovery Management Toolkit and RCMi's. This will



improve participant engagement with long-term recovery support while reducing the likelihood of re-offense and re-occurrence of substance use. Statewide Coordinator can provide technical assistance and training on this model.

RECOMMENDATION 3: Increase responsivity to participants' behavior through judicial response and Incentives, Sanctions and Service Adjustments (ISSA). Research and Best Practices clearly show timely responses to participant behavior through ISSA greatly increase positive outcomes while reducing non-compliance with treatment and achieving proximal goals. Responses to the use of substances should be immediate and service adjustments should take place at the next court appearance and tracked to completion. Statewide Coordinator can provide resources.

RECOMMENDATION 4: The Court should consider developing a training plan for treatment team members. This should include cross training and understanding of each other's constraints and perspectives. Team members should attend continuing education workshops at least on an annual basis to gain up-to-date knowledge about best practices on topics including substance use disorder and mental health, complementary treatment and social services, medication, community supervision, drug and alcohol testing, team decision making, team roles and constitutional and legal issues in Drug Courts. There are numerous webinars and training courses available (the State Coordinator can provide resources).

RECOMMENDATION 5: The Court should obtain Law Enforcement membership onto the team. Courts that have Law Enforcement membership are aligned with Best Practice Standards and show improved outcomes.

RECOMMENDATION 6: While Medication for Addiction Treatment (MOUD/MAT etc.) is incorporated into the court programming by licensed professionals, there is nothing outlining the screening or assessment of this need in the policy and procedures or participant handbook. Applicants need to be aware the court program is accepting of MAT interventions and will be assessing the need to implement the service if appropriate.

RECOMMENDATION 7: Court should work to reduce the time from application to induction into the court program to less than 50 days. Courts that expedite induction of eligible participants see timelier integration of treatment services and better compliance with program requirements.

RECOMMENDATION 8: The court should monitor, evaluate and adjust court programming on a regular basis through DIMS analytics and formation of a sub-committee to target identified needs. This will allow distribution of reports that will provide information on how to effectively adjust programming to better meet the needs of the participants and program.

RECOMMENDATION 9: The court should construct and revise judicial responses that include broad options for incentives, sanctions and service adjustments (ISSA). Technical assistance from the Statewide Treatment Court Coordinator is available.

RECOMMENDATION 10: The court should work to define the “non-negotiables” in court requirements that participants are required to achieve in order to phase up to the next phase of court programming. Phase requirements are separate from case-planning goals. Standardizing phasing requirements while individualizing case planning goals provides consistent structure while meeting the individual needs of each participant. Training with TTA providers, webinars and literature on the implementation of this model can be provided.

RECOMMENDATION 11: The treatment court should work to collect drug tests at least twice weekly on average throughout drug court phases. It is recommended that the treatment court work with providers to expedite drug test results to within 48 hours. Collecting two weekly drug tests and receiving timely results validates that the participant is or isn’t receiving the correct dosage of treatment to address their current level of care need.

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 12 participants, some graduates and recovery support staff. Here is a summary of their feedback.

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

- Structure of program that carries into personal life of the participant
- Caring nature of the team, coordinator, judge portray care and real sense of recovery community.
- Uses sanctions judiciously-not quick to throw participants into jail.
- Gives more accountability, sober connections and team are always available.

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

- Not being aware of positive drug test results prior to court-feeling blindsided
- Not being told of sanction/therapeutic response prior to court.
- Participants expressed that while care and concern was present in court and outside; however, some participants felt treated differently than others for similar behavior or achievements.

Participants offered the following suggestions for the program to consider:

- Discuss any positive UA results with participants prior to status hearings.
- Participants expressed a lack of voice and choice with some decision-making regarding treatment option alternatives with providers and groups.
- Participants would like to see more continuity in responses to participants’ behavior across all participants for similar behavior for sanctionable responses or provide reasons for differing responses to the participants.

ADDITIONAL OBSERVATIONS

- The court utilizes innovative community service programs to engage participants with giving back to the community.
- The team noted that the team members were very engaged during the staffing and status hearing. Various team members were handing out incentives, county attorney and defense were engaged in non-adversarial discussions regarding judicial response. The team was clearly very invested in the participants' success.
- Possible redundancy in roles between case manager and coordinator exists and may benefit from team discussion on how to separate roles to maximize role efficiency.
- The participants appeared cohesive and appropriately supportive of each other in their treatment and court programming.
- Multiple NARSS staff were present as support to the court and participants and provided personal supportive reflections on their own experiences and offered helpful suggestions.
- Reviewers observed potential opportunities for the team to provide training to the participants on court room decorum. Discussion on appropriate courtroom behavior and participant response in addition to discussion of how any potential interaction outside of the courthouse should be discussed with participants at induction.

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	Goal dates	TA or training needed?
1. (RECOMMENDATION)				
2. (RECOMMENDATION)				
3. (RECOMMENDATION)				
4. (RECOMMENDATION)				
5. (RECOMMENDATION)				

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 the 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 complete form to Jake Lapke at the Montana Supreme Court. He will discuss any training and technical assistance needed and how to obtain them.



CHECKLIST OF GUIDELINES AND STANDARDS

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.	No
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.	No
	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

² 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.	Missing
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.	Yes/Fully 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

³ 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.	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.	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.	Missing
	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.	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)	Yes/Fully Met
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.)	Partially 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).	Yes/Fully Met
	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.	Missing
	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)	No
	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.	No
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.	No

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	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>	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 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.	Yes/Fully Met
	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



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>	Observe
	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>	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 (staffing) 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.	No

Rating	Item #	Practice/Standard	Results
	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.	Partially 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.	Missing
	116	Review of the data and/or regular reporting of program statistics have led to modification in Drug Court operations.	No
	117	Drug Court has a process in place to get feedback from participants regarding their Drug Court experience.	No
	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
	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.	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>	Missing

