



# **SUPREME COURT OF PENNSYLVANIA**

## **Administrative Office of Pennsylvania Courts Problem Solving Court Program Office**

### **Accreditation Program Adult Drug and DUI Courts**

**Established August 1, 2011  
Revised May 7, 2015**

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## EXECUTIVE SUMMARY

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In August, 2011, the Supreme Court of Pennsylvania approved the Accreditation Program for Adult Drug and DUI Courts. This project was initially considered in response to outreach by the Pennsylvania Commission on Sentencing to the Problem Solving Court Program Office (PSCPO) in the Administrative Office of the Courts (AOPC). The Commission was responding to concerns expressed by judges about the perception of leniency when sentencing data from a judge presiding over a problem solving court was reviewed "out of context." That, in addition to the fact accreditation would provide a quality assurance mechanism for the Supreme Court, lead to development of this program.

Close adherence to evidence based practices has a direct correlation with program outcomes. The objective of the accreditation process is to assess a problem solving court's adherence to the "Ten Key Components of Drug Courts" and utilization of the best practices known to the field.

Over the past three years, the accreditation process has proven beneficial to both the individual court programs as well as statewide coordination efforts. For example, the application process has encouraged individual drug courts to revisit policies and procedures that have been in place for some time and revise them using the most up-to-date research. Counties have also reported benefits from having a review of their program's operation by a "fresh pair of eyes." As far as statewide coordination, the accreditation process has allowed the PSCPO to identify innovative practices and share those practices with programs around the Commonwealth. The PSCPO is better able to identify training needs throughout the Commonwealth as a result of this work with programs. It is fair to say the accreditation process has been and continues to be a positive learning experience for everyone involved.

### Accreditation Process

1. An application for accreditation, which is to be signed by both the President Judge and Presiding Judge of the problem solving court pursuing accreditation, is submitted to the PSCPO. Specified documents must accompany the application.
2. The problem solving court requesting accreditation must have been in operation at least one (1) year in order to be considered for accreditation.
3. The accreditation procedure will involve:
  - (a) a review of documents,
  - (b) a review of PAJCIS utilization,

- (b) a site visit to observe the court and conduct interviews, and
  - (c) verification of training requirements
4. If at any point during the accreditation process there is concern the program has fallen short of meeting requirements for accreditation, a meeting will be scheduled with the Presiding Judge and PSCPO representatives.
  5. After the accreditation review has been completed, a report will be generated and its findings reviewed by the Accreditation Advisory Committee, which will make recommendations to the PSCPO.
  6. The Program Administrator will meet with the Judge who presides over the problem solving court to review the findings of the report, recommendations from the Advisory Committee and the final determination of the Supreme Court.
  7. Upon receiving accreditation, the AOPC will support judges and local officials arranging a public announcement of accreditation.
  8. Accreditation will be valid for three years.

## **Benefits**

Supreme Court accreditation has had a positive influence on requests by courts pursuing sustainability funding.

The Pennsylvania Commission on Crime and Delinquency recognizes grant applications from programs that are accredited or actively pursuing accreditation.

The Sentencing Commission has taken specific steps to give context to sentencing data released for judges presiding over adult drug or DUI courts which have earned accreditation.

The accreditation status of a program will be considered by the Program Administrator when responding to requests for letters of support for grant applicants.

*May, 2015*

P. Karen Blackburn  
Program Administrator  
Problem Solving Courts

**AOPC**

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ADMINISTRATIVE OFFICE of PENNSYLVANIA COURTS

# INTRODUCTION

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## Background

The first adult drug court opened in Pennsylvania in 1997. Over the past eighteen years, the problem solving court movement in the Commonwealth has expanded beyond adult drug courts to include, among others, driving under the influence (DUI) courts, mental health courts, juvenile drug courts, and most recently veterans courts. In January 2015, the 100th problem solving court began operations.

In 2006, the Supreme Court of Pennsylvania officially recognized problem solving courts as an approach to processing cases. A Program Administrator was appointed to provide statewide coordination and an advisory committee to the Administrative Office of Pennsylvania Courts (AOPC) was created. On June 3, 2010, Governor Edward Rendell signed into law Act 30, authorizing the establishment of problem solving courts in Pennsylvania.

