Montana/NPC Drug Court Assessment

Hello – Welcome to Montana/NPC's Drug Court assessment. The purpose of this assessment is to help your Drug Court team, the State understand how your program is uniquely implementing the various practices that fall under the 10 Key Components of Drug Courts. The questions in this assessment will ask you for information about various procedures and practices of your Drug Court program and also about your participant population. It should take about 1 hour to complete.

Please answer every question. We would like you to fill out the assessment collaboratively with your team by going over the assessment as a group (e.g., in a team meeting) or in some way checking on answers with your team members.

In the process of filling out the assessment, you may log out and return to the link in your email at a later time to finish the assessment (as long as you use the same computer each time). Also, please be aware that on some pages you may need to scroll down in order to access all questions, and in order to click "Save and Continue," which moves you forward through the assessment.

All of the information obtained during this assessment is confidential.

If you have any questions about technical issues with the survey, feel free to contact Jennifer Aborn at aborn@npcresearch.com.

If you have questions about the content of the survey or the peer review process, please contact Jeff Kushner at JKushner@mt.gov or (406) 202-5352.

Thank you very much for taking the time to complete this assessment.

Best Practices and Standards: Montana Adult Drug Court Peer Review

COURT CHARACTERISTICS

| 1. Please verify your p | rogram type. |
|----------------------------|--|
| Adult Drug Court | |
| DUI/DWI Court | |
| Mental Health Court | |
| Veterans Court | |
| Hybrid Court (specify | our hybrid programs below) |
| Other (specify your pr | ogram(s) below) |
| Please specify hybrid prog | ams or other program(s) |
| | |
| · | g out this assessment: please type your name, email address, and role in the drug are not the coordinator, please provide the coordinator's email address as well. |
| | |
| 3. Please provide us v | rith the official name and address of your Drug Court program: |
| DRUG COURT NAME: | |
| Address: | |
| Address 2: | |
| City/Town: | |
| State: | select state |
| ZIP: | |
| | es and roles of the other team members that will help you (or who you will check assessment. If you filled out the assessment on your own (with no help from othe e type "none." |
| 5. When was your dru | g court program implemented? |
| Month (mm) | |
| Year (yyyy) | |

| lonths | | |
|--|----------------------------------|-------|
| | | |
| . Is your drug court (check all that apply): | | |
| | Yes | No |
| Pre-plea? | | |
| Post-plea/pre-conviction? | 0 | |
| Post-conviction (e.g., referred from probation)? | | |
| Other? | | |
| lease specify other category: | | |
| | | |
| | | |
| | | |
| Sest Practices and Standards: Montana Adu | t Drug Court Peer Review | , |
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| | | |
| RUG COURT ELIGIBILITY AND REFERRAL . Which of the following people/agencies can refer defined to the following people. | | |
| RUG COURT ELIGIBILITY AND REFERRAL | ug court participants to the pro | gram: |
| RUG COURT ELIGIBILITY AND REFERRAL . Which of the following people/agencies can refer defined to the following people. | ug court participants to the pro | gram: |
| PRUG COURT ELIGIBILITY AND REFERRAL . Which of the following people/agencies can refer description. District Attorney/Prosecuting Attorney | ug court participants to the pro | gram: |
| PRUG COURT ELIGIBILITY AND REFERRAL . Which of the following people/agencies can refer described by the country of the following Attorney Public Defender/Defense Attorney | ug court participants to the pro | gram: |
| PRUG COURT ELIGIBILITY AND REFERRAL . Which of the following people/agencies can refer described by the following people agencies can ref | ug court participants to the pro | gram: |
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| PRUG COURT ELIGIBILITY AND REFERRAL . Which of the following people/agencies can refer described by the following people can refer described by the followin | ug court participants to the pro | gram: |

| 9. Are your drug court program eligibility requirements written? |
|--|
| Yes |
| ○ No |
| |
| 10. If the eligibility requirements are written, are all agencies/individuals who can make referrals given a copy of the eligibility requirements? |
| Yes, all referring agencies have them |
| Most should have them |
| Most do not have them |
| Unsure |
| Not applicable (there aren't written eligibility requirements) |
| |
| 11. Does the program define in policy the current or prior offenses that may disqualify candidates for drug court, and why? |
| Yes |
| ○ No |
| |
| 12. Is a specific drug court team member designated to screen cases and identify potential drug court participants? |
| Yes |
| ○ No |
| |
| 13. Do you use a standardized screening tool to determine program eligibility? |
| Yes |
| ○ No |
| |
| 14. Does the program conduct a case review and criminal history check to determine drug court eligibility? |
| Yes |
| ○ No |

15. What charges are eligible for program entry?

| | Yes | No |
|--|--------------------|---------------|
| Misdemeanors | | |
| Felonies | | |
| Drug Possession | | |
| Drug Trafficking | | |
| Driving Under the Influence | | |
| Property offenses | | |
| Prostitution | | |
| Forgery | | |
| Status offenses | | |
| Other | | |
| Please specify other charges eligible for program entry: | | |
| | | |
| A new arrest A new conviction A probation/parole violation A child welfare allegation An open child welfare case Other (please specify) | | |
| 17. Does defense counsel advise the defendant as to the nature, purpose | e, and rules of th | e drug court? |
| Yes | | |
| No No | | |
| 18. Do you have a specific target population? Yes No | | |
| If yes, please describe target population: | | |

| 19. Does the program define reasons that | at make candidates clinically eligible or ineligible for the program? |
|---|--|
| Yes | |
| No | |
| | |
| | our participants? Please estimate the PERCENT of participants s should add to 100%; enter whole numbers only - no letters or |
| symbols): | s should add to 100%, enter whole humbers only - no letters of |
| Alcohol (%) | |
| Marijuana (%) | |
| Cocaine (%) | |
| | |
| Methamphetamine (%) | |
| Opiate/heroin (%) | |
| Opiate/prescriptions (%) | |
| Other prescriptions (%) | |
| Other drug #1 (% only, list name of drug in q16 bel | ow |
| Other drug #2 (% only, list name of drug in q16 bel | ow |
| | |
| 21. If you marked "other" in question #20 | , please specify the other drug/s of choice: |
| Name of other drug #1: | |
| Name of other drug #2: | |
| 22. Are participants screened for co-occu | urring mental disorders? |
| Yes | ining mental disorders: |
| Sometimes | |
| No | |
| | |
| 23. Are participants screened for suicidal | ideation? |
| Yes | |
| Sometimes | |
| No | |

| Best Practices and Standards: Montana Adult Drug Court Peer Review |
|--|
| |
| ○ No |
| Yes |
| 25. Must the participant be amenable to alcohol/drug treatment to be eligible for the program? |
| |
| Comments: |
| Not applicable (e.g., clients with mental health disorders are not allowed in drug court) |
| ○ No |
| Yes |
| required as part of their drug court-related treatment? |

DRUG COURT ELIGIBILITY AND REFERRAL

26. Do you exclude offenders:

| | Yes | No |
|---|---------------------|---------------------------|
| 1 Who do not admit to having a drug problem? | | |
| 2 Who are dual-diagnosis but without serious mental health issues? | | |
| 3 Who are on narcotic replacement therapy such as Methadone maintenance? | | |
| 4 Who are using suboxone? | | |
| 5 Who are taking Naltrexone or Vivitrol? | | |
| 6 Who are taking legally prescribed psychotropic medications? | | |
| 7 Who are currently using prescription benzodiazepines? | | |
| 8 Who are currently using prescription opiates for pain management issues? | | |
| 9 Because of medical conditions? | | |
| 10 Who have current felonies? | | |
| 11 Who have prior felonies? | | |
| 12 Who have no drug charges? | | |
| 13 Who have current violence charges? | | |
| 14 Who have prior sexual offense convictions? | | |
| 15 Who have prior violence convictions? | | |
| 16 Who have current sales charges? | | |
| 27. Are offenders with serious mental health issues (e.g., those eligible for the program? | se that require m | nedication for treatment) |
| Yes | | |
| Yes, as long as they are able to understand program requirements | | |
| ○ No | | |
| 28. Does your program assess participants for risk (that is, the treatment, probation or the program successfully)? | eir risk of recidiv | ism or not completing |
| Yes | | |
| ○ No | | |
| If yes, what risk assessment instrument do you use? | | |
| | | |

| 29. If yes to question #28, is the risk assessment tool you use validated? |
|--|
| Yes |
| ○ No |
| On't know |
| |
| 30. If you answered yes to question #28, do you use the risk assessment to determine eligibility or to determine level/type of services? (Check all that apply) |
| Yes - to determine eligibility |
| Yes - to determine type or level of service |
| ☐ No |
| |
| 31. What level of risk do you accept? (Check all that apply) |
| High Risk |
| Moderate Risk |
| Low Risk |
| |
| 32. Does your program assess offenders to determine level of service need? |
| Yes |
| ○ No |
| If yes, what clinical assessment instrument do you use? |
| |
| |
| 33. If you answered yes to question #33, is the clinical assessment used to determine eligibility or to determine level/type of services? (Check all that apply) |
| Yes - to determine eligibility |
| Yes - to determine type or level of service |
| ☐ No |
| |
| 34. Does your program screen offenders to determine whether they are substance dependent/addicted (have moderate to severe substance use disorder)? |
| Yes |
| |

