



**Montana Supreme Court**  
**Office of the Court Administrator**  
**Montana Drug Court Peer Review Process**

**Established February 2015**



# Montana Drug Courts Peer Review Process

## INTRODUCTION

### Background

Drug courts were first developed in Dade County (Miami), Florida in 1989 to reduce the tremendous backlog of drug-related court cases and to reduce recidivism and substance abuse among participants. This is accomplished by successfully rehabilitating offenders with a high risk to reoffend and a high need for treatment through intensive alcohol and drug abuse treatment, mandatory and frequent drug testing, accountability through use of appropriate and quick sanctions for non-compliant behavior, incentives and recognition for hard work, continuous judicial oversight and employment and other services needed in order to enter long-term recovery and become productive members of society.

Drug courts offer, in most cases, a voluntary, therapeutic program designed to break the cycle of addiction and crime (or abuse and neglect in family drug courts) by addressing the underlying causes of drug dependency. Drug court is a highly specialized team process that functions within the existing court structure to address nonviolent drug related cases. Drug courts are unique in the criminal justice environment because they build a close collaborative relationship between criminal justice and drug treatment professionals. The drug court judge manages a team of court staff, attorneys, probation officers, substance abuse counselors, and child and family services social workers all focused on supporting and monitoring each participant's recovery. Drug court participants undergo an intensive regimen of substance use disorder treatment, case management, drug testing, and probation supervision while reporting to regularly scheduled status hearings before the judge with specialized expertise in the drug court model. In addition, drug courts increase the probability of participants' success by providing a wide array of ancillary services such as mental health treatment, trauma and family therapy, job skills training, and many other life-skill enhancement services. Judicial supervision coupled with the overarching threat of progressive sanctions up to and including jail or prison facing those who fail drug court, produces much better treatment and recidivism outcomes than both standard prosecution/probation and earlier court-mandated treatment approaches.

In Montana, a drug court is a court docket within a district court or court of limited jurisdiction (i.e., city, municipal or justice's court) that specializes in adult criminal, DUI offenses, juvenile, veteran or civil child abuse and neglect cases involving persons who are alcohol or other drug dependent. Drug courts reduce recidivism and substance abuse among participants and successfully rehabilitate them through alcohol and drug abuse treatment, mandatory and frequent drug testing, use of appropriate sanctions and incentives, and continuous judicial oversight.



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Montana established its first drug court in Missoula in 1996. Currently, there are 31 drug courts operating in the state, including 5 tribal courts. These courts developed organically based on local needs, interest and resources. Most of them initially received funding from federal grants. Although all of the courts generally adhere to the federal drug court model, each reflects the circumstances and capabilities of its local community.

The 2007 Legislature appropriated the first state general fund money to drug courts. This 2009 biennium appropriation was used to provide grants to drug courts, employ a full-time statewide drug court administrator, and develop a statewide system for collecting, reporting and analyzing court performance data.

In January 2008, a statewide drug court coordinator was hired. One of the coordinator's first tasks was to complete site reviews for the drug courts that had received state funding. The site reviews included a general review of the drug courts based on adherence to the federal drug court model (10 Key Components) and suggestions for addressing potential problem areas. The site reviews also assisted in identifying statewide issues or concerns.

In August 2008, the OCA sponsored a statewide drug court conference. Several national experts presented on a wide range of topics including evidence-based motivational incentives, local drug court evaluation, relapse prevention strategies, and breaking intergenerational cycles of addiction. Over 150 people participated in this three-day event. In September 2010, the state's second drug court conference was held with a special focus on team action planning based on research of over 100 cost benefit research studies and the identification of drug court cost benefit strategies. Additional workshops focused on: Cultural Sensitivity for Native Americans, Medically Assisted Treatment, Medical Marijuana, Prescription Drug Abuse, Constitutional Issues in Drug Court and Juvenile Drug Courts – What Is Working. Nearly 170 people attended the two-day event. In April 2012, the state's third drug court conference was held with a special emphasis on evidence-based practices and team action planning based on those practices. Approximately 250 people attended the conference, and every team submitted an action plan. In 2013, a 2-day Operational Tune-up entitled, "Retooling Your Program for Adult Drug Courts" was held in Billings and Great Falls. These Tune-ups included a review of current adult drug court research, a review of target populations based upon the current research literature, legal issues that occur in drugs courts, applied research approaches to treatment and development of a step-by-step approach to incorporating best practices. In April of 2014, the state's fourth drug court conference was held in Missoula, Montana. Included in this most recent state-wide drug court conference were Operational Tune-up tracks for Family Drug Courts and Juvenile Drug Courts as well as presentations for adult drug court teams. Presentations focused on a wide variety of evidence-based practices including: Pathological Gambling, Psychopharmacology and the Substance Abuser, Offender Risk Assessment Tools,



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Understanding Stages of Change, Recovery Management, Motivational Interviewing, Using Incentives and Sanction in Juvenile Drug Courts, Veteran's Services, PTSD and the Military, Working Effectively with Native Americans, Drug Testing Best Practices, Designer Drugs, and other topics, all resulting in team action plans to make a difference when teams return home.

In regards to previous evaluative efforts, no research team had conducted a comprehensive statewide process or outcome evaluation of Montana drug courts prior to the 2009 biennium. However, several drug courts had individually undertaken evaluative efforts in the past.

In May 2008, the OCA contracted with the University of Montana (UM) for a comprehensive cross-court program evaluation. Statewide data collection began in January 2008 with data collected for all drug court participants active on or after July 1, 2007. These newer efforts served to standardize the information emanating from existing courts, helped guide development of new courts, and provided ongoing data collection and program evaluation, which guided court improvement and reallocation of resources.

The UM research team and the OCA collaboratively refined data collection instruments and database specifications across all funded courts; these tools now meet national standards as set forth for data collection (U.S. Government Accountability Office, 2002). The OCA and UM researchers designed and created variables and specialized data collection instruments to fit Montana's unique needs as a rural state and to enable ongoing evaluation and improvements. Drug court coordinators from across the state met and developed performance indicators. It is these indicators that make up the report to the Montana Legislature every biennium and are consistent with indicators being collected by other states and at a national level.

During calendar year 2015, Montana drug courts will embark upon a peer-review process to review consistency of each drug court with fidelity to the new Adult Drug Court Best Practice Standards Volume I issued by the National Association of Drug Court Professionals in late, 2013. These standards are based on "reliable and convincing evidence demonstrating that a practice significantly improves outcomes." In addition to these standards, other best practices have been added to the review process, again based on evidence that has been established at a national level as well as evidence-based and best practices develop by NPC Research (from over 140 drug court evaluations) and the Multisite Adult Drug Court Evaluation. In February of 2015 over a dozen peer reviewers will be trained to apply these standards and issue best practice tables (reports) to Montana drug courts to assure that Montana drug courts are maximizing their potential to help drug court participants enter long-term recovery and significantly reduce re-offense. This publication includes training materials for implementation of the peer review process.



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Although the Office of the Court Administrator intends to implement a peer review process of evidence-based practices for all categories of drug courts in Montana, we will initially focus on adult drug courts (adult/DUI/Veterans/Co-Occurring). Adult drug courts are:

A specially designed court calendar or docket, the purposes of which are to (a) hold offenders accountable for their actions: (b) achieve a reduction in recidivism and substance abuse among substance abusing offenders and to (c) increase the offender's likelihood of successful habilitation through early continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, and use of appropriate sanctions and incentives and other habilitation services.

### **Peer Review Materials Table of Contents**

- a. Montana's Peer Review Process Overview
- b. Peer Review Checklist-- 1-page summary of the key tasks to complete in the peer review, checklist format
- c. Peer Review Task Details-- Detailed list of the tasks and procedures for conducting a peer review, including a suggested timeline of when each task would occur.
- d. Cover Page – peer review packet-- Basic information peer reviewers will need to conduct the site visit – sent to coordinator as soon as dates are selected for visit.
- e. Montana Peer Review Online Survey-- February 2015-- PDF document of the NPC online survey, located in SurveyMonkey. This document shows the questions that are covered by the survey, which is filled out by the program prior to the site visit. Document can be found in the appendix.
- f. Treatment Definitions-- Supplemental document to provide descriptions of each of the different types of treatment listed in the online program survey.
- g. Best Practices & Standards Table-- List of research based best practices. This table is used by the peer reviewers to assess the various components used in the drug court being reviewed. This table, with the best practices results from the site being reviewed, serves as one of the bases for commendations and recommendations in the summary report.
- h. Site Visit Schedule and Interview Sign-Up Sheet-- Peer reviewers have flexibility regarding how to schedule the various activities that will occur on the site visit and the schedules will look different from site to site, depending on local calendars and availability of key staff. This form is one template that might help make the scheduling easier, and it helps remind the peer reviewers of all of the key activities to make sure to include.
- i. Sample Confidentiality Form for Site Visit-- Because peer reviewers will be sitting in on pre-court staff meetings, where confidential client information is discussed, it is recommended that reviewers sign a confidentiality form before conducting the site visit.



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The form can be signed once the peers arrive, or before any confidential information is shared. This form is a suggested template if a program does not have its own.

- j. Questions for Team Member Interviews-- Suggested questions for asking team members during the site visit (or if needed, by phone) to verify best practices, clarify information, and identify commendations and recommendations. The questions are divided generally into those for various roles, but ask any team member who has the information.
- k. Team Member Interview Tips-- This document provides tips for how to conduct the team member interviews during the site visit.
- l. Pre-Court Staff Meeting (Staffing) Observation-- This form provides information about what to look for in an observation of a pre-court staff meeting during the peer review site visit, and a place to record key points.
- m. Status Hearing Observation Form-- This form provides information about what to look for in an observation of a drug court status hearing during the peer review site visit, and a place to record key points.
- n. Tips for Conducting Participant Focus Group-- This document provides suggestions for how to organize and conduct a focus group with drug court participants during the peer review site visit.
- o. Focus Group Disclosure Form Template-- It is suggested that before conducting a focus group or interviews with participants the facilitators/interviewers present the expectations, rights, and responsibilities of those involved, to ensure the participants understand the purpose of the group, what information is being gathered, and how that information will be used. This form provides a sample list of confidentiality guidelines to introduce to the group before you start asked the participants questions.
- p. Participant Questions-- List of sample questions to guide the participant focus group (or interviews) during the site visit. Additional site-specific questions that arise during the visit can be added or questions can be expanded with additional probes as needed.
- q. Exit Interview Guidelines-- This document provides suggestions for how to conduct an exit interview, or debrief sessions with the program staff at the end of the site visit.
- r. Suggested Recommendations for Summary Report-- This document provides sample language to include in the summary report for any high priority best practice or standard that has not yet been accomplished by the program being reviewed. Additional site specific language can augment the basic language included in this document.
- s. Summary Report Template-- This document provides the foundation for writing up the results of the peer review process including the best practices being used by the program, feedback from the participants, recommendations from the reviewers, as well as documentation of any key questions or program successes to highlight. The template provides instructions for what information to include in the summary.



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- t. Sample Peer Review Summary Report 1-- Example summary report using the suggested recommendation and summary report template from an actual peer review. Identifying information has been removed.
- u. Sample Peer Review Summary Report 2-- Example summary report using the suggested recommendation and summary report template from an actual peer review. Identifying information has been removed.
- v. Montana Peer Review Policy Q & A's-- Summary of frequently asked questions and answers related to the peer review's policies and procedures.
- w. Peer Review Resources/Contacts
- x. Consent Form Required Points and Forms

Appendix: Montana Peer Review Online Survey





## Montana Drug Courts Peer Review Process

### a. Montana's Peer Review Process for Drug Treatment Courts

The Montana Office of the Court Administrator (OCA) is developing a peer review process to assist in the alignment of Montana drug treatment courts with state and national evidence-based practices and best practices. The OCA will utilize the set of standards developed by researchers with the National Association of Drug Court Professionals (Volume 1), standards developed by NPC Research and the 10 Key Components to improve the effectiveness and efficiency of Montana treatment courts throughout the state. These standards are research-based and include guidelines for policies and practices that will help ensure that Montana drug courts increase access to needed services, reduce recidivism, and are cost effective.

#### What's the purpose?

The peer review process is intended to create a learning community in Montana among drug treatment court teams. The concept is for peers to help each other identify program improvements and share successes and challenges. The peer review process will allow Montana's drug treatment court community, access to information and support at a low administrative cost while building relationships between programs. It will also provide important information to the OCA about areas of needed training and technical assistance, and how to focus those resources most effectively.

#### How does it work?

Individuals who are involved in a Montana drug treatment court will assess other drug court programs and provide feedback about that program's alignment with treatment court standards. The peer reviewers will be trained in how to conduct the assessment, including an in-person visit to the other drug court program, and compile the information into a simple report (best practice table) that includes areas of compliance, partial compliance and need for improvement. Suggestions and resource ideas will be included in the report as well. In turn, the peer reviewer will have the opportunity to learn about innovative and successful practices that have been implemented in another drug court and document these as well. Support for this process will include: 1. Training of peer reviewers by NPC research, 2. Knowledge of current standards and update of evidence-based standards by NPC research, 3. The provision of direction for local drug treatment courts on how they can improve adherence to standards through on-line learning, training, publications and technical assistance in working with the Center for Court Innovation, 4 Financial and administrative support from the Montana Office of the Court Administrator.

