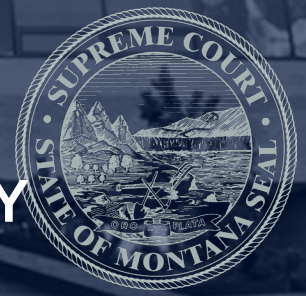


MONTANA'S PEER REVIEW SUMMARY REPORT – 4TH JD SMART COURT



BACKGROUND AND OVERVIEW

A peer review process was conducted with Montana 4th Judicial District SMART Court on Monday and Tuesday, June 20 and 21, 2022 by Susanne Clague (Butte-Silver Bow Veterans/DUI Courts), Korie Diehl (Gallatin County Adult Treatment Court), Zach Sherbo (Lincoln County Adult Treatment Court), Jeff Kushner (Statewide Drug Court Coordinator), and Juliette Mackin (NPC Research). 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 #28** The Drug Court fee is based on an ability to pay.
3. **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.
4. **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).
5. **BP #58** The minimum length of the Drug Court program is 12 months or more.
6. **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.

7. **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)
8. **BP #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/child care/educational/behavioral-social-emotional/trauma, etc.).
9. **BP #73** Drug urinalysis results are back to Drug Court within 48 hours or less.
10. **BP #74** Drug Court drug tests are collected at least two times per week on average throughout drug court phases.
11. **BP #80** Sanctions are typically 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).
12. **BP #86** The Drug Court has a range of progressive sanctions of varying magnitudes that may be administered in response to program noncompliance.
13. **BP #102** Judge regularly attends pre-court team meetings (staffings) to review each participant's progress and potential consequences and incentives for performance.
14. **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 in initiation of abstinence but no less frequently than every 4 weeks until the last phase of the program.
15. **BP #110** Specific goals and objectives have been established to measure the effectiveness of the program.
16. **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.

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:** Clearly far and away our major recommendation to the Court relates to Standard V.: Substance Abuse Treatment, C. Team Representation, i.e., "One or two treatment agencies are primarily responsible for managing the delivery of treatment services for Drug Court participants. Clinically trained representatives from these agencies are core members of the Drug Court team and regularly attend team meetings and status hearings." It is most important that the treatment court establish a partnership with at least one primary treatment

provider to maximize the leverage of the criminal justice system with the evidence-based treatment of a licensed provider to provide adequate treatment dosage to treatment court participants. Associated research validates the critical importance of this issue.

- **RECOMMENDATION 2:** The Court should investigate use of validated mental health screening at admission. Best practice standards indicate that 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. Often, participant performance is hampered by the lack of identification of mental health related issues which should be identified and treated early in the drug court process.

- **RECOMMENDATION 3:** Best practice standards include: The initial appearance before the drug court judge occurs soon after arrest or apprehension (50 days or less, BP #23), and the Drug Court requires that eligible participants enroll in Alcohol and Other Drug Treatment services immediately upon entering (within 7 days). The recommendation is that the team establish a subcommittee (prosecutor, public defender, drug court coordinator and others) to meet and determine if there are efficiencies that can be identified to reduce wait-times and meet the above standards, keeping in mind that saliency is a key concept in treatment court and we need to take best advantage of the window of opportunity to impact our participants while it is open.

- **RECOMMENDATION 4:** Providing incentives is very important and, at a minimum, the recommendation is to provide incentives at a 4:1 (incentives to sanctions ratio). We recommend continued discussion regarding incentives and the efforts to reach the 4:1 ratio.

- **RECOMMENDATION 5:** Urinalysis (drug and alcohol testing) should be performed frequently enough to ensure substance use is detected quickly and reliably. Urine testing must be performed at least twice per week until participants are in the last phase of the program and preparing for graduation. It is very important that the schedule of drug and alcohol testing is random, unpredictable, and observed. "Random testing means the odds of being tested are the same on any given day of the week, including weekends and holidays." The Court should work with the urinalysis provider to ensure that testing can occur on weekends and holidays.