| Yes |
|--|
| ○ No |
| |
| 36. Do you accept offenders who are <u>not</u> drug dependent into your program? |
| Yes |
| ○ No |
| |
| 37. If you accept participants who are not high risk/high need, do you have an alternative track for them? |
| Yes |
| ○ No |
| Not applicable |
| OO De vers and an extra description for |
| 38. Do you screen or assess offenders for |
| Attitude and readiness-for-treatment before allowing them to participate? [please note, these type of criteria do NOT include eligibility requirements based on scores from standardized assessments] |
| |
| Suitability for group interventions? (that is, if the person is not likely to be successful in a group setting, to determine |
| |
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| Suitability for group interventions? (that is, if the person is not likely to be successful in a group setting, to determine if a participants needs an alternative modality) Best Practices and Standards: Montana Adult Drug Court Peer Review DRUG COURT ELIGIBILITY AND REFERRAL 39. Have you refused program entry to those who were considered unsuitable? |
| Suitability for group interventions? (that is, if the person is not likely to be successful in a group setting, to determine if a participants needs an alternative modality) Best Practices and Standards: Montana Adult Drug Court Peer Review DRUG COURT ELIGIBILITY AND REFERRAL 39. Have you refused program entry to those who were considered unsuitable? Frequently |
| Suitability for group interventions? (that is, if the person is not likely to be successful in a group setting, to determine if a participants needs an alternative modality) Best Practices and Standards: Montana Adult Drug Court Peer Review DRUG COURT ELIGIBILITY AND REFERRAL 39. Have you refused program entry to those who were considered unsuitable? Frequently Sometimes Rarely |
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DRUG COURT ELIGIBILITY AND REFERRAL

| 40. Is a full clinical assessment performed on offenders to: | | | |
|--|-------------------|-----------------|--|
| Determine level of care (e.g., ASAM; for example, outpatient or intensive outpate | tient) | | |
| Develop an individualized treatment plan that specifies the type of treatment ne Enhancement Therapy, cognitive behavioral therapy, The Matrix, etc.) | eded (for example | e, Motivational | |
| 41. If yes, is the clinical assessment a validated instrument? | | | |
| Yes | | | |
| ○ No | | | |
| On't know | | | |
| 42. If yes to question #40, when is the assessment completed? | | | |
| Within 7 days of admission to treatment | | | |
| Within 14 days of admission to treatment | | | |
| Within 21 days of admission to treatment | | | |
| Within 30 days of admission to treatment | | | |
| Within 90 days of admission to treatment | | | |
| Other (please specify) | | | |
| | | | |
| 43. Please indicate whether the following items are incentives for participants to enter and graduate from the program: Yes No | | | |
| 1 Charges for the case that led to drug court are dismissed or expunged | | | |
| 2 Early termination of probation | | | |
| 3 Probation sentence is not served | | | |
| 4 Jail sentence for case that led to drug court is not served | | | |
| 5 Prison sentence for case that led to drug court is not served | | | |
| 6 Elimination or reduction of fees/fines | | | |
| Others (please specify): | | | |
| | | | |

DRUG COURT ELIGIBILITY AND REFERRAL

| 44. What is your estimate of the typical length of time between participant arrest and program entry? |
|---|
| 0 to 7 days |
| 8 to 14 days |
| 15 to 21 days |
| 22-30 days |
| 31-50 days |
| 51+ days |
| 45. How long does it take for program participants to begin alcohol/drug treatment once they enter the program? |
| 0 to 7 days |
| 8 to 14 days |
| 15-21 days |
| 22 to 30 days |
| more than 30 days |
| |
| |
| Best Practices and Standards: Montana Adult Drug Court Peer Review |
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| Best Practices and Standards: Montana Adult Drug Court Peer Review |
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| Best Practices and Standards: Montana Adult Drug Court Peer Review SERVICES PROVIDED BY DRUG COURT 46. How many drug and alcohol treatment providers (agencies or independent professionals) work directly |
| Best Practices and Standards: Montana Adult Drug Court Peer Review SERVICES PROVIDED BY DRUG COURT 46. How many drug and alcohol treatment providers (agencies or independent professionals) work directly with your drug court? |
| Best Practices and Standards: Montana Adult Drug Court Peer Review SERVICES PROVIDED BY DRUG COURT 46. How many drug and alcohol treatment providers (agencies or independent professionals) work directly with your drug court? 1 |
| Best Practices and Standards: Montana Adult Drug Court Peer Review SERVICES PROVIDED BY DRUG COURT 46. How many drug and alcohol treatment providers (agencies or independent professionals) work directly with your drug court? 1 2 |

| 47. Is/are the alcohol and drug treatment provider(s) directly contracted with the court? | | |
|---|------|----|
| Yes | | |
| ○ No | | |
| Comment: (optional) | | |
| | | |
| | | |
| Best Practices and Standards: Montana Adult Drug Court Peer Review | | |
| SERVICES PROVIDED BY DRUG COURT | | |
| 48. If you use more than one treatment agency: | Yes | No |
| 1 Does one agency provide treatment to the majority of the drug court participants? | | |
| 2 Does one agency coordinate or provide oversight of treatment for drug court participants at the other agencies? | | |
| 49. Treatment providers are: (please indicate if either or both of these statements are T | RUE) | |
| Licensed or certified to deliver substance abuse treatment | | |
| Experience working with criminal justice populations | | |
| | | |
| | | |
| Best Practices and Standards: Montana Adult Drug Court Peer Review | | |

50. Which of the following services are provided to drug court participants (either directly as a part of the program or through partnerships with service providers)

| | Not offered to | Offered to participants but not | Required for some | Required for all |
|---|----------------|---------------------------------|-------------------|------------------|
| | participants | required | participants | participants |
| 1 Detox | | | | |
| 2 Outpatient individual treatment sessions | | | | |
| 3 Outpatient group treatment sessions | | | | |
| 4 Intensive outpatient individual treatment sessions | | | | |
| 5 Intensive outpatient group treatment sessions | | | | |
| 6 Day treatment | | | | |
| 7 Residential treatment | | | | |
| 8 Gender-specific treatment sessions | | | | |
| 9 Mental health counseling | | | | |
| 10 Relapse prevention classes and/or services | | | | |
| 11 Psychiatric services (e.g., testing, medication management, treatment) | | | | |
| 12 Services to address trauma | | | | |
| 13 Services to address PTSD | | | | |
| 14 Language-specific or cultural- specific programs | | | | |
| 15 Acupuncture | | | | |
| 16 Self-help meetings (e.g., AA or NA) | | | | |
| 17 Secular alternatives to 12-step groups | | | | |
| 18 Parenting classes | | | | |
| 19 Prenatal/perinatal program | | | | |
| 20 Anger management/violence prevention | | | | |

Best Practices and Standards: Montana Adult Drug Court Peer Review

SERVICES PROVIDED BY DRUG COURT

51. Which of the following services are provided to drug court participants (either directly as a part of the program or through partnerships with service providers) (continued)

| | Not offered to participants | participants but not required | Required for some participants | Required for all participants |
|---|-----------------------------|-------------------------------|--------------------------------|-------------------------------|
| 1 Job training/vocational program | | | | |
| 2 Employment assistance | | | | |
| 3 Health education (AIDS/HIV, nutrition, life-skills, etc.) | | | | |
| 4 Family/domestic relations counseling | | | | |
| 5 GED/education assistance | | | | |
| 6 Housing/homelessness assistance | | | | |
| 7 Health care | | | | |
| 8 Dental care | | | | |
| 9 Medication assisted treatment for substance dependence (e.g., Naltraxone for alcohol and opiate dependence, methadone maintenance for opiate dependence) | | | | |
| 10 Consultation with a physician when psychotropic or addiction medications are needed | | | \bigcirc | |
| 11 Transportation | | | | |
| 12 Criminal thinking interventions | | | | |
| 13 Educational curriculum to prevent health risk behavior (e.g., STIs and other diseases) | | | | |
| 14 Educational curriculum to prevent or reverse drug overdose | | | | |
| Please list any other services that are | provided that we r | nissed: | | |

| | Do all racial/ethnic groups have access to the same levels of care and quality of treatment (including lence-based treatment? |
|-----|---|
| | Participants from all racial/ethnic groups attend the same treatment groups |
| | Participants from all racial/ethnic groups have access to the same levels of care and types of treatment, but the groups are culturally specific |
| | Participants from some racial/ethnic groups have access to fewer treatment options than others |
| | Not applicable: program serves only one racial/ethnic group |
| | Does your program (drug court staff or treatment providers) conduct a complete assessment of ngths and needs of the participant's family members? If yes, what does the assessment cover? No, assessment of family members is not conducted Yes, assessment covers the following needs: basic needs, medical, dental, chlid care, educational, behavioral-social-emotional trauma, etc. Yes, assessment covers some of these domains |
| 54. | Does your program involve family member(s) or friend(s) to support the participants? Yes |
| | No |
| | |