As problem solving courts have expanded throughout Pennsylvania, so have coordination efforts with executive and legislative offices at the county, state and federal levels. The accreditation program for problem solving courts is one of those efforts. After having been approached by judges expressing concern about the misperception of sentencing practices of judges presiding over problem solving courts, the Executive Director of the Pennsylvania Sentencing Commission contacted the Problem Solving Courts Program Administrator (Program Administrator) regarding these concerns. Sentencing data for judges presiding over these programs may, upon initial review, appear lenient until it becomes known these judges are presiding over a problem solving court. The Commission expressed a willingness to explore the idea of providing a context for data released on judges presiding over these courts if the Supreme Court could assure the Commission the court over which the judge was presiding was a problem solving court, following nationally recognized best practices.

After collaborating with the Sentencing Commission, the Program Administrator recommended accreditation as a structure for providing the assurance requested by the Commission. Accreditation would also provide a mechanism for the Problem Solving Court Program Office (PSCPO) to assess, on behalf of the Supreme Court, the quality of problem solving court operations, as they pertain to best practices in the field. The concept was presented to the liaison justice for problem solving courts, who supported the concept and instructed the PSCPO to proceed with development of a proposal for an accreditation program to be presented to the full Court.

On August 2, 2011, the Accreditation Program for Adult Drug and DUI Courts was approved by the Supreme Court, after which the protocol was distributed to President Judges and announced to the field. On August 3, 2011, Lancaster County's Adult Drug Court submitted the first application for accreditation.

## Accreditation Committee

On August 26, 2009, the Drug Court Accreditation Development Committee met for the first time. Membership on the committee included representatives of the justice agencies typically included on a problem solving court team. Committee members were:

Mark H. Bergstrom – Co-Chair  
Executive Director  
PA Commission on Sentencing

P. Karen Blackburn – Co-Chair  
Program Administrator  
Administrative Office of PA Courts

John T. Adams  
District Attorney  
Berks County

Judge David L. Ashworth  
Court of Common Pleas  
Lancaster County

Erica Bartlett  
Public Defender  
Defender Association of Philadelphia

Jennifer Lopez  
Deputy Chief, Adult Probation and Parole  
Chester County

Pamela Myers  
Drug and Alcohol Program  
Blair County

Linda Rosenberg  
Deputy Director  
PCCD

James E. Schriener  
Adult Probation  
Lycoming County

Although an accreditation process for all problem solving courts in Pennsylvania is the ultimate goal, at the first meeting the group agreed the initial focus should be on adult drug courts and DUI courts, given the breadth of research in this area. The committee adopted the following definition for an adult drug /DUI court.

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 other habilitation services (BJA, 2005).

To guide its work, the committee developed the following mission, goals and objectives.

### *MISSION:*

Establish a protocol for the Supreme Court of Pennsylvania to accredit adult drug courts and DUI courts throughout the Commonwealth that utilize nationally recognized best practices for program operation.

Revised May, 2015

*GOAL I:*

Assess operating criteria for adult drug/DUI court programs in Pennsylvania

*Objectives:*

- (a) ensure accredited programs have in place policies and procedures to guide operations
- (b) ensure accredited programs have available a reference document, to be provided to participants, upon admission

*GOAL II:*

Develop a quality assurance assessment tool for adult drug/DUI court programs

*Objectives:*

- (a) assure accredited programs are adhering to Ten Key Components of drug courts
- (b) assure accredited programs utilize best practices for operation of adult drug and DUI courts, as determined by national studies and meta-analyses of those studies

Over the next year, the committee met on a regular basis and developed an application procedure and accreditation process for Pennsylvania's adult drug and DUI courts.