- **RECOMMENDATION 6:** The Court needs to establish a policy around recovery management that is consistent with best practices, e.g.:
 - Participants complete a final phase of the Drug Court focusing on relapse prevention and continuing care. Participants prepare a continuing-care plan together with their

counselor to ensure they continue to engage in prosocial activities and remain connected with a peer support group after their discharge from the Drug Court. Efforts to implement a Recovery Maintenance phase along with the Recovery Maintenance planning tool as part of the fifth phase and a one year follow-up will go a long way toward meeting this recommendation.

- For at least the first 90 days after discharge from the Drug Court, there is a systematic follow-up 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. This support should be indicated in the initial contract signed by the participant.

- Consider how the court and the treatment provider can best utilize peer mentors/peer coaches.

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 three participants. Here is a summary of their feedback.

Participants were thankful and recognized the support of the team. For some, it was said that this is the first time being treated as a human. The program promotes honest communication and has helped participants get out of their shell.

On the other hand, participants communicated confusion over program or phase requirements. And there was conversation over whether marijuana use should be allowed.

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

- Receiving individualized attention
- Team approach and support – they are really trying to help us
- Get a lot of support from other participants
- Appreciate the opportunity to participate in the program - Never had a break like this before
- Treated like a human being
- People running the program are thorough, compassionate, and understand human behavior
- They help us see our goals
- You get to see people doing well
- Our feelings and thoughts are taken into account

- Court promotes us being honest

Participants reported that the following parts of the program are most challenging for them: There seems to be inconsistency between what team members convey about program guidelines and expectations and what is in the written materials (pamphlet participants are given). There was also concern related to program criteria changing without participants receiving updated pamphlets.

- It is disheartening for some participants that the program restarts their sober days at program entry and does not give them credit for sober days prior to entry.
- There is (and will likely always be) stigma related to court involvement.
- There was a lack of understanding related to why participants are not allowed to use marijuana (since it is legal).
- Participants wish the program was available earlier (such as before revocation) or had been available longer ago.
- Participants find it challenging when they are told not to help other participants – while they understand staff is worried about the other participants negatively impacting each other, they feel it helps them to help others.

Participants offered the following suggestions for the program to consider:

- Ensure the guidelines are consistent across team members and written documents. Make sure they are clear and precise.
- Shorten the amount of time it takes to get into the program.
- Allow a person to enter drug court the first time they get in trouble.
- Participants would like the program to let them be more active in their treatment plans.
- Participants requested that the staff (on the legal side) have more confidence in them (particularly related to allowing them to help fellow participants). [They feel treatment providers know them and have this confidence.]

ADDITIONAL OBSERVATIONS

Recommendations (continued):

- In many treatment courts, the courtroom can become a stage for meaningful theatre, particularly with the judge and the prosecutor. The prosecutor indicates he would be willing to play a more active role in this effort if the team decides this could be of importance, particularly when it comes to non-compliance and what participants may be looking at should they be terminated early from the treatment court. Consider more “theatre” in the courtroom.
- 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 on a least an annual basis to gain up-to-date knowledge about best practices on topics including substance abuse and mental health

treatment, complementary treatment and social services, behavior medication, community supervision, drug and alcohol testing, team decision making, and constitutional and legal issues in Drug Courts. There are numerous webinars and training available (documented in this report).

- Most treatment court participants have families as well. 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.). Consider assessing the family members' strengths and needs utilizing the Family Strength and Need Assessment.
- Specific goals and objectives should be established to measure the effectiveness of the program, e.g., admissions per year, rate of graduation, rate of incentives to sanctions, etc.
- Best practice standards specify that there is frequent email communication between the court and treatment providers regarding each participant's overall program performance. Content of email communication from treatment providers should include: 1) treatment attendance, 2) dates of missed appointments, 3) brief progress note (including what participant is studying), 4) recommendations from provider for the judge to use from the bench.
- 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 at: <https://www.american.edu/spa/ipo/initiatives/drug-court/upload/a-technical-assistance-guide-for-drug-court-judges-on-drug-court-treatment-services.pdf> [american.edu].
- Here is a resource that includes a **cultural assessment** and guidance for services for American Indian/Alaska Native participants: https://store.samhsa.gov/sites/default/files/d7/priv/tip_61_aian_full_document_020419_0.pdf
- A few of the team members mentioned looking at levels related to drug testing, which is not recommended. See attached article by Paul Cary for additional information.
- **Training resources:**
 - a. <https://www.ndci.org/resource/training/> [they have role-specific training for team members (including treatment providers), equity and inclusion training, information on incentives and sanctions, etc.]
 - b. <https://ndcrc.org/> [they have resources by court type and team member role, as well as information about best practices]
- Suggestions/questions related to participant handbook
 - a. Consider simplifying the participant handbook – shorter, less text, simpler language, more visuals, etc. There is some duplication that could be removed and shortened, such as appropriate clothing and the information about phases and fees.
 - b. Consider adding photos of team members and bios about them/their roles.