The main activities involved in the peer review process include:

- Submission of local drug court documents to peer review team leader (policy and procedures manual, participants manual, etc.).





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- Local drug courts will complete an online survey about program characteristics, policies, and procedures. The completed survey and related documents will be reviewed by the peer review team prior to going on site (usually a team of two people).
- 2-day site visit where peers observe staffing and court hearing, interview team members of the drug court team and partner agency staff, talk with program participants in a focus group, and review program documents.
- On-site debrief of assessment findings.
- Summary report ( Bests Practice Table) of feedback, including a table of drug court standards and which ones the program is meeting, recommendations for program improvement, documentation of innovative/successful practices to share with other programs, and requests for future training or resources.

### Who participates?

All funded Montana drug treatment courts will be expected to participate in the review process, allowing peers to visit and conduct the assessment. A review will be planned for each program every 2-3 years. Peer reviewers are volunteers primarily from drug treatment court teams, whose travel and per diem will be paid for and their contribution will be very much appreciated. Training is provided at no cost to the peer reviewer by experts at NPC Research, Portland, Oregon. Travel expenses for both reviews and training will be paid by the OCA. Team members or partners who are interested in being a peer reviewer: please contact Jeff Kushner ([JKushner@mt.gov](mailto:JKushner@mt.gov), 406-202-5352).



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### **b. Peer Review Checklist: Key Tasks**

- ☐ 1. Contact drug court coordinator and schedule site visit (see details in procedures document, "Peer Review Task Details").
  - ☐ 2. Ask program to complete cover page (send document "d" to coordinator) and online survey (Montana Drug Court Review, document "f" at <https://www.surveymonkey.com/s/MontanaPeerReview>).
  - ☐ 3. Clarify information (interview coordinator or other team member(s) as needed) that isn't clear on, or is missing from, survey or best practices table.
  - ☐ 4. Ask coordinator for a copy of the policy and procedures manual (electronic if possible, sent in advance, or ask to review when on site), participants manual and other documents.
  - ☐ 5. Ask coordinator for list of program's sanctions and incentives/rewards (to compile at state level).
  - ☐ 6. Interview judge, coordinator, and other team members about their perception of the program (see sample questions, document "k").
  - ☐ 7. Interview treatment provider about services. Interview at least two treatment counselors (if there is more than one counselor) during the site visit (see sample questions, document "k").
  - ☐ 8. Observe pre-court staff meeting (staffing) (see Pre-Court Staff Meeting Observation form, document "m").
  - ☐ 9. Observe Status Hearing (see Status Hearing Observation form, document "n").
  - ☐ 10. Talk with participants, either individually or in a group, about their perception of the program, including strengths, barriers, and suggestions; amount of fees and feasibility of paying them, size of treatment groups, drug testing pattern, whether they received a participant handbook, ratio of positive to negative feedback program uses, graduation requirements, does the program ask for their feedback, etc. (see focus group questions and instructions, documents "o," "p," and "q").
  - ☐ 11. Review and update best practices table (list of standards achieved, document "h") based on new information learned from site visit. Provide copy to program at the end of the visit (usually during exit interview) before leaving the site.
  - ☐ 12. Complete peer review summary report (see report template, form "t") and send to program and the OCA within 2 weeks of the end of the site visit.
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### c. Peer Review Task Details

#### **\* State staff will request your assistance as a peer reviewer for a specific program.**

- OCA will determine a peer reviewer or team to conduct the review; OCA staff will assign a lead reviewer who will be responsible for the completion of the overall review and summary report. Peer reviewers can decide amongst themselves who is the lead for each task (such as who will be the primary interviewer, who will facilitate the focus group, etc.).
- OCA staff will contact the program (drug court coordinator, judge, or other key contacts) to let them know the peer review will occur and who the peer reviewers or team is.
- OCA staff will let you (as peer reviewer) know when that contact has been made.

#### **\*As soon as possible after site assignment:**

- If more than one peer reviewer is assigned to the site, have a call among the peers to introduce yourselves, plan who will take the lead, or designate roles for different tasks.
- Make first contact call to the drug court coordinator of the program to be visited.
  - Discuss collaborative nature of review & tentative timeline.
  - Ask for coordinator to fill out cover page (address information, overview of program, list of team members and contact information).
    - Email cover page to coordinator and ask for it to be filled out as soon as possible and returned to you, or ask the coordinator for that information on the phone.
  - Get information about program's leadership structure and if there is anyone you should make sure to talk to in advance or at the site visit.
    - If so, make sure to contact that person: what does he/she want to get out of the review process?
  - Work with coordinator or other contact person to schedule site visit (allowing at least 30 days advance notice (It can be VERY challenging to find dates that work for both the site and the peer reviewers, so it's helpful to plan ahead)—plan for 2 days on site, plus travel (depending on the location, timing of interviews and observations, and number of key partners, travel may be part of the 2 days, or may add a day). Block out an extra half day after the visit to complete the report. OCA will expect the review to happen within 2 months of assignment).
    - OCA staff may be able to assist with review activities during the visit, once the site visit dates are selected. Contact OCA if you would like assistance.
    - Find out when pre-court staff meetings and status hearings take place.
    - Explain that team members need to be available during your visit if they would like to be interviewed in person; otherwise you can interview them by phone.
      - ♦ Make sure to have dedicated times to meet with the coordinator and judge, separately.
      - ♦ Send the coordinator a calendar (to take to a team meeting) once the site visit is scheduled indicating when you will be there, when the observations will be, and providing times available for scheduling individual interviews. Be



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sure to include time for breaks and lunch on the calendar (see sample schedule template, document "h").

- ♦ Try to schedule interviews/meetings with team members before the pre-court staff meeting and status hearing so that the debrief can be after court, which might make it more feasible for the team to stay/be there.
- ♦ Set up a time for an exit interview with the drug court coordinator and/or team on last day of visit if possible (or by phone after visit if necessary).
  - It may be hard to schedule the entire team, but try to find a time that is feasible for as many people who are interested as possible.
  - Remember to schedule time with your peer team at some point before the debrief, so you can plan what points to highlight and who will conduct that session.
- Discuss the best way, time, and location for you to talk to a group of program participants for a focus group.
  - ♦ Ask program to provide some incentive for the participants to attend—food, gift card, extra credit, certificate of participation, etc.
- Ask where you can plan to conduct your individual interviews (team members should come to you if possible) and ask the drug court coordinator to reserve space for you.
- Ask for Court location / address where you will be meeting and recommendations for nearby hotels if applicable. Make sure when reserving a room that you request the state of Montana room rate.
- Schedule a separate time for a pre-site visit conference call with the coordinator if you can't get to the program information questions on this call.

### **\* 1 month prior to visit:**

- Send link to the on-line survey to the court coordinator.  
<https://www.surveymonkey.com/s/MontanaPeerReview>
  - Set a date for getting the survey back about 2 weeks from when you send it.
- Follow-up with the coordinator to get the cover page information if you haven't received it.
- Set up any necessary travel arrangements (car, hotel, etc.).

### **\*3 weeks before visit:**

- Send a reminder email to the coordinator of the due date for the online survey.

### **\* 2 weeks before visit:**

- Ask NPC (Juliette Mackin, [Mackin@npcresearch.com](mailto:Mackin@npcresearch.com)) to download completed survey and best practices summary table.
- Review the documents, noting best practices and standards that are achieved based on survey responses and drafting a preliminary list of recommendations (see report template with recommendations to choose from).
- Create a list of questions or needed clarifications.



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- Call the coordinator to clarify information in the survey (or ask the questions on the site visit).
- Use the Treatment Definitions reference guide (document “f”) for information about treatment services.
- Remind the coordinator that the intention of this review is to identify areas in which technical assistance or other support can be provided to improve the program, NOT to be punitive but constructive.
- **\*At least 1 week before visit:**
- Confirm plans with the coordinator and finalize your itinerary.
- Talk with your team peer reviewer (if you have one) to plan roles—who is leading which interviews, who is taking notes, who will facilitate the focus group, who will lead the debrief, etc.?

### To bring with you:

- Pens/pencils for taking notes, or laptop if preferred; an audio recorder can also be helpful (make sure to get advance permission to bring it into the court and interviews).
- Business cards/bio/your contact information.
- On-line survey completed by site and best practices table.
- In-progress best practices table and draft recommendations to date.
- Observation forms (hard copy or electronic).
- Addresses of places you are going (hotel, meetings, court, etc.).
- List of team members and contact information.

### At the site:

- Team member interviews (frame questions related to issues from the assessment or that team brought up on phone and share recommendations and/or thoughts to prepare team for report).
- Observations of pre-court staff meeting and status hearing.
- Interviews or focus group with participants.
- Exit interview to debrief findings with the coordinator/team members: make sure to highlight positives and be complimentary. Be careful not to be too critical. While you can highlight recommendations and areas of possible improvement, it is not your role to ensure compliance or enforcement of the Drug Court Standards.

### Back home:

- Plan to spend half a day immediately after the visit to complete the paperwork. (Finalize the best practices table, summarize program highlights and successes, list recommendations.)
  - Keep in mind that some sites have barriers outside of the program’s control that make it unable to meet a Standard, e.g. access to a full continuum of treatment services.
- Send summary of review to program for feedback and provide deadline for them to respond/comment (approximately 2 weeks).



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Submit revised summary of feedback with any program comments to OCA.



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**d. Peer Review Cover Page:** Site Visit Preparation Information  
(for program to complete 1 month prior to site visit)

**Name of Program:**

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**Mailing Address:**

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**Physical Address of Coordinator's Office (if different):**

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**Date of Site Visit:** (filled in by peer reviewer) \_\_\_\_\_

**Any special information regarding directions to the site?**

**At intake, participants are:**

- ☐ Post-plea/pre-sentence
- ☐ Post-sentence (conditions of probation)
- ☐ Probation violations
- ☐ Other, please describe

**This program began in:** \_\_\_\_\_ (year)

**How many participants are currently active?** \_\_\_\_\_

**County population size:**

**Primary communities / population (describe any key demographics):**





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Day/time of pre-court staff meeting(s) (staffing):

Day/time of status hearing(s):

Suggestions for where to stay (lodging)?

Suggestions for where to eat?

Any primary concerns or requests that we cover in the review/visit?

**Any important information we should know about your program before we arrive?** *(anything that may be unique or important to understand about the services you provide or the challenges you face, e.g., demographics of participants, cultural context of program/community, etc.)*

**Team Members:** (or attach contact list to this page)



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**Judge/Standing Master:**

Phone number:

Email address:

**Drug Court Coordinator:**

Phone number:

Email address:

**Treatment Provider(s):**

Phone number:

Email address:

**Prosecutor:**

Phone number:

Email address:

**Defense Attorney:**

Phone number:

Email address:

**Law Enforcement Representative:**

Phone number:

Email address:

**Case Manager(s):**

Phone number:

Email address:

**Probation Officer:**

Phone number:

Email address:

**Other team member(s):**

Phone number:

Email address:

**Other team member(s):**

Phone number:

Email address:



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(revise or add team member information as needed)

**\*\* Please fill out the online survey located at this link by \_\_\_\_\_ (date):**

<https://www.surveymonkey.com/s/MontanaPeerReview>



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### e. Montana Drug Court Peer Review Survey

**See Appendix**

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### **f. Montana Drug Court Review 2015 (online assessment): Reference Guide: Treatment Definitions**

<b>Treatment Type</b>	<b>Definition</b>	<b>Resources</b>
Moral Reconciliation Therapy (MRT)	SAMHSA NREPP evidence-based substance abuse treatment for adults/juveniles; originally designed to be used in a prison-based drug treatment therapeutic community; cognitive behavioral treatment used in wide range of corrections settings	<a href="http://www.moral-reconciliation-therapy.com/">http://www.moral-reconciliation-therapy.com/</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=34">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=34</a>
Dialectical Behavioral Therapy (DBT)	System of therapy originally developed to treat people with borderline personality disorder. DBT combines standard cognitive-behavioral techniques for emotion regulation and reality-testing with concepts of distress tolerance, acceptance, and mindful awareness largely derived from Buddhist meditative practice. Research indicates that DBT is also effective in treating patients who present varied symptoms and behaviors associated with spectrum mood disorders, including self-injury. Recent work suggests its effectiveness with sexual abuse survivors and chemical dependency.	<a href="http://behavioraltech.org/resources/whatisdbt.cfm">http://behavioraltech.org/resources/whatisdbt.cfm</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=36">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=36</a>
Seeking Safety	Manual-guided cognitive-behavioral therapy for trauma, substance abuse, and/or posttraumatic stress disorder (PTSD), or co-occurring PTSD and addictions	<a href="http://www.seekingsafety.org/">http://www.seekingsafety.org/</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=139">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=139</a>

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Treatment Type	Definition	Resources
Strengthening Families	Nationally and internationally recognized parenting and family strengthening program for high-risk and regular families. SFP is an evidence-based family skills training program designed to increase resilience and reduce risk factors and found to significantly reduce problem behaviors, emotional issues, delinquency, and alcohol and drug abuse in children 3-16 years old and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills.	<a href="http://www.strengtheningfamiliesprogram.org/">http://www.strengtheningfamiliesprogram.org/</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=44">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=44</a>
Recovery Training and Self Help	Group aftercare program for individuals recovering from opioid addiction. RTSH is designed to deactivate addiction by teaching and supporting alternative responses to stimuli previously associated with opioid use. Program goals include reducing the occurrence and frequency of relapse and readdiction and helping unemployed participants obtain employment.	<a href="http://www.sciencedirect.com/science/article/pii/S0740547286900036">http://www.sciencedirect.com/science/article/pii/S0740547286900036</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=61">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=61</a>