In 2015, three years after the accreditation program was launched, representatives from the PSCPO and experts from the field met to review the accreditation program and discuss the upcoming expiration of accredited status for the first programs to earn this distinction. After careful review, minor changes were made to the original program guidelines. The *Adult Drug Court Best Practice Standards, Volume I* released by the National Association of Drug Court Professionals (NADCP) in 2013 was adopted as a tool in this review process. Utilization of Pennsylvania's Problem Solving Adult and Juvenile Court Information System (PAJCIS) was added as a requirement for accreditation. The number of required continuing education hours in problem solving courts was increased from three (3) to six (6).

This group of experts then developed guidelines for a three-year renewal of accreditation, which were released on April 9, 2015. Upon conclusion of the full six year period, which includes the initial accreditation period and the renewal, programs will go through the full accreditation review in order to retain accredited status.

## **Incentives for Accreditation**

During discussions around incentives for pursuing accreditation, the following were identified as key benefits:

1. Supreme Court accreditation has proven valuable to districts pursuing sustainability funding.
2. The Pennsylvania Commission on Crime and Delinquency gives priority to grant applications from accredited problem solving courts applying for continuation funding, program enhancement, program expansion, or startup funding for a new problem solving court in that jurisdiction.
3. The Pennsylvania Sentencing Commission will provide a context for sentencing data from judges presiding over accredited problem solving courts (Attachment #1).
4. In responding to requests for letters of support, the PSCPO will take into consideration the accreditation status of the applicable program.
5. Any changes to sentencing guidelines specific to problem solving courts will be available to judges presiding over accredited court programs.



## APPLICATION PROCESS

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The accreditation process begins with an application from the judicial district. The application form and program guidelines are available from the AOPC website or by contacting the AOPC Problem Solving Court Program representative, who will forward the application package and answer any questions about the process. Attachment #2 is the application. Applications must be submitted by the President Judge of the judicial district and will be considered on a first come–first serve basis. Applications must contain signatures of both the President Judge and the Presiding Judge of the problem solving court and must include as attachments:

- (1) policy and procedures manual,
- (2) participant handbook or equivalent,
- (3) list of drug court team members,
- (4) the most recent evaluation, if applicable, and
- (5) copies of training certificates

Judicial districts are asked, if possible, to submit both a hard copy and an electronic copy via email attachment, of all materials.

In order to be considered for Supreme Court accreditation, a program must have been in operation a minimum of one (1) year. If the program is successful in achieving accreditation, the accreditation will be valid for three (3) years, after which the accredited court may apply for renewal. If successful, the program will remain in an accredited status for three (3) additional years, after which programs should expect to go through the full accreditation review process. At any point a triggering event, as determined by the AOPC, may result in an interim review of the program status. Triggering events might include but are not limited to a change in stakeholders (judge, district attorney, defense bar), loss of participation of stakeholders, change in treatment facility licensing, or a change in Presiding Judge. A triggering event and need for an interim review will be determined by the Program Administrator in the AOPC.

Receipt of applications will be acknowledged by the Program Administrator. Regular communication between the PSCPO and the point of contact listed on the application will continue throughout the accreditation process. Any questions that arise during the accreditation process will be directed to the point of contact on the application.

# PROGRAM ASSESSMENT

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Accreditation is a multi-step process that includes a review of program documents, certificates of training, PAJCIS utilization and a review of the program operation during a site visit to the applicant court. After these are completed, a report of findings is forwarded to the Accreditation Advisory Committee to the AOPC, which is a group of problem solving experts from around the Commonwealth. The committee members review the report and provide comments. The report and comments are then used by the Program Administrator to develop a final recommendation to the Supreme Court.

## Document Review

Step one of the accreditation process will be a review of program documents, including the Policy and Procedures Manual, the Participant Handbook (or equivalent) and Memoranda of Understanding (or equivalent) between participating agencies. The requirements of the Policy and Procedures Manual follow the framework developed by the National Association of Drug Court Professionals (NADCP) and used as part of the National Drug Court Institute's Implementation Training. Attachment #3 identifies the minimum requirements of this manual.

Although a Participant Handbook is the ideal, it is not required; however, some type of participant information sheet is necessary. Upon entering the program, drug court participants are provided a huge volume of information in a short period of time. Written information, which can be reviewed periodically after admission, is essential. At a minimum, the participant should be provided with a reference document that includes:

1. overview of program
2. phase requirements, including graduation
3. drug testing requirement
4. rules and regulations, and
5. contact information for important points of contact

Several model handbooks are available from the AOPC.