- c. The text and info on pages 7-9 (program rules) are very clear and simpler – maybe start there.
 - d. You have a mix of second and third person in the handbook (sometimes it’s written as “you” the participant, and sometimes it’s written as “they.” Pick one (and maybe use the direct “you” form to make it more personal sounding).
 - e. The phase advancement grid on p. 5 has housing addressed in phase 4 – is it addressed sooner? (we heard a lot about the housing challenges many participants have). According to the national standards, housing is one of the first things to address (phase 1), to help participants attain stability to allow them to address their treatment and other needs.
 - f. Consider using different language rather than “termination” (such as “discharge”) since you have Native participants. The term “termination” means something very different to Native people and can be a very sensitive topic with a negative association.
 - g. Be careful about having rules in the handbook that are not enforced – for instance, since you have a dress code detailed in the handbook, it’s advisable to follow it. For example, the dress code says pants must be unripped (and that if people have issues getting appropriate clothing for court they will be provided assistance). If you don’t feel the dress code is a priority (or elements of it), remove those items from the handbook.
- Suggestions related to policy and procedure manual
 - a. Section 3.7 about referral and screening is a little confusing – at first (p. 11) it says that the chemical dependency evaluation should be completed and submitted as part of the referral to the coordinator and then screening occurs. But then on p. 12 it says that screening data should be entered into DIMS so that the treatment provider can view it prior to the drug and alcohol assessment. The participant has to do two different substance use assessments? What is the difference (and why)?
 - b. Consider adjusting language from “drug of choice” to “drugs used” (or “substances used” or “primary substance used” etc.). There is a movement to remove the stigma and attitude that a person with substance use disorder has a “choice” – to take the judgment away and just report factually what the person typically uses.
 - c. Description of the Management Information System (6.2 p. 31) may need to be updated. It says that you use both DIMS and the statewide data system (isn’t that DIMS?). Are you using an additional data system? If so, name which one you are referring to.

Positive Observations:

1. Team members are actively engaged (peer reviewers also observed this).
2. Team conveyed that judge is open to other perspectives and creates an open environment for discussion; team member noted the judicial role/interactions and accolades from the judge to be a program success.
3. Team also commended Coordinator for being respectful.
4. Probation officer was noted as being really important, engaged, caring, and very involved with and knowledgeable about participants.

5. Law enforcement is supportive and on the team – he sends a synopsis of participant progress to his agency/colleagues.
6. Several nonclinical team members used terms related to therapeutic responses/adjustments (they understand the concept and use the language).
7. While several team members noted the challenge and frustration of dealing with participants who take a long time to make it through the program, they also noted that they are working on or have learned to have patience.
8. We were told (and can see for ourselves at the focus group) that participants know and support each other (have created a sense of community); by being in a group at court they can see they aren't alone.
9. Participants were overall engaged in court, listening and supporting other participants.
10. Clear written eligibility requirements.
11. Participant handbook rules (pages 7-9) are clear.
12. Creative incentives and activities, such as the Friday fun run, courthouse meditation, the prosecutor providing a certificate for 1 year of sobriety. Creative sanctions, such as the jail work program (which is productive, some participants even like it, and teaches actual skills rather than just being a punishment).
13. Team members rated the program as being consistent in providing incentives and sanctions; they also described them as being individualized (we can see during staffing and court today).