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Treatment Type	Definition	Resources
TCU (Texas Christian University) Mapping-Enhanced Counseling	Communication and decision-making technique designed to support delivery of treatment services by improving client and counselor interactions through graphic visualization tools that focus on critical issues and recovery strategies. As a therapeutic tool, it helps address problems more clearly than when relying strictly on verbal skills. Mapping-Enhanced Counseling is the cognitive centerpiece for an adaptive approach to addiction treatment that incorporates client assessments of needs and progress with the planning and delivery of interventions targeted to client readiness, engagement, and life-skills building stages of recovery.	<a href="http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html">http://www.ibr.tcu.edu/pubs/trtmanual/manuals.html</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=161">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=161</a>
Twelve Step Facilitation Therapy	Brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse, alcoholism, and other drug abuse and addiction problems; active engagement strategy designed to increase the likelihood of a substance abuser becoming affiliated with and actively involved in 12-step self-help groups and, thus, promote abstinence.	<a href="http://www.druORBuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies/1">http://www.druORBuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/behavioral-therapies/1</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=55">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=55</a>
Community Reinforcement Approach	Alcoholism treatment approach that aims to achieve abstinence by eliminating positive reinforcement for drinking and enhancing positive reinforcement for sobriety. Comprehensive cognitive-behavioral intervention for the treatment of substance abuse problems. CRA seeks to treat substance abuse problems through focusing on environmental contingencies that impact and influence the client's behavior.	<a href="http://pubs.niaaa.nih.gov/publications/arh23-2/116-121.pdf">http://pubs.niaaa.nih.gov/publications/arh23-2/116-121.pdf</a> <a href="http://www.cebc4cw.org/program/community-reinforcement-approach/">http://www.cebc4cw.org/program/community-reinforcement-approach/</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=41">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=41</a>



## Montana Drug Courts Peer Review Process



Treatment Type	Definition	Resources
Contingency Management	The systematic reinforcement of desired behaviors and the withholding of reinforcement or punishment of undesired behaviors is an effective strategy in the treatment of alcohol and other drug (AOD) use disorders. Studies have demonstrated the effectiveness of CM interventions in reducing AOD use; improving treatment attendance; and reinforcing other treatment goals, such as complying with a medication regimen or obtaining employment.	<a href="http://pubs.niaaa.nih.gov/publications/arh23-2/122-127.pdf">http://pubs.niaaa.nih.gov/publications/arh23-2/122-127.pdf</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=146">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=146</a>
Cognitive Self-Change (CSC)	Teaches offenders convicted of violent offenses how to identify thoughts and attitudes that lead them to do violent acts, and teaches them how to find and use new thoughts and attitudes that don't.	<a href="http://www.doc.state.vt.us/programs/cognitive-self-change-a-program-for-violent-offenders/cognitive-self-change-1">http://www.doc.state.vt.us/programs/cognitive-self-change-a-program-for-violent-offenders/cognitive-self-change-1</a> <a href="http://www.vtfa.com/publications/csc.pdf">http://www.vtfa.com/publications/csc.pdf</a>
Matrix Model	Intensive outpatient treatment approach for stimulant abuse and dependence. The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing. The program includes education for family members affected by the addiction. The therapist functions simultaneously as teacher and coach, fostering a positive, encouraging relationship with the patient and using that relationship to reinforce positive behavior change.	<a href="http://www.matrixinstitute.org/about/about.html">http://www.matrixinstitute.org/about/about.html</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=87">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=87</a>
Living in Balance (LIB)	Moving From a Life of Addiction to a Life of Recovery is a manual-based, comprehensive addiction treatment program that emphasizes relapse prevention. LIB consists of a series of 1.5- to 2-hour psychoeducational and experiential training sessions.	<a href="http://www.livinginbalance.info/home.asp">http://www.livinginbalance.info/home.asp</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=72">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=72</a>



## Montana Drug Courts Peer Review Process

Treatment Type	Definition	Resources
The Adolescent Community Reinforcement Approach (A-CRA)	The Adolescent Community Reinforcement Approach (A-CRA) to alcohol and substance use treatment is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with prosocial activities and behaviors that support recovery	<a href="http://www.chestnut.org/LI/acra-acc/index.html#Description">http://www.chestnut.org/LI/acra-acc/index.html#Description</a> <a href="http://nrepp.samhsa.gov/ViewIntervention.aspx?id=41">http://nrepp.samhsa.gov/ViewIntervention.aspx?id=41</a>
Change Companies	The Change Companies is a national publishing, consulting, training, and media company working with leading industry experts to develop effective, evidence-based materials that assist individuals in making positive life change. Their treatment materials are used by many drug court programs. They include materials on motivational interviewing, interactive journaling, ASAM criteria, change strategies, transition skills, mental health treatment support, etc.	<a href="http://changecompanies.net">http://changecompanies.net</a>



**g. Montana Best Practices and Standards Table**

**Montana Best Practices & Standards**

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

Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
A	1	Staff and team members have reviewed Montana drug court statutes	Fully met: all staff and team members Partially met: some staff and team members Not met: no	62, fully met = choice a, partially met = choice b		
A	2	There is a Memorandum of Understanding (MOU) in place between the Drug Court team members (and/or the associated agencies).	Y/N <i>Y = MOU with <u>all</u> team members</i>	63		
A	3	The Drug Court has a current contract or MOU with a treatment provider. <sup>1</sup>	Y/N	64		
A	4	The Drug Court has a policy and/or procedure manual.	Y/N	65		

<sup>1</sup> In Montana enabling legislation

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
A	5	The program has a participant manual or handbook.	Y/N	126		
A	6	The program has a participant contract.	Y/N	127		
A	7	The program has a written consent or release of information form. <i>NOTE: please check consent form to ensure it has 9 required elements (see authorization checklist)</i>	Y/N Y = all 9 elements are present	128 and review of consent form		
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.	Fully met: email communication plus content fully covered Partially met: email, but content not fully covered Not met: email not used or not used consistently	82, row 4 AND 84, <u>all</u> options a through d		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	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).	<p>Fully met: treatment attends both team meetings and status hearings</p> <p>Partially met: treatment attends either team meetings or status hearings</p> <p>Not met: treatment does not attend or is not member of team</p>	<p>70, row 3, option a (Always)</p> <p>And</p> <p>71, row 3, option a (Always)</p>		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	10	<b>Law enforcement is a member of the Drug Court team and attends team meetings and status hearings (court sessions).</b>	Fully met: law enforcement attends both team meetings and status hearings Partially met: law enforcement attends either team meetings or status hearings Not met: law enforcement does not attend or is not member of team	70, row 8, option a (Always) And 71, row 8, option a (Always)		
	11	<b>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.]</b>	Fully met: all team members attend both team meetings and status hearings Partially met: all team members attend either team meetings or status hearings Not met: all team members attend	70, rows 1, 2, 3, 5, 6, 7, 8, option a (Always) And 71, rows 1, 2, 3, 5, 6, 7, 8, option a (Always)		

## Montana Drug Courts Peer Review Process



**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	Scoring	Survey item	Notes	Met
A	12	A validated risk-assessment is used to determine "high-risk" and "high-need"	Y/N	28 and 29 and 33 (confirm that tool indicated in 29 is validated)		
A	13	An alternative track has been developed for those outside of high-risk, high-need.	Y/N/NA	32		
A	14	A review of the case and criminal history check is conducted <sup>2</sup> to determine if the defendant is eligible for the Drug Court program.	Y/N	14		
A	15	The Drug Court team understands Montana's definition of "sexual or violent offense." <i>Note: please interview coordinator and prosecutor to ensure definition of sexual or violent offense meets Montana's criteria.</i>	Y/N	Interview team members		

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



## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
A	16	No one is admitted to drug court who has been previously convicted of a sexual or violent offense.	Y/N	26, rows 13 AND 14		
	17	Defense counsel advises the defendant as to the nature, purpose, and rules of the Drug Court.	Y/N	17		
A	18	The Drug Court defines in policy the current or prior offenses that may disqualify candidates for Drug Court and the reasons why.	Y/N	11		
	19	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.	Y/N	19 and 26 rows 2-9 = no		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	20	Drug Court allows non-drug charges that were driven by alcohol and other drug dependence.	Y/N	26 row 12 = no		

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

Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
H	21	The initial appearance before the drug court judge occurs soon after arrest or apprehension (50 days or less).	Y/N	44, options 1-5		
A	22	Specific drug court team members are designated to screen cases and identify potential drug court participants.	Y/N	12		
	23	Program caseload (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.	Y/N	177 = less than 125		



## Montana Drug Courts Peer Review Process

Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
A	24	Program uses standardized screening tool to determine eligibility.	Y/N	13		
	25	There is a fee for participating in the Drug Court.	Y/N	121		
H	26	The Drug Court fee is based on an ability to pay. <sup>3</sup>	Y/N	122		
A	27	The Drug Court documents the fee in the participant's file or court file.	Y/N	123		
	28	The court ensures that no one is denied participation in the program solely because of inability to pay fines, fees, or restitution.	Y/N	124 = No		

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

## Montana Drug Courts Peer Review Process



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

Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
H	29	<b>Treatment is used as a supportive/therapeutic response not as a sanction.</b> <i>NOTE: Observe this item in the team meeting (staffing) and status hearing (court session).</i>	Fully met: Yes Partially met: Sometimes Not met: No	OBSERVE		
	30	<b>One or two treatment agencies/professionals are primarily responsible for managing the delivery of treatment services for Drug Court participants.</b>	Y/N	46, options 1 or 2 OR 48, Yes on rows 1 or 2		
	31	<b>A validated clinical assessment instrument is utilized immediately upon admission to treatment.</b>	Fully met: a validated assessment is used, within 21 days of treatment Partially met: validated instrument –or– within 21 days Not met: Neither	41 AND 42, options a, b, or c		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	32	The results of the assessment are the basis for the individualized treatment plan and placement in level of treatment.	Fully met: Yes Partially met: results used as one part of criteria for treatment plan/placement Not met: No	34, option b OR 40		
	33	The treatment plan is updated regularly per a specified schedule.	Y/N	85, option b		
A	34	The Drug Court requires that eligible participants enroll in Alcohol and Other Drug Treatment services immediately upon entering (within 7 days).	Y/N	45, option a		
H	35	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).	Y/N	109 = 6 or more 103 = choices a-d 116 = 180 or greater		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
H	36	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.	Y/N	108, options a-d		
	37	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.	Y/N	38, row 2 AND 50, options b, c, d for rows 8, 11, 12		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	38	The Drug Court offers a continuum of care for substance use disordered treatment including detoxification, outpatient, intensive outpatient, day treatment, and residential services.	<p>Fully met: Program has all specified levels of care available (5 types)</p> <p>Partially met: Program has most of the treatment modalities available (3-4 types).</p> <p>Not met: Program has notable gaps in treatment options (2 or fewer types).</p>	50 options b, c, d for rows 1-7		



## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	39	Participants are <u>not</u> incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.	Fully met: Participants are never incarcerated as a proxy for detox or sober housing. Partially met: Incarceration occasionally used as an interim measure. Not met: Incarceration occurs in lieu of treatment placement.	138 Fully = never Partially = rarely or sometimes Not = always		
	40	Treatment groups ordinarily have no more than 12 participants and 2 leaders or facilitators.	Fully met: both criteria (12 or fewer participants and 2 facilitators). Partially met: one of these criteria. Not met: Neither criterion.	55, both row 1 and 2		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
H	41	Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes (are evidence-based).	Fully met: Manualized –and– evidence-based. Partially met: Manualized. Not met: Neither criterion.	54, options c, d for any row Review the survey to see if there are other types written in		
	42	Treatment providers are supervised regularly for fidelity to the models being used.	Y/N	56		
	43	Participants are prescribed psychotropic or addiction medications based on medical necessity as determined by a treating physician.	Y/N	50, row 11, options b, c, d OR 51, row 9 options b, c, d AND 51, row 10, options b, c, d		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	44	Treatment providers are licensed or certified to deliver substance abuse treatment and have experience working with criminal justice populations.	Fully met: Licensed/certified –and– experience with CJ population. Partially met: Either licensed/certified or experienced. Not met: Neither criterion.	49		
H	45	The Drug Court offers gender specific services.	Y/N	50, row 8, options b, c, d		
	46	The Drug Court offers mental health treatment when indicated and the treatment is integrated (offered simultaneously by the same clinicians).	Fully met: Offers mh tx –and– tx is integrated. Partially met: Offers mh tx. Not met: mh tx not offered.	50, row 9, options b, c, d		
	47	The Drug Court offers or refers participants to parenting classes.	Y/N	50, row 18, options b, c, d		
	48	The Drug Court offers or refers participants to family/domestic relations counseling.	Y/N	51, row 4, options b, c, d		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	49	The Drug Court offers or refers participants to health related services.	Y/N	51, row 7, options b, c, d		
	50	The Drug Court offers or refers participants to dental care.	Y/N	51, row 8, options b, c, d		
H	51	The minimum length of the Drug Court program is 12 months or more.	Y/N	103, options b, c, or d Or text in "other" box indicating more than 12		
	52	The Drug Court program has processes in place to ensure the quality and accountability of the treatment provider (for example, team visits treatment provider, discusses evidence-based practices, surveys participants, etc.)	Y/N	57 any options a -e		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	53	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.	Fully met: attend self-help –and– participant receives advance preparation. Partially met: attend self-help. Not met: self-help groups not attended regularly.	50 row 16, option d OR 112, 120, AND 113		
H	54	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.	Fully met: RMP – and– primarily prepared by participant. Partially met: RMP; primarily established by staff. Not met: No RMP created.	119 Fully = a, b, and c Partially = a or b or c or d No = e		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
H	55	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)	Y/N	148, row 4		
H	56	The Drug Court conducts a complete assessment of the primary drug court participant and of the family members as well assessing multiple areas for strengths and needs (basic needs/ medical and dental/child care/educational/behavioral-social-emotional/trauma, etc.)	Fully met: Assessment of both participant and family; covers all key domains. Partially met: Assessment of participant only; – or– assessment covers some but not all domains. Not met: No assessment completed.	53 Fully = option b Partially = option c Not met = option a		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	57	<b>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)</b>	Fully met: Culturally-specific; all groups have access to quality care. Partially met: all groups in same treatment types. Not met: Groups appear to have different access to care. Not applicable: Program serves single racial/ethnic group.	Fully: 50, row 14, options b, c, or d And 52, option b Partially: 52 option a Not met: 52, option c N/A: 52 option d		