55. Which of the following types of treatment are provided to participants?

| | Not offered to participants | Offered to participants but not required | Required for some participants | Required for all participants |
|--|--|--|--------------------------------|-------------------------------|
| Motivational Enhancement Therapy (MET) | | 0 | 0 | |
| Social Skills Training | | | | |
| Moral Reconation Therapy (MRT) | | | | |
| Living in Balance | | \bigcirc | | |
| Motivation Interviewing | | | | |
| Recovery Training and Self Help | | | | |
| TCU Mapping Enhance Counseling | d | | | |
| Twelve Step Facilitation Therapy | | | | |
| Community Reinforcement Approach | | | | |
| Contingency Management | | | | |
| Please list any other type | s of treatment that are provide | d that we missed: | | |
| | nt groups structured? Planore than 12 participants aders or facilitators | ease check if either or | both of these statem | ents are TRUE. |
| 57. Treatment provid Yes No | ers are supervised regu | arly for fidelity to the r | nodels being used. | |

| 58. The Drug Court program has processes in place to ensure the quality and accountability of the treatment provider(s). |
|--|
| a Yes, team conducts site visits of treatment providers |
| b Yes, state conducts audits or site visits for treatment provider certification |
| c Yes, team discusses evidence-based practices with the provider |
| d Yes, team discusses how fidelity is monitored |
| e Yes, participants are surveyed about their perception of treatment |
| f No, not at this time |
| Other (please specify) |
| |
| 59. Is child care offered for participants with small children when the participants are engaged in drug court activities? |
| Yes |
| ○ No |
| Not applicable (participants do not have small children) |
| O not applicable (participante de net net e cinam entrate) |
| |
| Best Practices and Standards: Montana Adult Drug Court Peer Review |
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| Best Practices and Standards: Montana Adult Drug Court Peer Review SERVICES PROVIDED BY DRUG COURT |
| Best Practices and Standards: Montana Adult Drug Court Peer Review SERVICES PROVIDED BY DRUG COURT 60. Do you have access to Veterans' services or funding for your participants? |
| Best Practices and Standards: Montana Adult Drug Court Peer Review SERVICES PROVIDED BY DRUG COURT 60. Do you have access to Veterans' services or funding for your participants? Yes |
| Best Practices and Standards: Montana Adult Drug Court Peer Review SERVICES PROVIDED BY DRUG COURT 60. Do you have access to Veterans' services or funding for your participants? Yes No N/A |
| Best Practices and Standards: Montana Adult Drug Court Peer Review SERVICES PROVIDED BY DRUG COURT 60. Do you have access to Veterans' services or funding for your participants? Yes No |
| Best Practices and Standards: Montana Adult Drug Court Peer Review SERVICES PROVIDED BY DRUG COURT 60. Do you have access to Veterans' services or funding for your participants? Yes No N/A |
| Best Practices and Standards: Montana Adult Drug Court Peer Review SERVICES PROVIDED BY DRUG COURT 60. Do you have access to Veterans' services or funding for your participants? Yes No N/A 61. Do you work directly with any Veterans services agencies? |

DRUG COURT TEAM

| 62. Please check off everyone that you consider to be a drug court team member: |
|---|
| 1 District Attorney/Prosecuting Attorney |
| 2 Public Defender/Defense Attorney |
| 3 Treatment Provider(s)/Counselor(s) |
| 4 Case Managers |
| 5 Judge |
| 6 Probation/Parole |
| 7 Drug Court Coordinator |
| 8 Law Enforcement |
| 9 Court Clerk |
| 10 Bailiff/Court Security |
| 11 Mental Health Representative |
| 12 Community Partners |
| 13 Other (please specify below) |
| Please specify other people you consider to be a drug court team member: |
| |
| 63. Have Drug Court staff and team members reviewed the Montana Drug Court statutes? |
| Yes, all staff and team members have reviewed them |
| Yes, some staff and team members have reviewed them |
| No, not yet |
| No, not yet |
| |
| 64. Is there a Memorandum of Understanding (MOU) in place between the drug court team members (and/or the associated agencies)? |
| |
| (and/or the associated agencies)? |
| (and/or the associated agencies)? Yes |
| (and/or the associated agencies)? Yes |
| (and/or the associated agencies)? Yes No |

| 66. Is there a written policy and procedure manual for your drug court program? |
|--|
| Yes |
| ○ No |
| |
| 67. Does your drug court have regular meetings where participant progress is discussed (e.g., staffing or pre-court meetings)? |
| Yes |
| ○ No |
| |
| 68. How often does your drug court have regular meetings where participant progress is discussed? |
| Twice per week or more |
| Once per week |
| Twice per month |
| Once per month |
| Once per quarter |
| Yearly |
| |
| 69. What is the average length of time of a typical meeting? |
| # of minutes: |
| |
| 70. Please indicate the current schedule for the meetings (e.g., Mondays from 9-11 a.m., or every other |
| Wednesday afternoon from 1-5 p.m.): |
| |
| |
| |

| 71. Please check how often the following people/agencies | attend drug court meetings where participant |
|--|--|
| progress is discussed: | |

| | Always | Sometimes | Never | Not applicable - not a member of the team |
|--|-------------------|------------------------|-------|---|
| 1 District Attorney/Prosecuting Attorney | | | | |
| 2 Public Defender/Defense Attorney | | | | |
| 3 Treatment Provider(s)/Counselor(s) | | | | |
| 4 Case managers | | | | |
| 5 Judge | | | | |
| 6 Probation/Parole | | | | |
| 7 Drug Court Coordinator | | | | |
| 8 Law Enforcement | | | | |
| 9 Court Clerk | | | | |
| 10 Bailiff/Court Security | | | | |
| 11 Mental Health Representative | | | | |
| 12 Community Partners | | | | |
| 13 Other | | | | |
| Please specify the title(s) of any other people/agencies | attending drug co | urt team/staffing meet | ings: | |

DRUG COURT TEAM

72. Please check how often the following people/agencies attend drug court**sessions (court appearances)**:

| | Always | Sometimes | Never | Not applicable - not a member of the team |
|---|-------------------|--------------------|----------------|---|
| 1 District Attorney/Prosecuting Attorney | | | | |
| 2 Public Defender/Defense Attorney | | | | |
| 3 Treatment Provider(s)/Counselor(s) | | | | |
| 4 Case managers | | | | |
| 5 Judge | | | | |
| 6 Probation/Parole | | | | |
| 7 Drug Court Coordinator | | | | |
| 8 Law Enforcement | | | | |
| 9 Court Clerk | | | | |
| 10 Bailiff/Court Security | | | | |
| 11 Mental Health Representative | | | | |
| 12 Community Partners | | | | |
| 13 Other | | | | |
| Please specify the title(s) of any other people/agencies | attending drug co | urt sessions: | | |
| 73. Please indicate the current schedule of y other Wednesday afternoon from 1-5 p.m.): | our court sess | ions (e.g., Monday | /s from 9-11 a | .m., or every |

| | Yes | No | Not applicable - not a member of the team |
|---|------------------|----|---|
| Treatment Provider(s)/Counselor(s) | | | |
| Case Managers | | | |
| Probation/Parole | | | |
| Drug Court Coordinator | | | |
| Other Court Staff | | | |
| Community Partners | | | |
| Other | | | |
| 75. Please indicate whether or not the following d case management: | rug court team m | | Not applicable - |
| Treatment Provider(a)/Counseler(a) | Yes | No | the team |
| Treatment Provider(s)/Counselor(s) Case Managers | | | |
| Probation/Parole | | | |
| | | | |
| | | | |
| Drug Court Coordinator Other Court Staff | | 0 | 0 |
| Drug Court Coordinator | | 0 | 0 |
| Drug Court Coordinator Other Court Staff | | | O O O |
| Drug Court Coordinator Other Court Staff Community Partners Other Please specify the title(s) of any other people/agencies perform. | | | nent plan for each |
| Drug Court Coordinator Other Court Staff Community Partners Other Please specify the title(s) of any other people/agencies performance. 76. Does the drug court program and/or case manual participant? | | | nent plan for each |
| Drug Court Coordinator Other Court Staff Community Partners Other Please specify the title(s) of any other people/agencies performance of the drug court program and/or case manuarticipant? Yes, for all participants | | | nent plan for each |
| Other Court Staff Community Partners Other Please specify the title(s) of any other people/agencies performanticipant? | nager develop a | | nent plan for each |