## Training Requirements

Step two addresses the need for continuing education in the problem solving court field. In order for a court to be accredited, each core drug court team member will be required to earn at least six (6) hours of continuing education credits each year in the problem solving court field.<sup>1</sup> Although team membership may vary slightly from program to program, core team members include judge, defense bar, prosecutor, coordinator,

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<sup>1</sup> It should be noted, the number of continuing education credits increased from three (3) hours to six (6) hours.  
Revised May, 2015

probation and treatment provider. In many districts, the probation officer fills the coordinator's role.

The source and nature of the training must be identified. Verification will be required for credits earned over the past twelve months.

## **PAJCIS**

In 2013, the PSCPO launched a statewide case management system for problem solving courts – PAJCIS. The system, which is hosted and maintained by the AOPC, includes an analytical component that allows programs to use real-time case management data to monitor program operations and generate performance measures on each individual problem solving court. This data is also available to the PSCPO for reporting statewide performance to the Supreme Court.

Step three of the accreditation process will be review of the applicant program's utilization of PAJCIS, which will be conducted prior to the site visit.

## **Site Visit**

The next step in the accreditation process will involve a site visit by a representative of the PSCPO, during which adherence to the "Ten Key Components of Drug Courts" and utilization of best practices will be assessed.

In January, 1997, a diverse group of drug court practitioners and other experts from across the country came together and developed a document organized around "Ten Key Components," which are the basic elements that define drug courts. Performance benchmarks, developed to provide guidance for implementing each component, were included in the final report. These benchmarks were designed to describe the very best practices, designs and operations of drug courts, known at the time. The benchmarks were meant to serve as a practical, yet flexible framework for developing effective drug courts in vastly different jurisdictions (BJA, 1997). In 2004, the United States Department of Justice reprinted *Defining Drug Courts: The Key Components*. In 2009, Dr. Douglas Marlowe, the Director of Policy and Research for the National Association of Drug Court Professionals, completed a study that included a meta analyses – study of studies – of best practices in drug courts. Dr. Marlowe's research confirmed fidelity to the "Ten Key Components" is essential if a court hopes to realize the best outcomes possible.

The Drug Court Accreditation Development Committee therefore decided to assess adherence to the benchmarks for each key component as part of the accreditation process in Pennsylvania. Adherence will be assessed through observation, review of documents, an interview or may be contained in the policy and procedures manual, as indicated on Attachment #4.

More research has been published on the effects of drug court than virtually all other criminal justice programs combined. This research laid the foundation for the National Association of Drug Court Professionals 2013 publication of *Adult Drug Court Best Practice Standards, Volume 1*. These standards resulted from an exhaustive review of the extensive, reliable and convincing scientific research available on drug courts and where there was adequate research, consolidated that research into a “Best Practice Standard.” The evidence behind these standards has been part of conferences and trainings for many years. The evidence-based practices reflected in the *Adult Drug Court Best Practice Standards*, as they relate to the “Ten Key Components” and supporting documents, will be considered during the accreditation review process, as indicated in Attachment #5.

## COMMITTEE REVIEW AND FINAL RECOMMENDATION

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Neither the “Best Practice Standards” nor the original “Ten Key Components” are exhaustive. Therefore, the experience of the Accreditation Advisory Committee members and their assessment of a problem solving court’s operation is an essential and necessary component of this accreditation process.

After the site visit, the representative from the PSCPO completing the process will prepare a report of findings. The report and findings will be distributed to the Accreditation Advisory Committee. Identifying information of the applicant court is removed during this process. Each committee member reviews the report and provides scores and comments, after which a conference call is held with the committee members and the PSCPO. The committee members discuss their observations and make recommendations to the PSCPO. The report and committee recommendations are used by the Program Administrator to develop a recommendation to the Supreme Court.

After a final determination is made by the Supreme Court, the PSCPO representative arranges a meeting between the PSCPO and the Presiding Judge of the problem solving court in the applicant district to review the report, comments from the Advisory Committee, and the decision of the Supreme Court.