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

Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
A	58	<b>A written drug testing policy and procedure exists.</b>	Y/N	87		
	59	<b>Urinalysis testing is always observed by appropriate gender.</b>	Y/N	89		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	60	Testing is random. (Client is not aware of when he/she is going to be tested)	Y/N Y includes if testing is both random and for cause.	86, row 2		
	61	Breathalyzers are utilized in conjunction with testing.	Y/N	88, row 7		
	62	Procedures are in place for verifying contested test results.	Y/N	92		
H	63	Drug urinalysis results are back to Drug Court within 48 hours or less.	Y/N	90, options a, b, c, or d		
H	64	Drug Court drug tests are collected at least two times per week on average throughout drug court phases.	Y/N	106, options a, b, or c AND 115, options a, b, or c		
	65	Participants are expected to have greater than 90 days clean (negative drug tests) before graduation.	Y/N	145, yes AND 90 or more days		



## Montana Drug Courts Peer Review Process



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

Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
H	66	<b>The Drug Court places as much emphasis on incentives as it does on other infractions. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i></b>	Number of incentives and sanctions are balanced, or more incentives than sanctions given	OBSERVE		
	67	<b>Participants are <u>not</u> sanctioned for failing to respond to their assessed level of treatment.</b>	Fully met: Reassessment – and– adjustment to treatment plan Partially met: Either reassessment or adjustment to treatment plan. Not met: Sanctioned.	143, both options		
	68	<b>Program considers whether a goal is distal or proximal when determining a sanction. <i>Note: confirm survey response by observing team meeting and court session.</i></b>	Y/N	140, row 9 AND OBSERVE		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	69	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.	Y/N	140, row 10		
H	70	Sanctions are imposed immediately after significant non-compliant behavior (e.g., in advance of a client's regularly scheduled court hearing for drug use or re-offending). <i>Note: confirm survey response by observing team meeting and court session.</i>	Y/N	140, row 1 AND OBSERVE		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	71	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.	Y/N	140, rows 5, 7, 8, AND 12		
	72	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.	Y/N	140, row 11		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	73	Participants receive a clear justification for why a particular consequence is or is not being imposed. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i>	Fully met: Yes Partially met: Somewhat (or for some participants) Not met: No	OBSERVE		
	74	Participants receive equivalent consequences without regard to gender, race, ethnicity, socioeconomic status or sexual orientation unless clear justification exists. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i>	Fully met: Yes Partially met: Somewhat (or for some participants) Not met: No	OBSERVE		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	75	Sanctions are delivered without expressing anger or ridicule. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i>	Fully met: Yes Partially met: Somewhat (or for some participants) Not met: No	OBSERVE		
H	76	The Drug Court has a range of progressive sanctions of varying magnitudes that may be administered in response to program noncompliance.	Y/N	134		
	77	In order to graduate, participants must have a job or be in school unless there are extenuating circumstances.	Y/N	147, row 1		
	78	In order to graduate, participants must have a sober housing environment.	Y/N	147, row 2		
	79	Participants are required to pay court fees in order to graduate.	Y/N	147, row 6		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	80	In order to graduate participants must have paid all required program fees	Y/N	147, row 5		
H	81	Jail sanctions are imposed judiciously, sparingly and progressively. Jail sanctions are definite in duration and last no more than three to five days.	Y/N	137, rows 4-7, option d (never) AND 140, row 13		
	82	Participants are given access to counsel and a fair hearing if a jail sanction might be imposed.	Y/N	139		
	83	Members of historically disadvantaged groups receive the same incentives and sanctions as other participants. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i>	Y/N	OBSERVE		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	84	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.	Fully – considers team input and discusses in court with participants Partially – takes input of team or discusses in court Not – does not consider team input and does not discuss in court	95, rows 1, 3, and 4, option a		
	85	The judge relies on the expert input of trained treatment professionals when imposing treatment-related conditions. <i>NOTE: Base your rating on observation in team meeting (staffing) and status hearing (court session).</i>	Fully met: Yes Partially met: Somewhat Not met: No	OBSERVE		
	86	Drug Court has a medical expert who the team can consult with on medical issues, including the need for certain medication.	Y/N	164, row 8, options a or b		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	87	Phase promotion is based on achievement of realistic and defined objectives. <i>NOTE: Review participant handbook or program manual criteria for phase promotion criteria.</i>	Fully met: Yes Partially met: Somewhat Not met: No	REVIEW PARTICIPANT HANDBOOK or PROGRAM MANUAL		



## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	88	<p><b>Phase advancement and graduation include objective evidence that participants are engaged in productive activities, such as employment, education, or attendance in peer support groups. <i>NOTE: Review participant handbook or program manual criteria for phase promotion criteria; Ask participants in focus group.</i></b></p>	<p>Fully met: Program materials indicate participants must be engaged in multiple productive activities to advance or graduate.</p> <p>Partially met: Participants must be engaged in at least one productive activity to advance/graduate</p> <p>Not met: Participants can be promoted or graduate without clear evidence of productive activities.</p>	<p>REVIEW PARTICIPANT HANDBOOK or PROGRAM MANUAL; ASK PARTICIPANTS IN FOCUS GROUP</p>		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	89	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.	Y/N	149, options 6, 7, 12 NOT items 8 or 9 alone		
	90	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.	Y/N	43, any yes in rows 1-6		



## Montana Drug Courts Peer Review Process

Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	91	Participants terminated early receive a sentence or disposition for the offense that brought them into drug court.	Y/N	150		

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

Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
H	92	Judge regularly attends pre-court team meetings (staffings) to review each participant's progress and potential consequences and incentives for performance.	Y/N	70, row 5, option a		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
H	93	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.	Fully met: at least every 2 weeks in phase 1; at least ever 4 weeks through end of program. Partially met: frequency meets goal at beginning or end of program. Not met: participants go longer between sessions.	110, option a-e AND 117, option a-f		
H	94	The judge spends a minimum of approximately 3 minutes at a minimum interacting with each participant in court.	Y/N	Calculate based on 93 divided by 94 AND Calculate based on observation of court session		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	95	The judge presides over the Drug Court for no less than 2 consecutive years to maintain continuity and knowledge about Drug Court.	Fully met: 2 years of consecutive experience. Partially met: 2 years of cumulative experience. Not met: newer judge.	100, option c or d, or other response that is longer than 2 years		
	96	The judge was assigned to Drug Court on a voluntary basis.	Y/N	97		
	97	Participants appear before the same judge throughout Drug Court.	Y/N Y can still include an occasional substitute judge for vacation or illness of the primary judge	99		
	98	The judge offers supportive comments to participants, stresses the importance of their commitment to treatment and other program requirements and expresses optimism. <i>NOTE: Base your rating on observation in status hearing (court session).</i>	Fully met: Yes Partially met: Somewhat or for some participants Not met: No	OBSERVE		

## Montana Drug Courts Peer Review Process



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

Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
H	99	Specific goals and objectives have been established to measure the effectiveness of the program.	Y/N	153		
	100	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.	Y/N	151 row 1 AND row 3		
	101	The results of program evaluations have led to modifications in Drug Court operations.	Y/N	158		
	102	Review of the data and/or regular reporting of program statistics have led to modification in Drug Court operations.	Y/N	155		



## Montana Drug Courts Peer Review Process

Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	103	Drug Court has a process is in place to get feedback from participants regarding their Drug Court experience.	Y/N	159		
	104	The Drug Court monitors whether members of historically disadvantaged groups are admitted and complete the program at equivalent rates to other participants and develops remedial action if this is not the case.	Y/N	160, options a and b		
H	105	The program collects data and assesses whether members of historically disadvantaged groups receive the same dispositions as other participants for completing or failing to complete the Drug Court.	Y/N	161		

## Montana Drug Courts Peer Review Process



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

Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	106	All new hires to the Drug Court team complete a formal training or orientation.	Y/N	163, row 6, option a		
	107	Drug Court team members are educated across disciplines.	Y/N	163, row 7, option a		
	108	Drug Court team members attend up-to-date training events on recognizing implicit cultural biases and correcting disparate impacts.	Y/N	163, row 2, option a		
	109	The Drug Court judge attends training (legal and constitutional issues, judicial ethics, evidence-based treatment, behavior modification and community supervision).	Y/N	96, row 1 127, row 1, also counts 162, row 1, also counts		



## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	110	The team occasionally meets outside of regular staffing and court sessions to address program policies and training needs.	Y/N	76 option 2		

**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	Scoring	Survey item	Notes	Met
	111	The Drug Court has a <b>policy committee</b> . <i>(can be the drug court team if the members have the proper decision-making authority)</i>	Y/N	76, option 1		
	112	The Drug Court has an <b>advisory committee</b> . <i>(including representatives from community organizations)</i>	Y/N	78, option a		

## Montana Drug Courts Peer Review Process



Rating	Item #	Practice/Standard	Scoring	Survey item	Notes	Met
	113	The Drug Court team members provide information regarding the program through presentations to groups and individuals in the community.	Y/N	164, row 9, options a or b		
	114	Secular alternatives to 12-step groups are available to participants who object to the religious content of 12-step groups.	Y/N	50, row 17, options b-d		
O	115	Program has a Mental Health Specialist as part of the team and agreements with community mental health service agencies. <i>[optional]</i>	Y/N	61, option 11 AND 164, row 7, options a or b		



## Montana Drug Courts Peer Review Process

### **h. SAMPLE DRUG COURT NAME Site Visit Schedule / Interview Sign-Up Sheet**

(Travel if needed on prior day, or indicate travel time in the morning on the schedule below if travel is occurring on Day 1.)

**Schedule time for a participant focus group and at least ½ hour prior for peer reviewers to prepare for that.**

**Day 1 [DATE] - Fill in time for pre-court staff meeting and status hearing observation (if they happen on Day 1). Team members can sign up for interviews or you can contact them individually and fill in the times yourself.**

- ☐ **Remember to schedule time to check in with coordinator or judge to start the day, find your room, get through security, etc.; and at the end of the day to debrief with your peers.**

8:00am – 8:50am \_\_\_\_\_ (Name & team member role/agency)

9:00am – 9:50am \_\_\_\_\_

10:00am – 10:50am \_\_\_\_\_

11:00am – 11:50am \_\_\_\_\_

12:00pm – 12:50pm: Lunch Break

1:00pm – 1:50pm \_\_\_\_\_ (Name & team member role/agency)

2:00pm – 2:50pm \_\_\_\_\_

3:00pm – 3:50pm \_\_\_\_\_

4:00pm – 4:50pm \_\_\_\_\_

**Day 2 [DATE] - Fill in time for court staff meeting and status hearing observation (if they happen on Day 2). Team members can sign up for interviews or you can contact them individually and fill in the times yourself.**

- ☐ **Remember to schedule time (about an hour) at the end of the visit to conduct an exit interview/debrief with the whole team, to provide preliminary impressions, commendations, and recommendations.**



## Montana Drug Courts Peer Review Process

- ☐ Remember to schedule time (about an hour) prior to the exit interview for your peer team to debrief and plan for the exit interview.

8:00am – 8:50am \_\_\_\_\_ (Name & team member role/agency)

9:00am – 9:50am \_\_\_\_\_

10:00am – 10:50am \_\_\_\_\_

11:00am – 11:50am \_\_\_\_\_

12:00pm – 12:50pm: Lunch Break

1:00pm – 1:50pm \_\_\_\_\_ (Name & team member role/agency)

2:00pm – 2:50pm \_\_\_\_\_

3:00pm – 3:50pm \_\_\_\_\_

4:00pm – 4:50pm \_\_\_\_\_

(Day 3, if needed, to finish debrief, or to travel) [DATE] - Fill in time for court staff meeting and status hearing observation (if they happen on Day 3). Team members can sign up for interviews or you can contact them individually and fill in the times yourself.