74. Please indicate whether the following drug court team members/agencies make home visits:

| 77. What is the active caseload for probation/supervision officer(s) on the drug court team? (include both drug court and any other caseload combined) |
|--|
| |
| 78. Do/Does the probation/supervision officer(s) have low-risk clients as part of the caseload? |
| Yes |
| ○ No |
| 79. Do/Does the probation/supervision officer(s) have other responsibilities or duties outside of drug court-related tasks and supervising clients? |
| Yes |
| ○ No |
| 80. What is the active caseload of clinicians who provide case management and/or treatment for drug cour participants? (Include all clients both drug court participants and other non-drug court clients) |
| 81. Do/Does clinician(s): |
| Provide case management only |
| Provide treatment only |
| Provide both case management and treatment |
| 82. Do/Does clinician(s) have other duties in addition to case management or treatment? |
| Yes |
| ○ No |
| 83. Does your drug court: |
| 1 Have a drug court steering committee or policy committee? |
| 2 Team meet outside of regular drug court team meetings (to discuss program-level policies or practices)? |
| 3 Discuss policy issues at the same meetings where participant progress is discussed? |

| 84. If yes, who participates on the steering/p | oolicy committee? | |
|--|--|---|
| | Yes | No |
| Treatment representative | | |
| Probation/Parole representative | | |
| Drug Court Coordinator | | |
| Prosecution representative | | |
| Defense representative | | |
| Judge | | |
| Law enforcement representative | | |
| Housing Authority | | |
| Faith Community | | |
| Community Partners | | |
| Other (please specify) | | |
| | | |
| 85. Do you have an advisory committee/boa brings in people representing the community social services/non-profits, other stakeholde sustainability, political support, and generate does not make program policies.) | including business communits or other people who may be | ty, faith community, able to promote |
| Yes | | |
| No. Sustainability, community connections, and p meetings where participant progress is discussed | • | the team at the same |
| No | | |
| | | |

| | Yes | No |
|---|-----------------------------|---------------------|
| Treatment representative | | |
| Probation/Parole representative | | |
| Drug Court Coordinator | | |
| Prosecution representative | | |
| Defense representative | | |
| Judge | | |
| Law Enforcement representative | | |
| Housing Authority | | |
| Faith Community | | |
| Community Partners | | |
| Other (please specify) | | |
| | | |
| | | |
| | | |
| | | |
| 87. Has your drug court program formed an independe | nt 501(c)(3) or other non-p | rofit organization? |
| 87. Has your drug court program formed an independe | nt 501(c)(3) or other non-p | rofit organization? |
| | nt 501(c)(3) or other non-p | rofit organization? |
| Yes | nt 501(c)(3) or other non-p | rofit organization? |
| Yes | | |
| Yes No | | |
| Yes No Best Practices and Standards: Montana Adult | | |
| Yes No Best Practices and Standards: Montana Adult DRUG COURT TEAM | Drug Court Peer Revi | ew |
| No Best Practices and Standards: Montana Adult DRUG COURT TEAM 88. Are all agencies that work directly with participants | Drug Court Peer Revi | ew |
| Yes No Best Practices and Standards: Montana Adult DRUG COURT TEAM 88. Are all agencies that work directly with participants Yes | Drug Court Peer Revi | ew |
| Yes No Best Practices and Standards: Montana Adult DRUG COURT TEAM 88. Are all agencies that work directly with participants Yes No | Drug Court Peer Revi | ew |
| Yes No Best Practices and Standards: Montana Adult DRUG COURT TEAM 88. Are all agencies that work directly with participants Yes | Drug Court Peer Revi | ew |

86. If yes, who participates on the advisory committee/board?

| 89. Please indicate whether treatment providers commur | nicate with the court in the fo | llowing ways: |
|--|---------------------------------|-----------------|
| | Yes | No |
| 1 Verbally in team meetings | | |
| 2 Verbally during court sessions | | |
| 3 Through written progress reports | | |
| 4 Through email | | |
| Please specify other methods of communication: | | |
| | | |
| Always Sometimes Rarely Never 91. Please indicate the type of information that is shared participant progress: Treatment attendance Dates of missed appointments Brief progress note, including what participant is studying Recommendations from provider for judge 92. When is the treatment plan updated? Depends on the individual participant Regularly based on specified schedule | by treatment providers with | the court about |
| Best Practices and Standards: Montana Adult D | Drug Court Peer Review | |
| DRUG TESTING | | |
| | | |

| | Yes | No |
|--|----------------------------------|---------|
| There is an equal chance each day that a participant could be drug Participants cannot predict when they will be asked to provide a saresting? | | |
| Drug testing is performed for cause (e.g., client appears to be unde nfluence)? | r the | |
| Drug testing occurs on a regular schedule (client is aware when tes | ting will occur)? | |
| Orug testing occurs on regular business days (5 days per week)? | | |
| Orug testing occurs on weekends and holidays? | | |
| you use random drug testing, please describe the method you use | to ensure that testing is random | |
| | | |
| Yes No 5. Please indicate whether or not the following types of | drug and alcohol tests are | e used: |
| No 5. Please indicate whether or not the following types of | drug and alcohol tests are | e used: |
|) No | - | |
| No 5. Please indicate whether or not the following types of | - | |
| No 5. Please indicate whether or not the following types of Urine (UA or UDS): In-House Dipsticks | - | |
| No 5. Please indicate whether or not the following types of Urine (UA or UDS): In-House Dipsticks Urine (UA or UDS): Sent out to lab for testing | - | |
| No 5. Please indicate whether or not the following types of Urine (UA or UDS): In-House Dipsticks Urine (UA or UDS): Sent out to lab for testing Urine (UA or UDS): In-House lab | - | |
| No 5. Please indicate whether or not the following types of Urine (UA or UDS): In-House Dipsticks Urine (UA or UDS): Sent out to lab for testing Urine (UA or UDS): In-House lab | - | |
| 5. Please indicate whether or not the following types of Urine (UA or UDS): In-House Dipsticks Urine (UA or UDS): Sent out to lab for testing Urine (UA or UDS): In-House lab | - | |
| No 5. Please indicate whether or not the following types of Urine (UA or UDS): In-House Dipsticks Urine (UA or UDS): Sent out to lab for testing Urine (UA or UDS): In-House lab EtG Patch Hair | - | |
| No 5. Please indicate whether or not the following types of Urine (UA or UDS): In-House Dipsticks Urine (UA or UDS): Sent out to lab for testing Urine (UA or UDS): In-House lab EtG Patch Hair Breath | - | |
| No 5. Please indicate whether or not the following types of Urine (UA or UDS): In-House Dipsticks Urine (UA or UDS): Sent out to lab for testing Urine (UA or UDS): In-House lab EtG Patch Hair Breath Blood | - | |
| No 5. Please indicate whether or not the following types of Urine (UA or UDS): In-House Dipsticks Urine (UA or UDS): Sent out to lab for testing Urine (UA or UDS): In-House lab EtG Patch Hair Breath Blood Oral Swab | - | |

| 96. Are your UAs fully observed | by appropriate gender staff? | |
|---|------------------------------|----|
| Yes | | |
| No | | |
| N/A | | |
| If yes, please describe the observation | process: | |
| | | |
| | | |
| 97. Are samples tested for: | | |
| | Yes | No |
| Dilution? (i.e., creatinine testing is conducted) | | |
| Adulteration? (e.g., temperature) | | |
| 98. How quickly are urine drug t | test results obtained? | |
| Within minutes | | |
| Same day | | |
| Within 24 hours | | |
| Within 48 hours | | |
| Within one week | | |
| Other | | |
| If other, please specify: | | |
| | | |

| | Yes | No |
|---|---|--|
| Treatment Provider(s) | | |
| Probation | | |
| Law Enforcement (Police/Sheriff) | | |
| Court Staff | | |
| Case Managers | | |
| Other | | |
| Please specify other agencies that collect samples or perform drug testing. | | |
| | | |
| | | |
| 100. Does your program have procedures in place for verifying | contested test result | s? |
| Yes | | |
| ○ No | | |
| | | |
| | | |
| Best Practices and Standards: Montana Adult Drug C | Court Peer Revie | v |
| | ourt Peer Revie | v |
| Best Practices and Standards: Montana Adult Drug C | Court Peer Revie | v |
| | ession for your prog | ram? For example, if |
| Court Sessions 101. What is the average length of time (in minutes) of a court s your court sessions typically last 2 hours, put 120. (If you have opick one day as an example). # of minutes 102. On average, approximately how many drug court participar of time you entered for the previous question? | ession for your prog drug court sessions | ram? For example, if on more than one day, |
| Court Sessions 101. What is the average length of time (in minutes) of a court s your court sessions typically last 2 hours, put 120. (If you have opick one day as an example). # of minutes | ession for your prog drug court sessions | ram? For example, if on more than one day, |
| Court Sessions 101. What is the average length of time (in minutes) of a court s your court sessions typically last 2 hours, put 120. (If you have opick one day as an example). # of minutes 102. On average, approximately how many drug court participar of time you entered for the previous question? | ession for your prog drug court sessions of nts attend a court se | ram? For example, if on more than one day, ssion during the length |

99. Please indicate whether or not the following agencies/staff collect drug test samples (e.g., urine) or

For the following questions, if you have more than one active drug court judge, choose one judge

(e.g., the judge who sees the most participants) and answer these questions for that judge. For the other judge(s), please enter any information you would like us to have in the comment box at the end.