Innovative Practices:

1. The program has a medical professional partner to consult with (who provides expertise and support to the program).
2. MAT injections are administered at the courthouse (convenient for participants – increases their likelihood of success) by a contracted nurse.
3. Use of an “intervention” meeting with the participant who was struggling seemed successful – really focused on being clear with the participant and getting more specific information about what support the participant needed to progress/stay in the program.

Overall, given the shorter length of time that the Missoula SMART Court has been operational, the team has built a solid foundation and is meeting many of the Standards. The partnership of the team members and the sense of community the Participants feel are markers that this program will be successful long term; particularly once recommendations have been implemented.

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. Bring a treatment provider onto the team.	Click to enter text	Click to enter text	Click to enter text	Click to enter text
2. Use a validated MH screening for all participants.	Click to enter text	Click to enter text	Click to enter text	Click to enter text
3. Create a subcommittee to discuss ways to decrease time to entry	Click to enter text	Click to enter text	Click to enter text	Click to enter text
4. Further discuss and implement incentives.	Click to enter text	Click to enter text	Click to enter text	Click to enter text
5. Work with UA provider to test on weekends and holidays.	Click to enter text	Click to enter text	Click to enter text	Click to enter text
6. Establish a policy regarding recovery management.				

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

Montana 4th Judicial District SMART Court

Results as of 6/16/2022

Treatment Court Background:

- The treatment court began operation in 2020
- The most commonly used substance(s) among participants is/are Methamphetamine (64%)
- Currently, there are 14 active participants, with a reported capacity of 20
- There have been 1 graduate (successful completion) and 4 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	No
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 add additional required element.</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).	No
	10	Law enforcement is a member of the Drug Court team and attends team meetings and status hearings (court sessions).	Yes/Fully Met

¹ In Montana enabling legislation

Rating	Item #	Practice/Standard	Results
	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

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."	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
	22	Drug Court communicates eligibility and exclusion criteria to potential referral sources	Yes/Fully Met

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

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 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. ³	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: Observed in the team meeting and court session.</i>	Yes
	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.	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).	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).	No

³ Required in Montana statute.

Rating	Item #	Practice/Standard	Results
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.	Missing
	40	The Drug Court offers a continuum of care for substance use disordered treatment including detoxification, outpatient, intensive outpatient, day treatment, and residential services.	Yes/Fully 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.	Yes/Fully 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.	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

Rating	Item #	Practice/Standard	Results
	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
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.	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)	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.)	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)	Yes/Fully 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

Rating	Item #	Practice/Standard	Results
	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)	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.	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

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: please consider expanding discussions about incentives at team meetings and court sessions.</i>	Yes
	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: confirmed through 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).	Yes/Fully Met

Rating	Item #	Practice/Standard	Results
		<i>NOTE: confirmed by observing team meeting and court session.</i>	
	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, 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: confirmed through observation in team meeting and court session.</i>	Yes
	84	Participants receive equivalent consequences without regard to gender, race, ethnicity, socioeconomic status or sexual orientation unless clear justification exists. <i>NOTE: observed in team meeting and court session.</i>	Yes
	85	Sanctions are delivered without expressing anger or ridicule. <i>NOTE: Confirmed through observation of team meeting and 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: Confirmed through observation in team meeting and court session.</i>	Yes

Rating	Item #	Practice/Standard	Results
	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
	95	The judge relies on the expert input of trained treatment professionals when imposing treatment-related conditions. <i>NOTE: Observed in team meeting and court session.</i>	No (treatment not on team/in staffing/court)
	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: Reviewed participant handbook & program manual criteria for phase promotion criteria.</i>	Partially Met
	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: Reviewed participant handbook & program manual criteria for phase promotion criteria; Asked 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.	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
	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

Rating	Item #	Practice/Standard	Results
	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: Observed in 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.	Yes/Fully Met
	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.)	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.	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.	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

Rating	Item #	Practice/Standard	Results
	120	Staff members record information about services and program outcomes within 48 hours. Timely and reliable data entry is part of performance evaluation.	Partially Met

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.	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