8:00am – 8:50am \_\_\_\_\_ (Name & team member role/agency)

9:00am – 9:50am \_\_\_\_\_

10:00am – 10:50am \_\_\_\_\_

11:00am – 11:50am \_\_\_\_\_

12:00pm – 12:50pm: Lunch Break

1:00pm – 1:50pm \_\_\_\_\_ (Name & team member role/agency)

2:00pm – 2:50pm \_\_\_\_\_

3:00pm – 3:50pm \_\_\_\_\_



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4:00pm – 4:50pm \_\_\_\_\_

# Montana Drug Courts Peer Review Process



## i. Sample Confidentiality Form for Site Visit

IN THE **DISTRICT** COURT OF THE STATE OF  
MONTANA  
FOR THE COUNTY OF **SAMPLE**

**[NAME OF DRUG COURT PROGRAM]**  
PO BOX **XXXX**  
**XXXX**, MONTANA **XXXXXX-XXXX**

### **CONFIDENTIALITY AGREEMENT**

Federal regulation (42 CFR Part 2) prohibits anyone from disclosing any information regarding any of our participants without their written permission. Violations of confidentiality may be punishable under the law. All information you receive while in staffing with the **[NAME OF DRUG COURT PROGRAM]** is confidential and you are required by law not to disclose this information to anyone. **This regulation applies to everyone with no exceptions.**

I agree to adhere to these confidentiality regulations and will not disclose to any person any information about the participants I may receive while I am in **[NAME OF DRUG TREATMENT COURT PROGRAM]** pre-court staff meeting, status hearing, team interviews, participant focus group, or any other activity during this visit.

_____ Date	_____ Signature	_____ Print name
_____ Date	_____ Signature	_____ Print name
_____ Date	_____ Signature	_____ Print name
_____ Date	_____ Signature	_____ Print name
Witnessed:		
_____ Date	_____ Signature	_____ Print name



## Montana Drug Courts Peer Review Process

### **j. Questions for Team Members** *(for verifying best practices, clarifying information, and identifying commendations and recommendations)*

#### **TIPS (see additional tips and details in document “k”)**

- Keep a page of notes for follow-up questions to ask team members during interviews or throughout the visit, as information or questions arise.
- Briefly introduce yourself and the other peer review team member(s) to each interviewee and explain the purpose of the visit if needed.
- Avoid asking leading questions:
  - **Do** ask “How often do you perform drug testing? What are your procedures?”
  - Do **not** ask “You are testing twice per week, right?”
- Clarify any information on the assessment and best practices table that is missing, inconsistent, or confusing.
- Ask for clarification about items on the best practices table that are “no” to ensure that it is accurate, confirm if any strategies have already been attempted to address the topic, and explore possible suggestions or solutions that could be discussed with the team and/or added to the report.
- Add any other questions that come up during preparations for the visit or during the visit itself, including areas of concern that arose with any other team members.

#### ☐ **Coordinator or other team member as appropriate**

- What is the role of Probation in this drug court?
- Which team member(s)/agency(ies) conduct case management? {Probe if there is anyone who does case management besides any team member whose job title is “case manager.”}
- Please describe the process your program has in place to review the work of the treatment provider(s). In particular, we are interested in how you ensure the quality of treatment services and how well they align with the drug court model and treatment best practices. {Probe for: using evidence-based practices, culturally appropriate approaches, cognitive behavioral therapy, manualized treatment, and trained/licensed professionals; how fidelity to their treatment models are maintained, and appropriately matching individuals to services based on assessed needs} *(PLEASE NOTE: THIS INFORMATION WILL MAP TO THE BEST PRACTICES TABLE, ITEMS 31, 32, 33, 35, 40-42, 44, 52, 57.)*
- How do team members learn about the roles and content expertise of other team members? Is there a cross-training system or other process where team members receive this information?



## Montana Drug Courts Peer Review Process

- What is the process for imposing a jail sanction? Are participants given a chance to communicate with the defense attorney before going to jail? *(PLEASE NOTE: THIS INFORMATION WILL MAP TO THE BEST PRACTICES TABLE, ITEM 81 & 82.)*
  - *If they are using an electronic data system (online survey question 153), ask: Which data system do you use? (PLEASE NOTE: THIS INFORMATION WILL MAP TO THE BEST PRACTICES TABLE, ITEM 100.)*
- ☐ **Coordinator and prosecutor**
- Have you reviewed Montana's legislation on sexual and violent events? (best practice 16 – Does your program exclude offenders who have prior sex or violent convictions?)
- ☐ **Judge, coordinator, and any other team member interviewed**
- What do you see as the most successful part of this (drug court) program? Are there any successes (ideas or practices in your program) that you would like to share with other programs in Montana?
  - What is your program's main challenge right now?
  - Do you have any suggestions for how to improve this program?
- ☐ **Treatment provider(s)**
- What treatment approaches do you use (or, are used at your agency)? *(Check the list of services listed on assessment, question 54, to see if there are any types indicated by the provider that are not included on the list.)*
  - Do you use a manual for the specific treatment model you provide? (best practice 41)
  - In general, how many participants are there in a group treatment session? (best practice 40)
  - Are the groups mixed gender or are there separate groups for different genders? (best practice 45)
  - Client characteristics:
    - Do you have bilingual treatment services? (best practice 57)
    - Do you match clients to counselors of the same cultural background? (best practice 57)
    - Do you have clients who are not U. S. citizens?
    - Do you have clients who have limited cognitive abilities? (e.g., can't read or write)
  - How many counselors are there in a group session? (best practice 40)
  - Do you assign homework for participants to do between groups or individual treatment meetings?





## Montana Drug Courts Peer Review Process

- What kinds of things do you talk about during group treatment sessions?
- Do participants ever ask to talk about topics or issues that are different from the topic that is intended for that session in the curriculum? If so, how do you handle those questions? (i.e., do you cover the requested topic or issue or do you stay with the intended topic?)



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### k. Peer Reviewer Team Member Interview Tips

- Prior to the visit:
  - Review the survey and note any clarifying questions you have of various staff or team members.
  - Decide which peer reviewer will take the lead in each interview.
- During the visit:
  - Keep a page of notes for follow-up questions to ask other team members during interviews or throughout the visit, as information or questions arise.
  - Briefly introduce yourself to each interviewee and explain the purpose of the visit if needed.
- Peer review team members should briefly introduce themselves to each interviewee and explain the purpose of the visit (unless this already occurred previously, such as during the pre-court staff meeting).
- Designated interviewer (and others as needed) should provide a brief background on the peer review process to all interviewees (unless this already occurred previously, such as during the pre-court staff meeting).
- The primary role of the designated interviewer should be to obtain information from team members regarding best practices of the court (particularly those practices that were marked “no” in the best practices table), and priority areas that are identified by the peer review team (based on the program’s survey responses, other interviews, etc.).
- Avoid asking leading questions:
  - **Do** ask “How often to you perform drug testing? What is your procedure?”
  - Do **not** ask “Do you think that one drug test per week is enough?”
  - **Do** ask “Do you have any suggestions to improve treatment services in your program?”
  - Do **not** ask “Do you think you need MAT services/resources, etc.?”
- Ensure all best practices information and priority areas (according to their best practices results) are addressed before the interview is finished.
- Exchange of information between peer review team and interviewees can be beneficial, as learning from one another gives insight into each other’s programs. However, be careful of getting sidetracked with conversations that compare your program with their program, particularly during focus groups. Discussions around specific program practices (such as admission procedures, issuing warrants, etc.) are encouraged, but the designated interviewer should ensure that all priority questions and best practices are addressed before the interview concludes.



# Montana Drug Courts Peer Review Process

## I. Pre-Court Staff Meeting (Staffing) Observation Protocol

Program: \_\_\_\_\_

Observer: \_\_\_\_\_

Start time: \_\_\_\_\_

Date: \_\_\_\_\_

End time: \_\_\_\_\_

1. How many participants were discussed during the pre-court staff meeting? \_\_\_\_\_

Participant Cases

*[Did the time seem adequate for the team to discuss each individual in some detail?]*

2. Staff member/partner present at the pre-court staff meeting:

Check box if staff member was present. Use for verifying coding for best practices #9-11.	Indicate if staff member participated in the conversation for most participants; was actively engaged in the meeting		
<input type="checkbox"/> Judge	Yes	Some	No
<input type="checkbox"/> Defense attorney	Yes	Some	No
<input type="checkbox"/> Prosecutor	Yes	Some	No
<input type="checkbox"/> Drug court coordinator	Yes	Some	No
<input type="checkbox"/> Probation	Yes	Some	No
<input type="checkbox"/> Treatment representative	Yes	Some	No
<input type="checkbox"/> Case manager	Yes	Some	No
<input type="checkbox"/> Law enforcement representative	Yes	Some	No
<input type="checkbox"/> Court clerk	Yes	Some	No
<input type="checkbox"/> Community partner Describe: _____	Yes	Some	No
<input type="checkbox"/> Other: Describe: _____	Yes	Some	No
<input type="checkbox"/> Other: Describe: _____	Yes	Some	No



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3. Did the team discuss recognition/rewards for each participant who was doing well?

- ☐ Yes ☐ Sometimes ☐ No

4. Did the team collaborate on decisions about treatment responses and/or sanctions?

- ☐ Yes ☐ Sometimes ☐ No

5. Did the team appear to understand the difference between sanctions and treatment responses? (e.g., were treatment responses discussed separately from sanctions?)

- ☐ Yes ☐ Somewhat ☐ No

6. Is treatment used as a supportive/therapeutic response and not a sanction?

- ☐ Yes ☐ Somewhat ☐ No

7. Did the prosecutor and defense attorney listen respectfully to each other's opinions? (A measure of the "non-adversarial" relationship described in Key Component #2)

- ☐ Yes ☐ Somewhat ☐ No

8. Did the prosecutor and defense attorney appear to have a collaborative/non adversarial relationship?

- ☐ Yes ☐ Somewhat ☐ No

9. To what extent did the players appear to work as a team?

- ☐ Not at all  
☐ Somewhat  
☐ Very much

Comments:



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### m. General Courtroom Environment Observation Protocol: Status Hearing

Program: \_\_\_\_\_

Observer: \_\_\_\_\_

Date: \_\_\_\_\_

Session Start Time (When the Judge enters the room): \_\_\_\_\_

Session Ending Time (Judge leaves and/or everyone is dismissed): \_\_\_\_\_

1. How many participants' cases were heard during the session?

# Present \_\_\_\_\_ # No-shows \_\_\_\_\_

Divide number present into length of time in session to get average time spent per participant

minutes

Note how much time was typically spent from the time the participant was called before the Judge and then returned to his/her seat: \_\_\_\_\_ [verifies coding of best practice #94]

2. What staff attended the drug court session? [verifies coding of best practices #9, 10, & 11]

- ☐ Drug court coordinator
- ☐ Judge
- ☐ Public defender(s)/defense attorney
- ☐ Prosecuting attorney(s)
- ☐ Treatment provider(s) \_\_\_\_\_
- ☐ Probation
- ☐ Case manager
- ☐ Law enforcement (Besides Bailiff)
- ☐ Bailiff
- ☐ Court clerk
- ☐ Court reporter
- ☐ Interpreter
- ☐ Community partner (Describe: \_\_\_\_\_)
- ☐ Other \_\_\_\_\_

3. Did participants sit in the courtroom for the entire hearing or come and go as their cases were called? *(Staying throughout hearing is a learning experience for participants. It also is an indicator of a structured court [consistency and rules]. Early dismissal can be given as a reward. Talk to coordinator or other team members if you have questions or feedback about the hearing.)*



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<ul style="list-style-type: none"><li><input type="checkbox"/> All participants stayed in the court the whole hearing [good]</li><li><input type="checkbox"/> All participants came and went as their cases were called [good if those who left were successful participants who were seen first and released early as a reward] [bad if the coming and going is disruptive or if all participants leave when they are done regardless of their status]</li><li><input type="checkbox"/> Some participants stayed the whole time while others didn't [was there a rationale for what the program's process? Were those who did well released early while others stayed?]</li></ul>	Notes:
--	--------

4. To what extent did the drug court staff appear to work as a team?

- ☐ Not at all
- ☐ Somewhat
- ☐ Very much

Notes:

5. Describe how the Judge interacted and behaved toward the other team members (e.g., case worker, attorneys, treatment representatives).

a. Overall, did the Judge exhibit signs of **collaboration and a team approach** toward the team when talking to participants?

- ☐ Yes                      ☐ Somewhat                      ☐ No

b. Did the Judge appear to **follow the decisions made by the team** at the pre-court staff meeting?