103. Does the judge:

| | Yes | Sometimes | No |
|--|-----|------------|-----|
| Speak directly to participants during their court appearances? | | | |
| Provide consistent follow-through on warnings to participants? | | | |
| Follow the recommendations provided by the team? | | | |
| Act as the ultimate arbiter, that is, makes the final decision? | | | |
| 104. Has the judge: | | | |
| 104. Has the judge. | Yes | | No |
| 1 Attended official treatment court training sessions or workshops? | res | | No |
| 2 Received training by previous treatment court judges in this drug court or other treatment | | | |
| courts? | | | |
| 3 Observed other treatment courts? | | | |
| 4 Attended professional treatment court related conferences such as the annual NADCP conference? | | | |
| 105. Is the drug court judge assigned voluntarily? | | | |
| Yes - the position is voluntary | | | |
| No - this is a required assignment | | | |
| 106. Is the drug court judge assigned to drug court indefinitely or does the position rotate? | | | |
| Indefinitely | | | |
| Position rotates regularly | | | |
| 107. Do participants appear before the same judge throughout their involvement including occasional substitutions for the regular judge being ill or on vacation | | program? (| not |
| Yes | | | |
| ○ No | | | |
| Notes: | | | |
| | | | |

JUDGE INFORMATION

JUDGE INFORMATION

| 108. Approximately how often does the judge change (that is, how often does the judge position rotate to a new judge)? |
|--|
| Every 6 months |
| Yearly |
| Every 2 years |
| Every 3 years |
| Other |
| Please specify: |
| |
| 109. Do the same judges rotate through the drug court assignment more than once? |
| Yes |
| ○ No |
| |
| Best Practices and Standards: Montana Adult Drug Court Peer Review |

| District Attorney/Prosecuting Attorney Defense Attorney/Public Defender Coordinator Treatment provider Other Other Deservices and Standards: Montana Adult Drug Court Peer Review PROGRAM PHASES 111. What is the minimum length of time necessary for a participant to complete your program? (What is the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 24 months Other (please specify) | positions, etc.? | | | |
|--|--|---------------------------|-------------------|---|
| District Attorney/Prosecuting Attorney Defense Attorney/Public Defender Coordinator Treatment provider Other Please let us know if you have additional judges that preside over drug court and also provide us with any further information aborany of the judge(s) in this comment box: Best Practices and Standards: Montana Adult Drug Court Peer Review PROGRAM PHASES 111. What is the minimum length of time necessary for a participant to complete your program? (What is the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 18 months | | | | Not applicable - not a member of the |
| Defense Attorney/Public Defender Coordinator Treatment provider Other Other Please let us know if you have additional judges that preside over drug court and also provide us with any further information about any of the judge(s) in this comment box: Best Practices and Standards: Montana Adult Drug Court Peer Review PROGRAM PHASES 111. What is the minimum length of time necessary for a participant to complete your program? (What is the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 24 months | | Yes | No | |
| Coordinator Treatment provider Other Please let us know if you have additional judges that preside over drug court and also provide us with any further information aboany of the judge(s) in this comment box: Best Practices and Standards: Montana Adult Drug Court Peer Review PROGRAM PHASES 111. What is the minimum length of time necessary for a participant to complete your program? (What is the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 24 months | District Attorney/Prosecuting Attorney | | | |
| Treatment provider Other Please let us know if you have additional judges that preside over drug court and also provide us with any further information about any of the judge(s) in this comment box: Best Practices and Standards: Montana Adult Drug Court Peer Review PROGRAM PHASES 111. What is the minimum length of time necessary for a participant to complete your program? (What is the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 24 months | Defense Attorney/Public Defender | | | |
| Other Please let us know if you have additional judges that preside over drug court and also provide us with any further information about any of the judge(s) in this comment box: Best Practices and Standards: Montana Adult Drug Court Peer Review PROGRAM PHASES 111. What is the minimum length of time necessary for a participant to complete your program? (What is the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 24 months | Coordinator | | | |
| Please let us know if you have additional judges that preside over drug court and also provide us with any further information aborany of the judge(s) in this comment box: Best Practices and Standards: Montana Adult Drug Court Peer Review PROGRAM PHASES 111. What is the minimum length of time necessary for a participant to complete your program? (What is the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 24 months | Treatment provider | | | |
| Best Practices and Standards: Montana Adult Drug Court Peer Review PROGRAM PHASES 111. What is the minimum length of time necessary for a participant to complete your program? (What is the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 24 months | Other | | | |
| PROGRAM PHASES 111. What is the minimum length of time necessary for a participant to complete your program? (What is the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 24 months | | ver drug court and also p | rovide us with an | y further information abo |
| 111. What is the minimum length of time necessary for a participant to complete your program? (What is the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 24 months | Best Practices and Standards: Montana Ad | dult Drug Court F | eer Review | |
| the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 24 months | PROGRAM PHASES | | | |
| the least amount of time a participant could spend in the program and successfully graduate?) 9 months 12 months 18 months 24 months | | | | |
| 12 months 18 months 24 months | | | | · - |
| 18 months 24 months | 9 months | | | |
| 24 months | 12 months | | | |
| | 18 months | | | |
| Other (please specify) | 24 months | | | |
| | Other (please specify) | | | |
| | | | | |
| | | | | |
| | | | | |

110. Do any of these other positions rotate regularly other than due to people retiring, changing

| 1 2 3 4 5 6 | |
|--|--|
| 3 4 5 | |
| 4 5 | |
| <u>5</u> | |
| | |
| <u> </u> | |
| | |
| <u></u> | |
| | |
| Best Practices and Standards: Montana Adult Drug Court Peer Review | |
| INFORMATION FOR YOUR FIRST PHASE | |
| | |
| 113. What is the minimum length of phase 1? | |
| There is no minimum | |
| Number of weeks: | |
| | |
| | |
| | |
| 114. How often are participants administered drug tests during phase 1? | |
| 4 or more times per week | |
| 4 or more times per week 3 times per week | |
| 4 or more times per week 3 times per week 2 times per week | |
| 4 or more times per week 3 times per week 2 times per week 1 time per week | |
| 4 or more times per week 3 times per week 2 times per week 1 time per week Once every two weeks | |
| 4 or more times per week 3 times per week 2 times per week 1 time per week Once every two weeks Once per month | |
| 4 or more times per week 3 times per week 2 times per week 1 time per week Once every two weeks | |
| Number of weeks: | |

| 115. How often do participants attend <i>group</i> treatment sessions during phase 1? |
|--|
| 4 or more times per week |
| 3 times per week |
| 2 times per week |
| 1 time per week |
| Once every two weeks |
| Once per month |
| Less than once per month |
| Specific to participant/no general requirements |
| |
| 116. How often do participants attend <i>individual</i> treatment sessions during phase 1? |
| 4 or more times per week |
| 3 times per week |
| 2 times per week |
| 1 time per week |
| Once every two weeks |
| Once per month |
| Less than once per month |
| Specific to participant/no general requirements |
| |
| 117. How many hours per week does a participant typically attend treatment in the first phase? |
| Specific to individual participant |
| Number of hours |

| 116. How often are participants required to attend court status review hearings during phase 1? |
|---|
| 4 or more times per week |
| 3 times per week |
| 2 times per week |
| 1 time per week |
| Once every two weeks |
| Once per month |
| Less than once per month |
| Specific to participant/no general requirements |
| |
| 119. How often are participants required to meet with drug court staff that perform case management to review progress, status of treatment, and ongoing needs during phase 1? |
| 4 or more times per week |
| 3 times per week |
| 2 times per week |
| 1 time per week |
| Once every two weeks |
| Once per month |
| Less than once per month |
| Specific to participant/no general requirements |
| 120. Are participants required to attend self-help groups or 12-step meetings during phase 1? |
| Yes |
| ○ No |
| |
| 121. Before joining the mutual aid or self-help group, does the treatment provider prepare participants for what to expect in the group and how best to benefit from the group? |
| Yes, participant receives advance preparation for self-help groups |
| ○ No |