### **Appeal Process**

If at any point during the process the PSCPO determines the applicant district has fallen short of meeting accreditation requirements, a meeting is scheduled with the Presiding Judge and the point of contact to discuss the shortcomings. A follow-up to the meeting is provided in writing by the Program Administrator to the Presiding Judge of the applicant court. The applicant court has the opportunity to either withdraw the application or appeal the determination.

The decision to withdraw must be made within fifteen (15) days after receiving the follow-up communication. If the decision is to withdraw the application, the district may reapply at any point.

The applicant court may appeal the determination of the PSCPO and elect to have the report move forward for review by the Accreditation Advisory Committee. The appeal must be submitted in the form of a letter to the PSCPO from the Presiding Judge of the problem solving court being considered for accreditation, with a copy to the President Judge. The letter and supporting documents must be received no more than fifteen (15) days after the applicant district has received follow-up communication from the PSCPO representative.

The Accreditation Advisory Committee will develop a response to the appeal within forty-five (45) days. That response will be provided to the PSCPO for use in making a final recommendation to the Supreme Court.

If the applicant district takes no action within the fifteen (15) day period, by default the program will be deemed not accredited.

Any program deemed not accredited must remain in that status for a minimum of one (1) year before re-applying.

## **ANNOUNCEMENT OF ACCREDITATION**

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The PSCPO representative will work with the judges and local officials to arrange to publically announce accreditation. The announcement will be in a format and or arena agreed upon by the Supreme Court, the President Judge of the judicial district and the Presiding Judge over the problem solving court. The PSCPO representative will be the point of contact for coordinating this event with the AOPC and Supreme Court.

## REFERENCES

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Marlowe, D. et al (2013) "*Adult Drug Court Best Practice Standards, Volume I.*"

Carey, S. et al (2009) *Best Practices in Adult Drug Courts: Reduce Recidivism and Costs.*  
Powerpoint.

Marlowe, D. (2009) *Best Practices in Drug Court.* Powerpoint.

United States Department of Justice. (1997) Office of Justice Programs, Bureau of Justice Assistance. "*Defining Drug Courts: The Key Components.*"



# ATTACHMENT #1

Email dated June 10, 2011 from Mark Bergstrom, Executive Director, Pennsylvania Commission on Sentencing:

*"Related to this and the accreditation, the Commission has agreed to take the following steps to support drug treatment courts which receive accreditation by the Supreme Court...*

*(1) for those accredited courts operating at the sentencing phase and imposing a county intermediate punishment sentence consistent with a clinical treatment recommendation (PCPC), the sentence will be considered a standard range sentence in conformance with the sentencing guidelines.*

*(2) for those accredited courts operating at the sentencing phase and imposing an aggravated, mitigated or departure sentence, a new sentencing reason (Drug Treatment Court accredited by the Supreme Court of Pennsylvania) will be added to the pull-down list of reasons and will be monitored by staff to assure only accredited courts are using this reason.*

*(3) for those accredited courts operating at any phase and wishing to track cases accepted into the drug court program (pretrial diversion program, sentencing alternative, parole/re-entry following total confinement), a check box will be added to the sanctions module of the Commission's SGS Web application, allowing for designation of an accredited court on the sentence guideline form and the preparation of a special report by the Commission or the county regarding drug court cases; the use of the check box will be monitored by staff to assure only accredited courts are checking the box.*

*(4) the Commission will add to its website a page dedicated to drug court accreditation, at which we will post the accreditation document (or link to same at AOPC), provide a list of the accredited courts (and any information the courts wish to provide for posting), and any other relevant information you wish to provide to inform users and the public of the accreditation program/courts.*

*(5) the Commission has developed and is testing internally a new application which will allow the public to prepare a variety of sentencing reports from our website. As we move toward deployment of this application, we will look to develop a specific report relating to accredited drug courts; however, since the data sets used to support these on-line public reports are those linked to publicly-release annual reports, this function will not contain accredited drug courts until July 2012 at the earliest.*