- ☐ Yes                      ☐ Somewhat                      ☐ No

Notes:

6. In general, how did the Judge interact with the drug court clients/participants?

*(Pay attention to the general feel of the courtroom, the level of formality/informality, and the relationship between the judge and participants. Judge must build a relationship with participants, convey caring, maintain consistency, and follow through on consequences.)*



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- Did s/he speak directly to the participants? \_\_\_\_Yes \_\_\_\_No
- Did the participants stand or sit while speaking to the Judge? \_\_\_\_Stand \_\_\_\_Sit
- From whom did the Judge request answers, information, or explanations?
  - ☐ Exclusively from the participant
  - ☐ Primarily from the participant, but also from other staff members present (e.g., attorney, social worker)
  - ☐ Equally from the participant and staff members present
  - ☐ Primarily from staff members, but also from the participant
  - ☐ Exclusively from staff members
  - ☐ Other (describe process):

7. In the peer's opinion, was the Judge warm or cold during the interaction? Was the Judge authoritative? Respectful? Did the Judge listen to what the participant has to say? (describe briefly):

8. Were any jail sanctions imposed? If so, was the participant given the opportunity to communicate with the defense attorney prior to being taken to jail? [verifies coding of best practice #82]



### **n. Tips for Conducting a Participant Focus Group**

As part of your peer review site visit, it can be extremely interesting and informative to have a chance to talk with program participants. They have a unique perspective on the program and can offer additional program recommendations and commendations than you might observe or pull from the survey and staff interviews.

Keep in mind that groups will vary in their dynamics and the degree to which they are supportive or critical of the program or various staff. It is important to remember that while you are conducting a peer review, *your role is that of an outside observer and information gatherer. You are not there to determine if clients are lying (or exaggerating) or to help them understand why the program or staff might have certain policies or practices (though you can ask them what they think!).* Be careful to validate what the participants are telling you their perspective is and not challenge or question their responses. Please refrain from editorializing about, questioning, or laughing at their concerns or suggestions. If the participants seem confused or are missing information or seem misinformed, that is important to share with the program staff, and can be included as part of your recommendations. Your role is to provide a sounding board for the participants and let them talk about their experience. While it can be helpful for you to provide a quick overview of who you are and why you are there, it is advisable to keep your role in that session as a listener and observer rather than as a presenter or teacher.

Process: Come with a list of questions (sample questions provided with peer review packet), and allow participants to talk to one another and share their thoughts and perspectives through an interactive group process. Participation is voluntary, so clients do not have to share. This format is also different from interviews, where every person is provided an opportunity to answer every question. Use your facilitation skills to ensure that people who want to share have the opportunity and that no individual takes up the time to the exclusion of others. All program staff must leave the room before the focus group begins. Be careful about the way you ask questions so you aren't "leading" them to answer in a particular way or clearly looking for a certain response, but that you are open to hearing both positive and negative feedback.

If you have more than one peer reviewer conducting the site visit, have both peers present and decide in advance who will be the facilitator and who will be the note-taker. It's advisable, and easier, to have two people conduct the group when you can. However, both people must be from outside of the program in order to ensure that participants will feel comfortable sharing feedback. Set time aside before the focus group (either before the visit or during the visit before the group) to plan the questions and the introduction. Set aside time after the focus group (at least 15 minutes) to be available for any participant who would like to share feedback outside of the larger group.

Steps for conducting the group:

1. Brief introduction of peer reviewers (who you are and why you are there)
2. Brief overview of the purpose of the group, how it fits into the peer review, and how the information will be used (confirm information you have learned from staff or observed during the visit; gather information that will be included in the site visit report regarding





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things you like and appreciate about the program, and suggestions you have for program improvement)

3. Brief overview of confidentiality guidelines (see sample guidelines form you can provide to participants)
4. Brief review of “ground rules”
  - a. Participants agree not to discuss information shared during the focus group with anyone outside of the group
  - b. One person speaks at a time; wait until someone has finished talking before speaking
  - c. Respect each others’ opinions and ideas
  - d. Allow everyone a chance to speak; the facilitator might request that talkative participants allow time for quieter participants to share
  - e. Ask if anyone would like to add any ground rules
5. Questions and probes
6. Summary, wrap-up, and thank you to participants for their feedback and willingness to share. Let them know you will stay for a few minutes for anyone who wants to provide additional feedback individually.

After the session: Type or write down notes as soon as you can, while the information is fresh in your mind. Note any nonverbal communication that you think was telling, or areas where participants chose not to answer or respond to specific questions. Think about common themes or areas of strong agreement. It is permissible to include commendations or recommendations that you think are relevant and interesting, even if they were offered by just one participant.

Add highlights of the focus group to the summary report template, including areas the participants noted as program strengths or successes, and areas they suggest program improvement or enhancements. Be sure that any information or quote included in the report (and in the exit interview with staff) does not identify the participant(s) who said it.



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### o. Focus Group Disclosure Form Template (Confidentiality Guidelines)

**Background:** The Montana Office of the Court Administrator/Supreme Court has requested a peer review of {name of specialty court program}. As part of this review, staff from {name of peer program(s)} is conducting a site visit, including this focus group with {name of drug court program} participants in order to learn more about the drug court process. We would like to hear about your experiences with this program, what you like about it and how it may be improved.

**What Happens in the Focus Group:** You will participate in a group discussion with 6 to 12 participants. A reviewer will ask you about your knowledge and experience with {name of drug court program}. The reviewer will take notes. The discussion should last about an hour. A summary of the group's opinions will be used in a feedback report to program staff. The names of the participants will not be provided in the report and no information will be presented in a way that the participant can be identified.

**Potential Risks:** There are minimal risks to this review. You may hear something said in the focus group that upsets you. You may say something in the focus groups that upsets another participant.

**Potential Benefits:** Your participation in the focus groups will be used to help improve drug court program practices.

**Compensation:** You will not be paid for this focus group.

**Confidentiality:** We ask all focus group participants to keep the discussions confidential; however, it is possible that participants will repeat what they have heard outside of the focus group. Drug court staff will not be present in the room during the discussion. Any information you provide will not be presented to the staff in a way that could be identified with you. Notes of the discussion will be kept confidential. Only members of the review team will have access to the focus group materials. Recordings and notes of the discussion will be kept only until the report is written and then will be destroyed.



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**Right to Refuse or Withdraw:** Participation in the focus group is **voluntary**. You have the right to decline to participate in this group. If you decide to be in the focus group and then change your mind, you can leave the focus group at any time. Your participation will not affect your program status.

**If you have questions:** If you have concerns or problems about your participation in this focus group, please contact Jeff Kushner at the Montana Office of the Court Administrator, 406-202-5352 (JKushner@mt.gov)



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### **p. Participant Focus Group/Interview Questions**

1. What phase are (each of) you in? (*write down number of people in each phase*)

2. What do you like most about the [drug court name]?

*Probing questions:*

- What works well for you?
- What is most helpful or useful for you?

3. What do you like least about the [drug court name]?

*Probing questions:*

- What does not work for you?
- Are there any things about the program (or your own situation) that make your progress in treatment more difficult (e.g., job requirements, transportation challenges, child care responsibilities)?

4. How are you treated by the...

- Court staff (e.g., Judge, assistants, public defender, probation officer, prosecutor)
- Treatment providers (e.g., group leaders, counselors, administrators, office staff)

*Probing questions:*

- Is there someone in the [drug court name] who you feel you can talk with when you're having a tough time? Who is that person? What helps you feel comfortable talking to him/her?

5. I have a few questions about how the [drug court name] operates. (*Feel free to omit any questions that have already been answered*)

- How often are your drug tests?
- Do you get tested on the weekends or holidays?
- Have you received a participant handbook?
- Does the program tend to focus on what is going well for participants or what is not going well (or is it a mix of both)?

*Probing question:*

- How would you describe how much of the program's responses to participants is positive and how much is negative?
- How many people are in your treatment groups most of the time?
- Are men and women in the same groups or are the groups mixed?
- How many counselors are there in a group session?
- Does your counselor use a book or a manual when he/she works with you during treatment? Do you have a book or manual that you use in group?



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- Does your counselor assign homework for you to do between treatment meetings? (if yes, probe for an example) If so, what kinds of assignments have you had?
- What kinds of things do you talk about during treatment meetings?
- Do participants have a chance to talk to an attorney before being sent to jail for a sanction? [verifies best practice #82]
- What do you have to do to graduate?
  - Do you have to be employed? in school/other educational program? attend peer support groups? etc. [verifies best practice #88]

### 6. What incentives and sanctions does the [drug court name] use? *Probing questions:*

- Were you told about them before you started the program (or at the beginning?) [maps to best practice #54]
- What do you think is most effective?
- What rewards do you like most?

### 7. Are there any obstacles to you successfully completing the [drug court name] (e.g., lifestyle, family influences, time commitment)?

### 8. Do you have any suggestions to improve the [drug court name]?

*Probing questions:*

- What is one thing that the [drug court name] (or program staff) doesn't do/offer that you think would be helpful?
- What would you tell a friend who was thinking about participating in [drug court name]?
- If you could change one thing about the [drug court name], what would it be?

### 9. Is there anything else important that we need to know?

**Thank you so much for your participation and feedback!**

**Do you have any questions for me?**



### **q. Exit Interview Guidelines (debrief with team at end of visit)**

Before the end of the site visit, and as close to the end as possible, it is useful to have a scheduled time to debrief the findings of the visit with the coordinator, Judge, and any other team members who are available. This final meeting helps connect the process of the visit with what you found and allows you to ask any questions that have emerged, as well as gives you all an opportunity to discuss the highlights so the team is clear what the main points will be in the report.

Process:

- Express appreciation for their participation and willingness to be reviewed and to meet again for this exit interview/debrief session.
- Provide an overview of peer review process and how the debrief fits in, and summarize the debrief and its purpose—to come together to allow program staff to ask questions or share additional information, allow peers to ask emergent questions, allow peers to highlight their findings from the visit, share next steps.
  - Note if you have learned anything as peers or gained ideas you can take back with you.
- Use the best practices table as a guide. Review some of the “yes” practices, then discuss the “no” practices.
- Highlight positives from the visits—best practices met (e.g., the “yes’s” on the best practices table), program strengths, creative ideas/practices, areas the participants liked.
- Highlight a few key suggestions—best practices not yet met, clarification about why they are relevant, ask if they have ideas on how they could work to meet that practice, and add any concrete suggestions for how they could work on meeting them.
- Ask if the team has any questions.
- Described next steps—to wrap up the review process (they will receive a copy of the draft report for their review by {date}).

Tips for the exit interview:

- Make sure to highlight positives and be complimentary.
- Be careful not to be too critical. While you can highlight recommendations and areas of possible improvement, it is not your role to ensure compliance or enforcement of the Drug Court Standards.
- Focus on their program (be careful about the temptation to talk about your own).
- Be very careful not to highlight any individual for recommended changes, unless it is to confirm who is responsible for a next step or decision (e.g., if one team member needs training, avoid saying that in front of everyone in the group). It is usually o.k. to recognize a particularly stellar staff member if warranted, as long as it can be done without implying that the rest of the team isn’t meeting expectations.
- Maintain confidentiality of individual interviews (staff) and focus group members (clients) when sharing feedback or asking clarifying questions. It is important not to reveal who made particular comments in their interviews, either directly or indirectly.



## r. Suggested Recommendations for Completing Peer Review Summary Report

Sample language is provided in the right column for each of the High Priority Best Practices and Standards that are included on the Peer Review summary report, to assist you in completing this document. These recommendations are for practices for which you checked “No” or “Not met.” Please choose any relevant text and feel free to leave out or adapt any language that is not appropriate for this site. You may cut and paste the relevant language from this table into the list of recommendations on the summary report form. **Feel free to give more detailed or specific feedback about the best practices or standards relevant to local conditions in the recommendations to make them as useful to the site as possible.** Check with Jeff Kushner if you have questions about how to word those recommendations or what is appropriate to include.

	Best Practices and Standards	Suggested recommendation language if BP is marked “no” or “not met”
1	<b>BP #8</b> 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.	Establish protocols for treatment providers to share information with the team through email. Good communication is very important for any successful team effort and this is particularly true of drug courts. For a drug court to provide immediate sanctions and rewards, it must operate with quick and accurate communication about client activities. Using email as a primary communication method allows swift communication simultaneously with all team members. Drug courts where treatment communicates with the court/team via email have significantly less recidivism than programs that do not use this method of communication. {Add as needed any content that is missing from this list} Additional content in email communication should include: 1) treatment attendance, 2) dates of missed appointments, 3) brief progress note (including what participant is studying), and 4) recommendations from provider for judge.