INFORMATION FOR YOUR LAST OR SINGLE PHASE

| 122. What is the minimum length of your last phase, or for your program if you have no phases? (Note, for multi-phase programs we are not asking details about <i>all</i> phases, just your first and last phases.) |
|---|
| There is no minimum |
| Number of weeks: |
| 123. How often are participants administered drug tests during the last phase? |
| 4 or more times per week |
| 3 times per week |
| 2 times per week |
| 1 time per week |
| Once every two weeks |
| Once per month |
| Less than once per month |
| Specific to participant/no general requirements |
| 124. How many total hours of treatment does a participant typically receive in the program? |
| Specific to individual participant |
| Number of hours |

| 125. How often are participants required to attend court status review hearings during the last phase? |
|---|
| 4 or more times per week |
| 3 times per week |
| 2 times per week |
| 1 time per week |
| Once every two weeks |
| Once per month |
| Less than once per month |
| Specific to participant/no general requirements |
| 126. How often are participants required to meet with drug court staff that perform case management to review progress, status of treatment, and ongoing needs during the last phase? |
| 4 or more times per week |
| 3 times per week |
| 2 times per week |
| 1 time per week |
| Once every two weeks |
| Once per month |
| Less than once per month |
| Specific to participant/no general requirements |
| 127. Are participants required to complete a Recovery Management Plan (RMP) during the final phase of the program? (Please check all that apply) |
| Yes, and the plan is primarily prepared by the participant |
| Yes, and the plan includes engagement in prosocial activities |
| Yes, and the plan includes connections to recovery oriented systems of care |
| Yes, the RMP is primarily developed by the counselor/staff for the participant |
| No, a Recovery Management Plan is not required |
| 128. Are participants required to attend self-help groups or 12-step meetings during the last phase? Yes |
| () No |

| PAYMENT |
|--|
| 129. Are drug court participants required to pay any fees <i>as part of the program</i> (e.g., court fees, treatment fees, probation fees, drug tests, etc.)? Yes No |
| Best Practices and Standards: Montana Adult Drug Court Peer Review |
| PAYMENT |
| |
| 130. Do the fees vary according to participants' ability to pay? |
| Yes |
| ○ No |
| Not applicable |
| 131. Is the drug court fee documented in the participant's file or court file? Yes No Not applicable |
| 132. Does the program ever deny participation because of inability to pay fines, fees, or restitution? Yes No |

133. Please give your estimate of the total fees paid per participant on average? (Example: if \$2000, enter

it as 2000)

| Not applicable | | | |
|--|--|--|---|
| Court | | | |
| Treatment | | | |
| Probation/Parole | | | |
| Other | | | |
| Please specify: | | | |
| | | | |
| | | | |
| Best Practices and Standards: Montana Ad | ult Drug Court F | Peer Review | |
| _ | | | |
| COURT RESPONSE TO PARTICIPANT BEHA | AVIOR (INCENTI | VES/SANCTION | ONS) |
| | | | |
| 135. Have any of the following staff members had tra | aining in the use of | rewards and sa | nctions to |
| | | | |
| modify the behavior of drug court participants? | | | |
| | | | Not applicable - not |
| | Yes | No | Not applicable - not a member of the team |
| | Yes | No | a member of the |
| modify the behavior of drug court participants? | Yes | No O | a member of the |
| modify the behavior of drug court participants? 1 Judge | Yes | No O | a member of the |
| modify the behavior of drug court participants? 1 Judge 2 Defense Attorney/Public Defender | Yes | No O | a member of the |
| modify the behavior of drug court participants? 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney | Yes | No O | a member of the |
| modify the behavior of drug court participants? 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator | Yes O O O O O O O O O O O O O O O O O O | No O O O O O O O O O O O O O O O O O O O | a member of the |
| 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator 5 Case Managers | Yes O O O O O O O O O O O O O O O O O O | No O O O O O O O O O O O O O O O O O O O | a member of the |
| nodify the behavior of drug court participants? 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator 5 Case Managers 6 Treatment Provider(s) | Yes | No O O O O O O O O O O O O O O O O O O O | a member of the |
| nodify the behavior of drug court participants? 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator 5 Case Managers 6 Treatment Provider(s) 7 Probation/Parole | Yes | No | a member of the |
| nodify the behavior of drug court participants? 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator 5 Case Managers 6 Treatment Provider(s) 7 Probation/Parole 8 Law Enforcement | Yes | No | a member of the |
| nodify the behavior of drug court participants? 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator 5 Case Managers 6 Treatment Provider(s) 7 Probation/Parole 8 Law Enforcement 9 Court Clerk | Yes | No | a member of the |
| nodify the behavior of drug court participants? 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator 5 Case Managers 6 Treatment Provider(s) 7 Probation/Parole 8 Law Enforcement 9 Court Clerk 10 Bailiff/Court Security | Yes | No | a member of the |

134. Who receives those fees? (Mark all that apply.)

| 136. Are participants given a Participant Handbook upon entering the program? | | |
|---|-------------|----------|
| Yes | | |
| ○ No | | |
| | | |
| 137. Do participants sign a Participant Contract? | | |
| Yes | | |
| ○ No | | |
| 138. Do participants sign a written consent or release of information form? Yes | | |
| ○ No | | |
| 139. If yes, does the consent or release specify what information will be shared among to Yes No | ∍am memb | ers? |
| 140. Please indicate which of the following is true about the rewards or incentives used in | n your drug | g court. |
| Participants are given tangible rewards (such as movie tickets, candy, key chains) | | |
| Participants are given intangible rewards (applause, praise from Judge or Team) | | |
| Rewards are given in a standardized way for specific behaviors | | |
| The team is given a written copy of the guidelines for program/team response to participant behavior | | |
| Participants know what specific behaviors lead to rewards | | |
| Participants are given a written list of possible rewards | | |
| Turtiopartic dro given a written not of possible rewards | | |
| Participants are given a written list of the behaviors that lead to rewards | | |
| | | |
| Participants are given a written list of the behaviors that lead to rewards | | |
| Participants are given a written list of the behaviors that lead to rewards Rewards are given on a case by case basis | | |
| Participants are given a written list of the behaviors that lead to rewards Rewards are given on a case by case basis Rewards can only be provided during court sessions and by the judge | | |

| 141. Please describe any rewards you have used that you believe are particularly effective. |
|--|
| |
| 142. Please describe any rewards you have used that the participants believe are particularly effective: |
| 142. I leade describe any rewards year have used that the participants selleve are particularly effective. |
| |
| 143. Are your sanctions graduated (e.g., the severity of the sanction increases with more frequent or more serious infractions)? |
| Yes |
| ○ No |
| 144. Is jail used as one of the possible sanctions in your drug court? |
| Yes |
| ○ No |
| |
| Best Practices and Standards: Montana Adult Drug Court Peer Review |
| SANCTIONS |

| | | Always | Sometimes | Rarely | Never |
|---|-----------------|----------------|-------------|---------|---------------|
| For positive drug screens? | | | | | |
| For continued use? | | | | | |
| For noncompliance with program rule | s? | | | | |
| For failure to appear for court? | | | | | |
| For failure to appear for treatment? | | | | | |
| For on-going failure to appear to cour | t? | | | | |
| After the first positive drug test? | | | | | |
| After the second positive drug test? | | | | | |
| After the third positive drug test? | | | | | |
| For other reasons? | | | | | |
| l6. When a jail sanction is use | | | ngth of the | sanctio | n is |
| 46. When a jail sanction is use | | | | | n is Never |
| 46. When a jail sanction is use enerally: | d, would you sa | ay that the le | | | |
| 46. When a jail sanction is use | d, would you sa | ay that the le | | | |
| 46. When a jail sanction is use enerally: 1 day 2 days | d, would you sa | ay that the le | | | |
| 46. When a jail sanction is use penerally: 1 day | d, would you sa | ay that the le | | | |
| 46. When a jail sanction is use enerally: 1 day 2 days 3 – 5 days 6 days | d, would you sa | ay that the le | | | |
| 2 days 3 – 5 days | d, would you sa | ay that the le | | | |
| 46. When a jail sanction is use penerally: 1 day 2 days 3 – 5 days 6 days 1 week | d, would you sa | ay that the le | | | |
| 46. When a jail sanction is use penerally: 1 day 2 days 3 – 5 days 6 days 1 week 2 weeks | d, would you sa | ay that the le | | | |
| 46. When a jail sanction is use generally: 1 day 2 days 3 – 5 days 6 days 1 week 2 weeks Longer than 2 weeks | d, would you sa | ay that the le | | | |