*In addition to the above, Commission members were clear that I should be available to the media and the public to discuss (and clarify/correct misinformation disseminated regarding) sentences imposed by accredited drug treatment courts.*

*I hope this is helpful and conveys the Commission's support for your efforts and the decision by the Supreme Court to establish this accreditation process. At your convenience, and after the Supreme Court has formally/publicly established this process, please forward any final documents that we should post or link from our web site. As we work to enhance our SGS Web application to incorporate the changes noted above, I hope we can call on you to review the specific language used to designate accredited courts.*

*Thanks.*

*:Mark*

***Mark H. Bergstrom, Executive Director  
Pennsylvania Commission on Sentencing***

***Capitol Complex Office***

*408 Forum Building  
Harrisburg, PA 17108-1045  
Office: 717.772.2150  
Fax: 717.772.8892*

***Penn State University Office***

*009C Brumbaugh Hall  
University Park, PA 16802  
Office: 814.863.4368  
Fax: 814.863.2129*

*Web: <http://pasentencing.us>*

## ATTACHMENT #2



**APPLICATION**  
**for**  
**SUPREME COURT ACCREDITATION**

**Adult Drug Court Program**

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Signature of President Judge

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Signature of Presiding Judge

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Name of Court

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Date of Application



COMMONWEALTH OF PENNSYLVANIA  
Adult Drug Court Program

"Application for Supreme Court Accreditation"

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Date of Application: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Type of Drug Court: \_\_\_\_\_ (pre-plea, post-plea pre-sentence, post sentence, IP, drug, DUI, co-occurring, hybrid Drug/DUI, etc.)

Describe: \_\_\_\_\_

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Drug Court Start Date: \_\_\_\_\_

Application Contact Person: \_\_\_\_\_ (name)  
\_\_\_\_\_ (position)  
\_\_\_\_\_ (email)  
\_\_\_\_\_ (phone)

Presiding Judge: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

Coordinator \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

- Attachments Required:
- (1) Policy and Procedures Manual
  - (2) Participant Information
  - (3) List of Drug Court Team Members
  - (4) Most recent evaluation, if applicable
  - (5) Training Certifications

## **Instructions:**

- Applications must be submitted by the President Judge of the judicial district.
- In order to be considered for Supreme Court accreditation, a program must have been in operation a minimum of one (1) year. The accreditation will be valid for three (3) years.

Any triggering events may result in an interim review of the program status. Triggering events might include but are not limited to a change in stakeholders (judge, district attorney, defense bar), loss of participation of stakeholders, change in treatment facility licensing, or a change in presiding judge.

- Applications, with attachments, should be forwarded to:

Problem Solving Courts Program Office  
Administrative Office of Pennsylvania Courts  
Supreme Court of Pennsylvania  
1515 Market Street, Suite 1414  
Philadelphia, PA 19102

- If possible, an electronic copy of the application and attachments should be sent to [Nevin.warner@pacourts.us](mailto:Nevin.warner@pacourts.us)
- An acknowledgement of the receipt of applications will be directed to the point of contact listed on the application. Any questions that may arise during the accreditation process will be directed to this point of contact.

## ATTACHMENT #3



**SUPREME COURT OF PENNSYLVANIA**  
**Administrative Office of Pennsylvania Courts**  
**Drug Court Accreditation**

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**POLICIES AND PROCEDURES MANUAL**  
*MINIMUM CONTENTS*

1. **Committee:** Membership on the drug court team is identified in the manual by name and position. The manual notes the agreement of this team to carry out the daily tasks involved in planning and monitoring operation of the drug court program. The group conducts staffing for the drug court program but also meets outside the court setting to review operations and discuss modifications to policies and procedures.
2. **Mission Statement:** A brief statement has been developed by the drug court team that reflects the purpose of the drug court program in this district.
3. **Goals and Objectives:** Goals (general statements) identifying what the program want to accomplish are noted.

Objectives are specific, concrete, measurable and time specific. Exactly what are you going to attempt to accomplish, for whom and in what time period.