	Best Practices and Standards	Suggested recommendation language if BP is marked “no” or “not met”
2	<b>BP #21</b> The initial appearance before the drug court judge occurs soon after arrest or apprehension (50 days or less).	<p>The program may want to conduct an in-depth review to determine if there are places where time could be saved between arrest and identification for drug court. An analysis of case flow to identify bottlenecks or structural barriers, and points in the process where potential adjustments to procedures could facilitate quicker placement into drug court would be helpful. In addition, a more systematic identification and referral process may be able to shorten the time between arrest and drug court entry.</p> <p>The team could review the systems of programs that have shorter lapses between arrest and drug court entry, to gain ideas. The program should set a goal for how many days it should take to get participants into the program, and work toward achieving that goal, keeping in mind that the sooner individuals needing treatment are connected with resources, the better their outcomes are likely to be.</p>
3	<b>BP #26</b> The Drug Court fee is based on an ability to pay.	<p>Participants are more likely to see the program as something of value if they pay to participate. Once they have invested their money, in addition to their time, they are more likely to try hard to be successful. However, it is important that fees not become a barrier to the participant’s success. Drug court programs need to ensure that they are taking a participant’s income, employment status, family responsibilities, and other factors into account when determining appropriate fees, or provide alternative ways for the participant to earn credit toward fees that are owed, such as through community service or program rewards.</p>





	Best Practices and Standards	Suggested recommendation language if BP is marked “no” or “not met”
4	<b>BP #29 Treatment is used as a supportive/therapeutic response not as a sanction</b>	It is important that the program clearly differentiate responses to substance use (increasing treatment frequency or intensity, or changing modalities, or other therapeutic responses) and other non-compliant behaviors, such as lying about use or missing treatment appointments, drug court sessions, or drug tests. Sanctions are not effective at ending addiction, but can be effective at modifying behavior if combined with appropriate incentives. If a participant admits to use or is found to have used, increasing treatment supports is an appropriate therapeutic response, and it is appropriate to treat those who admit to use differently than those who have lied. It is important that increases in treatment programming in response to substance use be approached and communicated as a therapeutic, supportive response and not as a punishment or sanction.
5	<b>BP #35 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).</b>	A minimum treatment dosage is necessary to ensure that participants are able to achieve and maintain sobriety. Treatment studies indicate that participants generally need about 200 hours of counseling total, starting with about 6-10 hours per week, and decreasing gradually over 9-12 months, depending on their individual assessed need. Work to ensure that treatment providers are engaging and retaining participants in services for the necessary intensity and duration.



	Best Practices and Standards	Suggested recommendation language if BP is marked “no” or “not met”
6	<b>BP #36</b> 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.	Specify a minimum amount of individual treatment or case management sessions that each participant will receive, ideally at least weekly in the first phase. Programs that established guidelines about the frequency of individual treatment sessions the participants should receive have significantly lower recidivism than programs that do not have these guidelines. Individual sessions allow a person who is not comfortable or ready to share and process difficult personal issues in a group setting to make progress. Individual work can also help identify a person’s needs and help them access services and resources to help them be more successful in their recovery.
7	<b>BP #41</b> Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes (are evidence-based).	One of the most important elements of a successful drug court is the quality of treatment services provided. The treatment provider must incorporate services consistent with the drug court model and treatment best practices (such as evidence-based practices, culturally appropriate approaches, cognitive behavioral therapy, manualized treatment, and trained/licensed professionals; maintaining fidelity to their treatment models, and appropriately matching individuals to services based on assessed needs).
8	<b>BP #45</b> The Drug Court offers gender specific services.	It is suggested that treatment services be responsive to gender, among other characteristics. Programs that offer gender-specific services have significantly lower recidivism than programs that do not provide these services.



	Best Practices and Standards	Suggested recommendation language if BP is marked “no” or “not met”
9	<b>BP #51</b> The minimum length of the Drug Court program is 12 months or more.	The program is encouraged to establish a minimum 12 months of supervision and treatment for drug court participants as research demonstrates that programs that are 12 months or longer have significantly better outcomes (lower recidivism and higher cost savings). Participant phases should also reflect the time in which participants are actually enrolled in program.
10	<b>BP #54</b> 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.	The program is encouraged to include relapse prevention as an essential component of the program, including the participant receiving assistance in developing a relapse prevention (recovery) plan, and guidance during a phase of services after the end of treatment, to transition the person into natural supports in the community that will remain after the end of the program. It is important that the participant identify, practice, and feel comfort with prosocial activities and positive supports that he or she will remain involved with after the end of the program.
11	<b>BP #55</b> 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)	Establish a policy for drug court or treatment staff to follow up on participants after discharge to check on their progress, offer advice and encouragement, and provide referrals for additional treatment when indicated. Discussions need to occur regarding agency roles and responsibilities and how the program would facilitate coordination of this service within or outside of the judicial context. Monthly phone calls for the first 3 months after treatment completion could be implemented as an aftercare tool.



	Best Practices and Standards	Suggested recommendation language if BP is marked “no” or “not met”
12	<b>BP #56</b> The Drug Court conducts a complete assessment of the primary drug court participant and of the family members as well assessing multiple areas for strengths and needs (basic needs/ medical and dental/child care/educational/behavioral-social-emotional/trauma, etc.).	Participants are affected by the people in their families and households, so it is beneficial to be inclusive and holistic in your approach to treatment and case management. Conducting a comprehensive assessment of the participant and his or her family, and providing referrals to needed services, will maximize the participant’s likelihood of success. In addition, programs that offer family/domestic relations counseling have significantly greater reductions in recidivism than programs that do not have this service.
13	<b>BP #63</b> Drug urinalysis results are back to Drug Court within 48 hours or less.	Establish protocols to obtain drug testing results as soon as possible, and within 48 hours at the longest. Effective behavior modification relies on rapid response to behavior, and that includes a quick response when participants have used or relapsed.
14	<b>BP #64</b> Drug Court drug tests are collected at least two times per week on average throughout drug court phases.	The program should administer drug tests on participants twice per week on average (at a minimum) during all phases of the program. A standardized system of drug testing, coordinated with probation and parole guidelines, should continue through the entirety of the program. Details of the drug testing schedule should also be documented by the program in the policy and procedure manual or other related materials.



	Best Practices and Standards	Suggested recommendation language if BP is marked “no” or “not met”
15	<b>BP #66</b> The Drug Court places as much emphasis on incentives as it does on other infractions.	<p>Incentives are key to shaping participant behavior.</p> <p>Brainstorm about ways to institute rewards that require little funding. Possible rewards that are being used in other drug courts include calling those participants who are doing well first during drug court sessions and letting them leave early, conducting a fishbowl drawing of all those who are doing well, or giving candy (such as a candy bar or M&amp;Ms) to those being promoted. The fishbowl drawing is rewarding to participants in many ways. It allows the drug court to call out the names of all those in the bowl who are doing well so that the participants have the reward of recognition. Since only the participant whose name is drawn will get the tangible reward, this strategy cuts down on cost. Finally, having their name in the bowl becomes added motivation for the participants to do well.</p> <p>The advisory committee can serve as a connection to community resources to access rewards that may need to be purchased or donated. Approach community partners and encourage additional community outreach to build connections to access rewards and incentives that are meaningful and motivating to participants. The team could also consult with other programs that have been successful at obtaining donations and partnerships. In addition, sometimes local grants are available to provide incentives and rewards.<i>{You can also mention the benefits of having a 501(c)(3), to be able to accept donations and allow donors to claim them as a deduction, as well as to be eligible for different types of grants.}</i></p> <p>Additional ideas and examples can be found at this Web site: <a href="http://www.ndcrc.org">http://www.ndcrc.org</a>.</p>



	Best Practices and Standards	Suggested recommendation language if BP is marked “no” or “not met”
16	<b>BP #70</b> 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).	One of the goals of the program is to ensure that participants are fully aware of the relationship between their actions and resulting sanctions. Research has demonstrated that for sanctions and rewards to be most beneficial, they need to closely follow the behavior that they are intended to change or reinforce. Implement procedures/guidelines that allow sanctions to be imposed more quickly so they are more strongly tied to infractions which will have a greater impact.
17	<b>BP #76</b> The Drug Court has a range of progressive sanctions of varying magnitudes that may be administered in response to program noncompliance.	The program should have a range of options for responses to participant non-compliance. A set of “graduated sanctions,” from simple and mild, increasing in severity, allows the team to impose more serious sanctions for continued or more serious non-compliance. It also reminds the team of the range of earlier options available. Sanctions should be individualized to address the response that will be most impactful for a particular participant and fair across the program. Samples can be found at <a href="http://www.ndcrc.org">http://www.ndcrc.org</a> .
18	<b>BP #81</b> Jail sanctions are imposed judiciously, sparingly and progressively. Jail sanctions are definite in duration and last no more than three to five days.	The effectiveness of jail as a sanction tapers off within 3-4 days (particularly in high-risk individuals). This results in increasing the use of resources while gaining little in return. Jail sanctions should be used judiciously and as a last resort, with program responses gradually building towards its use.
19	<b>BP #92</b> Judge regularly attends pre-court team meetings (staffings) to review each participant’s progress and potential consequences and incentives for performance.	Ensure that the Judge attends team meetings (staffings). Participating in these meetings allows the judge to hear from multiple team members, who each see something different and may see participants at different times, which may offer additional, useful information for the team to draw from in determining court responses that will change participant behavior.



	Best Practices and Standards	Suggested recommendation language if BP is marked “no” or “not met”
20	<b>BP #93</b> 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.	The team should review the current frequency of judicial interaction with participants and whether to increase the frequency of court hearings for participants. Research shows that participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks. More frequent reviews may be warranted for people who are assessed as very high risk/high need or who demonstrate that they need additional supervision.
21	<b>BP #94</b> The judge spends a minimum of approximately 3 minutes at a minimum interacting with each participant in court.	An <i>average</i> of three (3) minutes per participant is related to graduation rates 15 percentage points higher and recidivism rates that are 50% lower than drug courts that spend less than 3 minutes per participant.
22	<b>BP #99</b> Specific goals and objectives have been established to measure the effectiveness of the program.	The drug court team should have a shared understanding of the goals and objectives of the program. Establish a regular interval for reviewing program data and statistics as a team. Consider bringing in an evaluator to assist you. Use your data or evaluation results to analyze operations, modify program procedures, gauge effectiveness, change therapeutic interventions, measure and refine program goals, and make decisions about continuing or expanding the program.



	Best Practices and Standards	Suggested recommendation language if BP is marked “no” or “not met”
23	<b>BP #105</b> The program collects data and assesses whether members of historically disadvantaged groups receive the same dispositions as other participants for completing or failing to complete the Drug Court.	One of the national drug court standards is to ensure that citizens who have historically experienced discrimination or reduced opportunities because of race/ethnicity, gender, sexual orientation or identity, physical or mental disability, religion, or socioeconomic status have the same opportunities to participate and succeed in drug court as people from other groups. As a first step, it is important that programs monitor participant admission and completion rates and reasons for non-completion by these participant characteristics to ensure that everyone has the same opportunities and to address disparities if they exist.





## Montana Drug Courts Peer Review Process

### s. Summary Report Template

BLUE TEXT INDICATES AREAS FOR THE PEER TO FILL IN.

RED TEXT INDICATES INSTRUCTIONS FOR THE PEER.

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

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

#### Background and Overview

A peer review process was conducted with (NAME OF PROGRAM) on (DATE[S] OF VISIT) by (NAME OF PEER REVIEWER[S]). This report summarizes the highlights of the review process.

#### Summary of Best Practices & Standards

The following practices that follow national standards 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.

[ATTACH COMPLETED PEER REVIEW BEST PRACTICE TABLE AT THE END OF THIS REPORT IN THE SPOT INDICATED]

[KEEP ANY PRACTICES IN THE LIST BELOW {items that are marked with an "H" (meaning "High priority") on the best practice table} THAT ARE SCORED "YES" or "Fully Met" FROM THE BEST PRACTICE TABLE; MOVE THE OTHERS TO THE RECOMMENDATIONS LIST. IF ANY ITEMS ARE MOVED, REPLACE THEM (BELOW) WITH OTHER "YES" or "Fully Met" ITEMS FROM THE CHECKLIST, TO MAINTAIN A LIST OF APPROXIMATELY 20 HERE WHENEVER POSSIBLE.]

1. **BP #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.
2. **BP #21** The initial appearance before the drug court judge occurs soon after arrest or apprehension (50 days or less).
3. **BP #26** The Drug Court fee is based on an ability to pay.
4. **BP #29** Treatment is used as a supportive/therapeutic response not as a sanction.
5. **BP #35** 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).



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6. **BP #36** 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.
7. **BP #41** Treatment providers administer behavioral or cognitive-behavioral treatments that are documented in manuals and have been demonstrated to improve outcomes (are evidence-based).
8. **BP #45** The Drug Court offers gender specific services.
9. **BP #51** The minimum length of the Drug Court program is 12 months or more.
10. **BP #54** 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.
11. **BP #55** 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)
12. **BP #56** The Drug Court conducts a complete assessment of the primary drug court participant and of the family members as well assessing multiple areas for strengths and needs (basic needs/ medical and dental/child care/educational/behavioral-social-emotional/trauma, etc.).
13. **BP #63** Drug urinalysis results are back to Drug Court within 48 hours or less.
14. **BP #64** Drug Court drug tests are collected at least two times per week on average throughout drug court phases.
15. **BP #66** The Drug Court places as much emphasis on incentives as it does on other infractions.
16. **BP #70** 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).
17. **BP #76** The Drug Court has a range of progressive sanctions of varying magnitudes that may be administered in response to program noncompliance.
18. **BP #81** Jail sanctions are imposed judiciously, sparingly and progressively. Jail sanctions are definite in duration and last no more than three to five days.
19. **BP #92** Judge regularly attends pre-court team meetings (staffings) to review each participant's progress and potential consequences and incentives for performance.



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20. **BP #93** 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.
21. **BP #94** The judge spends a minimum of approximately 3 minutes at a minimum interacting with each participant in court.
22. **BP #99** Specific goals and objectives have been established to measure the effectiveness of the program.
23. **BP #105** The program collects data and assesses whether members of historically disadvantaged groups 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.

[CREATE A LIST OF RECOMMENDATIONS FOR ANY PRACTICE CODED AS "NO" or "Not Met" IN THE BEST PRACTICE TABLE THAT IS NOT INCLUDED BELOW. ATTACH THAT LIST AT THE END OF THIS REPORT.]