SANCTIONS

| not available: |
|---|
| Always |
| Sometimes |
| Rarely |
| Never |
| |
| 148. If a jail sanction might be imposed, do participants receive access to counsel and a fair hearing? |
| Yes |
| ○ No |
| |
| Best Practices and Standards: Montana Adult Drug Court Peer Review |
| SANCTIONS |

| drug court: | | |
|--|-------------|----|
| | Yes | No |
| 1 Sanctions are imposed immediately after the noncompliant behavior (less than 2 weeks) | | |
| 2 Sanctions may be imposed outside of court by team members other than the judge | | |
| 3 Sanctions are imposed at the first court session after the non-compliant behavior | | |
| 4 Sanctions are discussed among the team and decided as a group | | |
| 5 Team members are given a written list of the guidelines for court response to participant behavior | | |
| 6 Participants know which behaviors lead to sanctions | | |
| 7 Participants are given a written list of possible sanctions | | |
| 8 Participants are given a written list of the behaviors that lead to sanctions | \bigcirc | |
| 9 Team members consider whether a goal is distal or proximal when determining a sanction | | |
| 10 Therapeutic responses or consequences are imposed for non-medical use of intoxicating or addictive substances, regardless of their licit or illicit status | | |
| 11 Participants are given the opportunity to explain their perspectives concerning factual controversies and the program's responses to their behavior | | |
| 12 Team members generally adhere to a list of behaviors and sanctions, but also utilize flexibility based on the circumstances of each case | | |
| 13 Jail sanctions are graduated (they are imposed progressively) | | |
| 150. Which of the following sanctions have you used for participants in your program? (Ch apply.) Sit sanctions (sit in court to watch) Community service More court appearances Return to an earlier phase Others (list) | eck all tha | t. |

149. Please indicate which of the following is true about the responses to participant behavior used in your

| (Check all that apply.) |
|--|
| Writing essays |
| Additional workbook assignments |
| Journaling assignments |
| Residential treatment |
| More frequent drug or alcohol tests |
| Increased treatment sessions |
| Self-help assignments (e.g., books, CDs, DVDs, groups) |
| Increased number of required self-help meetings |
| Others (list) |
| |
| |
| |
| 152. How does the program respond to participants who fail to respond to their assessed level of treatment? |
| Participant is reassessed |
| Treatment plan is adjusted/Additional treatment programming is provided |
| |
| Participant receives a sanction |
| Other response (please specify) |
| |
| 153. Please describe any responses to participant behavior you have used that you feel are particularly effective. |
| |
| |
| |
| Best Practices and Standards: Montana Adult Drug Court Peer Review |
| GRADUATION |

| 154. Is there a minimum number of days that participants must be drug free bef | ore they | can gradu | ate? |
|--|------------|-----------|------|
| Yes | | | |
| ○ No | | | |
| If yes, what is the minimum number of days that a participant must be drug free in order to gradua | te? | | |
| | | | |
| 155. Is there a minimum number of clean drug tests participants must have before | ore they o | an gradua | ate? |
| Yes | | | |
| ○ No | | | |
| If yes, what is the minimum number of clean drug tests? | | | |
| | | | |
| 1EG. In order to graduate are participants required to: | | | |
| 156. In order to graduate, are participants required to: | | | |
| 1 Have a job or be in coheel? | Yes | No | |
| 1 Have a job or be in school? | | | |
| 2 Have a sober housing environment? | | | |
| 3 Complete community service? | | | |
| 4 Write a sobriety/relapse prevention plan? | | | |
| 5 Pay all drug court or treatment fees? | | | |
| 6 Pay all court-ordered fines and fees not related to drug court (e.g., restitution)? | | | |
| 7 Other? | | | |
| Please specify: | | | |
| | | | |
| 157. Does your drug court have: | | | |
| | Yes | No | |
| An aftercare program for participants that is available after graduation? | | | |
| An alumni group that meets regularly after graduation? | | | |
| An alumni group that provides support for current participants? | | | |
| A standardized recovery check-in program for graduates (for at least 90 days after discharge, attempts are made to contact previous participants to offer advice, encouragement, and referrals)? | | | |

UNSUCCESSFUL PROGRAM EXIT (FAILURE/TERMINATION)

| 158. What would prompt removing an individual (termination) from participation in the drug court program? (Mark all that apply) |
|---|
| 1 A new arrest for a misdemeanor |
| 2 A new arrest for a felony |
| 3 New arrest for drug possession |
| 4 New arrest for trafficking |
| 5 New arrest for violent offense |
| 6 Failure to appear in court with no excuse/multiple failures to appear |
| 7 Consistently missing treatment sessions |
| 8 Repeated positive drug tests |
| 9 Continued use |
| 10 Lack of progress in program |
| 11 Lack of progress in treatment |
| 12 Concern about being able to safely monitor the participant |
| What other reasons would prompt removal (termination)? |
| |
| 159. Do program participant who are terminated early receive a sentence or disposition for the offense that brought them into drug court? |
| Yes |
| ○ No |
| Notes: |
| |

Best Practices and Standards: Montana Adult Drug Court Peer Review

MONITORING AND EVALUATION

| 160. Does your program: |
|--|
| 1 Use an automated data system to collect data? |
| 2 Collect electronic data for participant tracking and case management while they are enrolled in the program? |
| 3 Produce aggregated data reports to the drug court team, policy-making group, and/or the public? |
| Best Practices and Standards: Montana Adult Drug Court Peer Review |
| MONITORING AND EVALUATION |
| |
| 161. Do the electronic program data include information from the treatment provider? |
| Yes |
| ○ No |
| Not applicable |
| |
| 162. How quickly are staff required to record information about services and events for each participant? |
| In real time (at the time of service or event) |
| Within 24 hours of the service or event |
| Within 48 hours of the service or event |
| Within 1 week of the service or event |
| Before the next staffing meeting or status review hearing |
| There is no requirement for how quickly information is recorded |
| 163. Is timely and reliable (accurate) data entry part of evaluating staff performance? |
| Yes, for any staff member who is expected to enter data |
| Yes, for some team members |
| No, not at this time |
| |
| 164. Has the program established specific goals and objectives to measure the program's effectiveness? |
| Yes |
| No No |

| 165. Do you monitor the information you collect on program participants to asses whether the program is moving toward its goals? | | | | | |
|--|-------------------|---------------------------|----------------|--|--|
| Yes | | | | | |
| ○ No | | | | | |
| 166. If yes, has your program made adjustments in policy or practice based on this monitoring? | | | | | |
| Yes | | | | | |
| No | | | | | |
| Not applicable | | | | | |
| If yes, please give an example of what | changes you made: | | | | |
| Best Practices and Standa | ards: Montana A | Adult Drug Court Peer Rev | view | | |
| MONITORING AND EVALUATION | | | | | |
| | | | | | |
| 167. Does your program: | | | | | |
| 167. Does your program: | Yes | No | Not applicable | | |
| 167. Does your program: Ever compare your program policies and procedures to best practices standards? | Yes | No | Not applicable | | |
| Ever compare your program policies and procedures to best | Yes | No O | Not applicable | | |
| Ever compare your program policies and procedures to best practices standards? Monitor alignment with best practices at least | Yes | No O | Not applicable | | |
| Ever compare your program policies and procedures to best practices standards? Monitor alignment with best practices at least annually? Create an action plan if there are areas in the program that do not align with best practice | Yes | No | Not applicable | | |

| Yes No 169. Have you had an outside evaluator measure whether the program is achieving its intended outcomes? Yes No No 170. If yes to either of the above questions, have adjustments in policy or practice in your program been made based on feedback from the outside evaluation? Yes No Not applicable 171. Does your program: Yes No Not applicable Have access to |
|---|
| 169. Have you had an outside evaluator measure whether the program is achieving its intended outcomes? Yes No No 170. If yes to either of the above questions, have adjustments in policy or practice in your program been made based on feedback from the outside evaluation? Yes No Not applicable 171. Does your program: Yes No Not applicable Have access to |
| Yes No No No 170. If yes to either of the above questions, have adjustments in policy or practice in your program been made based on feedback from the outside evaluation? Yes No Not applicable 171. Does your program: Yes No Not applicable Have access to |
| No 170. If yes to either of the above questions, have adjustments in policy or practice in your program been made based on feedback from the outside evaluation? Yes No Not applicable 171. Does your program: Yes No Not applicable Have access to |
| 170. If yes to either of the above questions, have adjustments in policy or practice in your program been made based on feedback from the outside evaluation? Yes No Not applicable Yes No Not applicable Have access to |
| made based on feedback from the outside evaluation? Yes No Not applicable 171. Does your program: Yes No Not applicable Have access to |
| No Not applicable 171. Does your program: Yes No Not applicable Have access to |
| Not applicable 171. Does your program: Yes No Not applicable Have access to |
| 171. Does your program: Yes No Not applicable Have access to |
| Yes No Not applicable Have access to |
| Have access to |
| |
| information about new |
| arrests, new convictions, and/or new |
| incarcerations of participants? |
| |
| Measure (or have an |
| outside evaluator measure) the |
| outside |
| outside evaluator measure) the recidivism of program participants? Track (or have an |
| outside evaluator measure) the recidivism of program participants? Track (or have an outside evaluator track) recidivism for 3 or more |
| outside evaluator measure) the recidivism of program participants? Track (or have an outside evaluator track) |
| outside evaluator measure) the recidivism of program participants? Track (or have an outside evaluator track) recidivism for 3 or more years after program entry? |
| outside evaluator measure) the recidivism of program participants? Track (or have an outside evaluator track) recidivism for 3 or more years after program entry? 172. Does the program have a process in place to gather feedback from participants about their drug court |
| outside evaluator measure) the recidivism of program participants? Track (or have an outside evaluator track) recidivism for 3 or more years after program entry? |