[INCLUDE RECOMMENDATIONS RELATED TO ANY OF THE 23 PRACTICES FROM THE LIST ABOVE THAT WERE MOVED TO THIS LIST BECAUSE THEY WERE "NO" or "Not Met" IN THE BEST PRACTICE TABLE. IF THERE ARE FEWER THAN 5 PRACTICES CODED "NO" or "Not Met" IN THE LIST ABOVE, INCLUDE ANY OTHER RECOMMENDATIONS FROM THE BEST PRACTICE TABLE WHERE QUESTIONS WERE ANSWERED "NO" or "Not Met" UP TO 5 ITEMS TOTAL {TO ALLOW THE PROGRAM TO FOCUS ON KEY RECOMMENDATIONS}. IF THERE ARE MORE THAN 5 PRACTICES FROM THE LIST ABOVE THAT ARE CODED "NO" or "Not Met," SELECT THE 5 THAT SPAN THE WIDEST RANGE OF KEY COMPONENTS/TOPICS, OR THAT ARE OF GREATEST CONCERN TO THE PROGRAM OR TO YOU. RECORD ANY ADDITIONAL RECOMMENDATIONS AT THE END OF THIS REPORT. CONSULT JEFF KUSHNER IF YOU NEED ASSISTANCE PRIORITIZING.]

**RECOMMENDATION 1:**

**RECOMMENDATION 2:**

**RECOMMENDATION 3:**

**RECOMMENDATION 4:**

# Montana Drug Courts Peer Review Process



## RECOMMENDATION 5:

### 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 (ADD NUMBER) participants. Here is a summary of their feedback.

[BASED ON THE RESULTS OF ANY FOCUS GROUP OR PARTICIPANT INTERVIEWS YOU CONDUCTED DURING THE VISIT, INCLUDING A **BRIEF** SUMMARY HERE OF WHAT PARTICIPANTS LIKED, DISLIKED, AND SUGGESTED AS PROGRAM IMPROVEMENTS. INCLUDE ANY FEEDBACK YOU THINK IS USEFUL AND RELEVANT TO PROGRAM OPERATIONS.]

Participants most like and appreciate the following parts of the program: (ADD WHAT PARTICIPANTS LIKE – QUESTION 2 AND ANYTHING POSITIVE FROM QUESTIONS 4-6)

- (STRENGTH)
- (STRENGTH)
- (STRENGTH)
- (STRENGTH)

Participants reported that the following parts of the program are most challenging for them: (ADD WHAT PARTICIPANTS DISLIKE – QUESTION 3 AND ANY CONCERNS FROM QUESTIONS 4-7)

- (CHALLENGE)

Participants offered the following suggestions for the program to consider: (ADD WHAT PARTICIPANTS SUGGESTED – QUESTION 8)

- (SUGGESTION)
- (SUGGESTION)

### Additional Observations

[ADD ANY ADDITIONAL INFORMATION HERE THAT IS IMPORTANT BUT HASN'T BEEN INCLUDED YET]

- **INNOVATIVE PRACTICES** THAT THIS COURT HAS IMPLEMENTED
- **OTHER POSITIVES OR HIGHLIGHTS**
- ANY **CONCERNS** THAT YOU WANT TO SHARE THAT ARE NOT INCLUDED ELSEWHERE {HOWEVER, BE THOUGHTFUL WHEN INCLUDING INFORMATION OR IMPRESSIONS IN THIS REPORT AS IT WILL BE CONSIDERED A PUBLIC DOCUMENT. IF YOU HAVE SENSITIVE INFORMATION, PLEASE DISCUSS IT WITH THE RELEVANT PROGRAM STAFF IN THE DEBRIEF OR ADVANCE OF SENDING THE REPORT AND CONSIDER WHETHER OR HOW



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BEST TO PRESENT IT IN WRITTEN FORMAT. FEEL FREE TO CONTACT JEFF KUSHNER IF YOU NEED ADVICE OR GUIDANCE.}

- ANY GENERAL **SUCCESSES OR ACCOMPLISHMENTS** THAT YOU WANT TO HIGHLIGHT
- **QUESTIONS** THAT WERE RAISED BY THE PROGRAM THAT YOU DON'T KNOW THE ANSWER TO OR THAT REQUIRE RESEARCH – JEFF KUSHNER WILL RESPOND TO THE PROGRAM
- **TECHNICAL ASSISTANCE OR TRAINING NEEDS OR REQUESTS** – JEFF KUSHNER WILL RESPOND TO THE PROGRAM]

### 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.



## Montana Drug Courts Peer Review Process

### Recommendation Review Form

Please complete the following table for each recommendation. For any recommendation there may be multiple tasks in the action plan. **[PLEASE INSERT THE KEY RECOMMENDATIONS FROM THIS REPORT UNDER THE "RECOMMENDATION" COLUMNS BELOW]**

Recommendation	Responsible individual, group, or agency	Action plan	Target dates	TA or training needed?
1. (RECOMMENDATION)				
2. (RECOMMENDATION)				
3. (RECOMMENDATION)				
4. (RECOMMENDATION)				
5. (RECOMMENDATION)				

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

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

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

**Target 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.**



## Montana Drug Courts Peer Review Process

### Checklist of Guidelines and Standards

**INSERT COMPLETED BEST PRACTICE TABLE HERE**

### Additional Recommendations

**INSERT LIST OF ANY RECOMMENDATIONS NOT INCLUDED EARLIER IN THE REPORT**



## Montana Drug Courts Peer Review Process

### **t. Sample Peer Review Summary Report #1**





## **Montana Drug Courts Peer Review Process**

### **u. Sample Peer Review Summary Report #2**



### v. Policy Questions and Answers

- Can we share information about the peer review of a particular program outside of the program?
  - The peer review final report is public record, since the review is of a public agency. Interested parties would request a copy of the report from OCA.
    - The supplemental notes and materials collected during the peer review count as part of the public record
    - The online survey (hosted by NPC) is not included, though materials downloaded from that system and used for the review are included.
  - Peers, OCA, and contractors can, in oral and written communication with interested parties, share positive information and examples of creative or innovative practices the program is willing to share.
  - Peers, OCA, and contractors cannot share areas the program needs or other concerns with anyone outside of the peer review process, unless they have permission from the program, or unless a request is made through the OCA. Examples of need or concern areas can be used in written or oral communication if they can be provided without identifying the program.
- How long will the peer review last?
  - Approximately 2 days is the norm.
  - Depending on the location of the program in relation to the peer(s), travel may occur outside of the 2 days that are spent on site, up to a total of 3 days.
  - Large or multiple drug court docket programs with numerous partners might require additional time for phone interviews if the peer(s) is unable to meet with everyone (all key partners) during the 2-day visit.
  - Depending on the schedules of the program and the peer(s), the 2 days on site do not necessarily need to be consecutive, though in most cases they probably will be. Peers will discuss with OCA staff prior to conducting a visit that is planned for non-consecutive days, to ensure the plans fit within the agency's travel budget.
- How frequently will a program be reviewed?
  - We hope every 3 years on a regular rotation; possibly every 2 years once the system is up and running.
  - Every adult drug court program that receives funding by or through the OCA will complete the peer review process. Eventually juvenile and family drug courts will be included.
  - Programs will also be informed if OCA has a concern and believes that the program would benefit from a review outside of the regular rotation or if the OCA decides to require a review as a condition of future funding.
- Would multiple drug court dockets within the same county have combined or separate reviews?
  - If a drug court docket has a similar team, policies, and practices as another drug court docket (e.g. a county has both a veterans court and an adult drug court) and there are some differences, but overall commonality, a combined best practices table may be created.



## Montana Drug Courts Peer Review Process

- How are the reviews funded?
  - OCA will set aside funds to cover the travel costs.
    - Travel expenses incurred due to participation in the peer review process (mileage, hotel, per diem, parking, etc.) will be reimbursed by the OCA (separately from program grant dollars), consistent with State Travel Policy.
  - Peer reviewers are volunteers who are not paid separately for the time they spend conducting a review.
    - Peers who are currently part of a drug court team funded by OCA can spend their time on peer review activities. Partner agencies are encouraged to allow these individuals to use their work hours to conduct these activities and not require them to take vacation or leave to participate.
    - Peers who are not part of a drug court team funded by OCA will need to consult with their employer regarding receiving time to participate.
- Any peer or program staff who cannot participate in a peer review due to a conflict of interest need only inform OCA staff of a possible conflict.
  - When a peer is approached by OCA staff to consider conducting a review of a site, that person will let OCA know if he/she feels uncomfortable or that it would not be appropriate for a specific reason to conduct the peer review of that program.
- Peer review volunteers should review programs where there is not a peer who has reviewed their program (to achieve independence and variety of experiences/information).
- In most cases, the members of the review team will come from a different drug court program.
  - Although there are advantages of having peers from different teams, the OCA will normally pair peer reviewers coming from the same team to simplify travel and planning logistics and create efficiencies in organizing the review. Other advantages include leveraging the existing relationship and understanding of each others' work styles, and the potential that their time away will not conflict with program activities (particularly if any meetings or sessions are shifted to accommodate the peer's absence during the site visit), so this arrangement will be looked at first in pairing teams.

## Montana Drug Courts Peer Review Process



### w. Peer Review Resources/Contacts

<b>Office of the Court Administrator</b> Ste 328, PO Box 203005 Helena, MT 59620-3005 (406) 841-2950	<b>NPC Research</b> Northwest Professional Consortium, Inc. (NPC Research) 5100 SW Macadam Ave., Suite 575 Portland, OR 97239 Fax: 503-243-2454 <a href="http://www.npcresearch.com">www.npcresearch.com</a>	<b>Juliette R. Mackin, Ph.D.</b> Co-President Director of Quality and Training Office: 503-243-2436 x114 Mobile: 971-244-3655 <a href="mailto:Mackin@npcresearch.com">Mackin@npcresearch.com</a>
<b>Jeffrey Kushner</b> Statewide Drug Court Coordinator Phone: (406) 202-5352 <a href="mailto:JKushner@mt.gov">JKushner@mt.gov</a> P.O. Box 157 Victor, MT 59875	<b>Shannon Carey, Ph.D.</b> Executive Vice President Senior Research Associate Office: 503-243-2436 x104 Mobile: 503-957-9363 <a href="mailto:Carey@npcresearch.com">Carey@npcresearch.com</a>	



### **X. Consent Form Required Points and Forms**

According to the Legal Action Center, “Confidentiality and Communication—A Guide to the Federal Drug and Alcohol Confidentiality Law and HIPAA,” a consent form must be in writing and contain each of the following items:

1. The name or general designation of the program(s) making the disclosure;
2. The name of the individual or organization that will receive the disclosure;
3. The name of the patient who is the subject of the disclosure;
4. The purpose of need for the disclosure;
5. A description of how much and what kind of information will be disclosed;
6. The patient’s right to revoke the consent in writing, and the exceptions for the right to revoke or, if the exceptions are included in the program’s notice, a reference to the notice;
7. The program’s ability to condition treatment, payment, enrollment or eligibility of benefits on the patient agreeing to sign the consent, by stating either that the program may not condition these services on the patient signing the consent, or the consequences of the patient refusing to sign the consent.
8. The date, event or condition upon which the consent expires if not previously revoked; the signature of the patient (and/or other authorized person); and
9. The date on which the consent is signed.

The following forms (next two pages) contain sample consent forms.



SAMPLE CONSENT FORM

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:  
CRIMINAL JUSTICE SYSTEM REFERRAL**

I, \_\_\_\_\_, hereby consent to

(Name of drug court defendant)

Communication between \_\_\_\_\_ and

(Name of general designation of alcohol/drug program making disclosure)

---

(Name of drug court, probation, parole and/or other referring agency)

The purpose of and need for the disclosure is to inform the criminal justice agency(ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and \_\_\_\_\_

I understand that this consent will remain in effect and cannot be revoked by me until:

\_\_\_\_\_ there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment, or

---

(Specify other time when consent can be revoked and/or expires)

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA" 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that recipients of this information may redisclose it only in connection with their official duties.



## Montana Drug Courts Peer Review Process

I understand that generally (insert name of program) may not condition my treatment on whether I sign a consent form, but in certain limited circumstance I may be denied treatment if I do not sign a consent form.

---

(Dated)

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( Signature of Defendant/Patient)

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(Signature of parent, guardian or authorized representative

if required)



SAMPLE CONSENT FORM

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, authorize

\_\_\_\_\_  
(Name of drug court participant)

\_\_\_\_\_  
(Name of general designation of alcohol/drug program making disclosure)

to disclose to \_\_\_\_\_ the

\_\_\_\_\_  
(Name of person or organization to which disclosure is to be made)

Following information: \_\_\_\_\_

\_\_\_\_\_  
(Nature and amount of information to be disclosed: as limited as possible)

The purpose of the disclosure authorized in this is to:

\_\_\_\_\_  
(Purpose of disclosure, as specific as possible)

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

\_\_\_\_\_  
(Specification of the date, event or condition upon which this consent expires)

I understand that generally (insert name of program) may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Dated \_\_\_\_\_ Signature of Patient \_\_\_\_\_

\_\_\_\_\_  
Signature of parent, guardian or authorized representative where required