| complete the program at equivalent rates to other participants? | | | | |
|--|----------------------|----------------------|------------------------|--|
| Yes, program monitors admission rates by racial/e | thnic group | | | |
| Yes, program monitors completion rates by racial/e | ethnic group | | | |
| No, program does not monitor this information | | | | |
| 174. Does the program assess whether members of historically disadvantaged groups receive the same | | | | |
| dispositions as other participants for completi | ng or failing to cor | npiete arug court? | | |
| Yes | | | | |
| No | | | | |
| | _ | _ | | |
| Best Practices and Standards: Monta | na Adult Drug (| Court Peer Revie | •w | |
| TRAINING OF STAFF | | | | |
| 175. Please indicate which of the following m | | | | |
| education specifically on the drug court me | odel (other than o | on-the-job training) | Not applicable - not a | |
| | | | | |
| education specifically on the drug court me | odel (other than o | on-the-job training) | Not applicable - not a | |
| education <i>specifically on the drug court me</i> 1 Judge | odel (other than o | on-the-job training) | Not applicable - not a | |
| education <i>specifically on the drug court me</i> 1 Judge 2 Defense Attorney/Public Defender | odel (other than o | on-the-job training) | Not applicable - not a | |
| education specifically on the drug court med 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney | odel (other than o | on-the-job training) | Not applicable - not a | |
| 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator/Program Manager | odel (other than o | on-the-job training) | Not applicable - not a | |
| 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator/Program Manager 5 Case Managers | odel (other than o | on-the-job training) | Not applicable - not a | |
| 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator/Program Manager 5 Case Managers 6 Treatment Provider(s) | odel (other than o | on-the-job training) | Not applicable - not a | |
| 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator/Program Manager 5 Case Managers 6 Treatment Provider(s) 7 Probation/Parole | odel (other than o | on-the-job training) | Not applicable - not a | |
| 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator/Program Manager 5 Case Managers 6 Treatment Provider(s) 7 Probation/Parole 8 Law Enforcement | odel (other than o | on-the-job training) | Not applicable - not a | |
| 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator/Program Manager 5 Case Managers 6 Treatment Provider(s) 7 Probation/Parole 8 Law Enforcement 9 Court Clerk | odel (other than o | on-the-job training) | Not applicable - not a | |
| education specifically on the drug court media. 1 Judge 2 Defense Attorney/Public Defender 3 District Attorney/Prosecuting Attorney 4 Drug Court Coordinator/Program Manager 5 Case Managers 6 Treatment Provider(s) 7 Probation/Parole 8 Law Enforcement 9 Court Clerk 10 Bailiff/Court Security | odel (other than o | on-the-job training) | Not applicable - not a | |

173. Does the drug court monitor whether members of historically disadvantaged groups are admitted and

176. Please indicate how accurate you feel the following statements are about staff training at your drug court:

| | True for All | True for Some | Not True at All |
|--|--------------|---------------|-----------------|
| 1 Drug court team members have received training specifically about the target population in your court including age, gender, race/ethnicity or drugs of choice. | | | |
| 2 Drug court team members receive ongoing cultural competency training. | | | |
| 3 Drug court team members have attended treatment court related trainings specific to their role on the drug court team (e.g., defense attorney, prosecutor, counselor, etc.). | | | |
| 4 Drug court team members have received training on strength-based philosophy and practices (e.g., Motivational Interviewing). | | | |
| 5 Drug court team members bring new information on treatment court practices including drug addiction and treatment to staff meetings. | | | |
| 6 New drug court team members get training on the drug court model before or soon after starting work. | | | |
| 7 Drug court team members are educated across disciplines. | | | |

Best Practices and Standards: Montana Adult Drug Court Peer Review

PROGRAM PARTNERSHIPS

| 177. Please indicate how much you agree with the following state | ments abo | ut your pro | gram. | |
|--|-------------------|-------------|----------|----------------------|
| | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 1 The drug court has relationships with organizations that can provide services for program participants in the community. | | | | |
| 2 The drug court regularly refers participants to services available in the community. | | | | |
| 3 The drug court team includes representatives from community agencies that work regularly with drug court participants (e.g., employment assistance). | | | | |
| 4 The drug court has a partnership with an agency that provides employment or skills building services. | | | | |
| 5 The drug court has a partnership with an agency that provides housing. | | | | |
| 6 The drug court has a partnership with an agency that provides educational services. | | | | |
| 7 The drug court has agreements with community mental health service agencies. | | | | |
| 8 The drug court has a medical expert who the team can consult with on medical issues, including the need for certain medication. | | | | |
| 9 The drug court team members provide information regarding the program through presentations to groups and individuals in the community. | | | | |
| Best Practices and Standards: Montana Adult Drug Court Peer Review PROGRAM FUNDING | | | | |
| 178. How was your drug court initially funded (start-up)? Please m OJJDP BJA Other federal funding (please specify below) Byrne Other state funding (please specify below) County/city/local public funds (please specify below) | nark all tha | t apply. | | |
| Please specify "other" categories checked above: | | | | |

| 179. How is your drug court currently funded? Please mark all that apply. |
|---|
| OJJDP |
| BJA |
| Other federal funding (please specify below) |
| Byrne |
| Other state funding (please specify below) |
| County/city/local public funds (please specify below) |
| Please specify "other" categories checked above: |
| |
| 180. What, if any, other funding sources has your drug court obtained throughout its history? |
| |
| 181. How do you plan to sustain funding for drug court in the future? |
| |
| 182. Please use this comment box for any clarifications about drug court funding. |
| |
| |
| 183. Has <i>treatment</i> for the drug court participants been funded from different sources than those you checked in the previous question? |
| Yes |
| ○ No |
| If yes, please describe: |
| |
| 184. How do you plan to sustain funding for <i>treatment</i> in the future? |
| |
| |

Finally, we would like to know about your drug court program statistics. Please remember that if you need to, you can exit the assessment, collect the information, then re-enter this assessment by going back to the link in your email.

185. Counting all participants since the first day of your drug court to the present,

| please answer the fol | owing questions. (Note: the first box should add up to the sum |
|---|---|
| of the following four b | oxes.) |
| a How many participants h | ave entered the program since it was implemented? |
| | |
| b How many participants a | re currently active? |
| c How many total participa | nts have completed the program (graduated)? |
| d How many total participa unsuccessful? | nts have been terminated/been revoked/been |
| unsuccession: | |
| e How many participants h issues, or death? | ave not completed the program due to relocation, medical |
| | |
| 186. Do you have a w | rindow or a "back out period" when participants can try the program but decide not to |
| Yes | |
| No | |
| 187. What gender are | your current participants? Please estimate the percentage of men and women in |
| your program: | |
| % Male | |
| % Female | |

| | city are your current participants? Please give us your best estimate of the hof the race/ethnicities listed below: | ie percenta |
|--|---|-------------|
| % White | | |
| % Black | | |
| % Hispanic/Latino | | |
| % Native American/Americ | an Indian | |
| % Asian | | |
| % Other | | |
| - | our current participants? Please give your best estimate of the percentage f the following age groups: | e of your |
| | | |
| % 25-34 years | | |
| % 35-50 years | | |
| % 51+ | | |
| 190. What is the capa | acity of your program? (How many people can your program serve at one | e time?) |
| 191. Is your program | at maximum capacity? (Is your program full?) | |
| Yes | | |
| No | | |
| 192. Are there any qu please briefly describe | uestions, issues, or challenges you would like to discuss or have help wit e: | h? If so, |
| | | |
| | | |
| | | |
| | | |

| this survey? | bout any of the information on |
|---|--------------------------------|
| | |
| | |
| | |
| | |
| 194. Is there anyone that you feel is important for the peer reviewer to talk that you have not already listed above? If so, please list name and contact | · |
| that you have not already listed above: If so, please list hame and contact | Timormatorriere. |
| | |
| | |
| | |
| | |
| Best Practices and Standards: Montana Adult Drug Court Pee | er Review |
| THANK YOU! | |

You did it! We appreciate you taking the time to fill out our assessment. Your answers will be of great assistance in our understanding of your drug court program.