4. **Structure/Model:** This section should identify the type of adjudication process for your drug court, i.e. post-plea, diversion, etc.
5. **Target Population:** This section lists the characteristics of the offenders the drug court team has identified for the drug court program.
6. **Eligibility Criteria:** The guidelines used to identify offenders eligible for the drug court program.
7. **Disqualification Criteria:** The guidelines which are used that make an offender ineligible for the drug court program.
8. **Entry Process:** This is the process by which the drug court program moves offenders from arrest to treatment/program entry.
9. **Phases:** Phases are the steps identified by the drug court team which clients must complete to progress through to complete the requirements of the drug court program. The manual should first identify the number of phases in the program and estimated length of time in each phase. This would be followed by a list of what is required in each phase to for a participant to move from one phase to the next. The list may not be all-inclusive.

**10. Termination Criteria:** The manual should identify the guidelines used to unsuccessfully release or terminate an offender from the drug court program. Although cases are reviewed individually, a list of what may result in termination is included in the manual.

**12. Graduation Criteria:** This section identifies what offenders must do to successfully complete the drug court program.

**13. Incentives and Sanctions:** Incentives are responses to compliance, perceived as positive, by the receiver. Sanctions are the imposition of a consequence, perceived as negative by the receiver, as a direct result of a prohibited activity. The manual should list incentives and sanctions agreed upon by the drug court team. The list need not be all inclusive.

**14. Treatment Protocol:** The manual should list the substance abuse treatment model that will be used to treat the drug court participants. The manual should also list the services available to the drug court program. Included in this section are how the drug court assessments will be done and the procedure for how to alter levels of care.

**15. Supervision Protocol:** The type of supervision/case management model that will be used to supervise/monitor the drug court participants is listed in this section. The manual should list the minimum set of dos and don'ts for program participants. The manual should require the conditions of supervision be attached to the file for participant.

**16. Testing Protocol:** What type of alcohol and drug screening model that will be used to test the drug court participants and for what they will be tested.

Include the type (i.e. swab, patch, urine, breath, etc.) and when, who, where and frequency as well.

**17. Data Collection Plan:** The manual should identify what data on program performance is being collected, by whom, and how it is being used to assess program performance.

**18. Agreement:** The head of the agencies and/or organizations represented on the drug court team sign off on the policies and procedures contained in the manual.

**19. Ethics and Confidentiality Statement:** The manual contains a written statement outlining confidentiality and ethical considerations of the program, including HIPPA considers.

**20. Sustainability:** The document should note what strategies that are being used to address sustainability of the drug court program and garner community support for the program.

## ATTACHMENT #4

# KEY COMPONENTS OF DRUG COURTS

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**KEY COMPONENT #1:** Drug courts integrate alcohol and other drug treatment services with justice system case processing.

## Performance Benchmarks

1. Initial and ongoing planning is carried out by a broad-based group, including persons representing all aspects of the criminal justice system, the local treatment delivery system, funding agencies, and the local community's other key policymakers.

*Is a committee involved in ongoing planning and program modification?(i)*

*List of committee members and their respective positions/agencies? (d)*

*How frequently do they meet? (d)*

*Are there minutes of meetings? (d)*

2. Documents defining the drug court's mission, goals, eligibility criteria, operating procedures, and performance measures are collaboratively developed, reviewed, and agreed upon.

*Are these listed in Policy and Procedures Manual? (p&p)*

*Is there a signed agreement of committee members' agency heads attached to document? (d)*

*When was the manual last reviewed/updated? (p&p)*

3. Abstinence and law-abiding behavior are the goals of a drug court program, with specific and measurable criteria marking progress. Criteria may include compliance with

## KEY:

"d" denotes determination made through review of a document

"p&p" denotes can be found in policy and procedures manual

"i" denotes determination to be made through an interview

"o" denotes determination made through observation during site visit

program requirements, reductions in criminal behavior and AOD use, participation in treatment, restitution to the victim or to the community, and declining incidence of AOD use.

*Has the drug court program documented specific and measurable criteria for progress in the following?(d, o, i)*

4. The court and treatment providers maintain ongoing communication, including frequent exchanges of timely and accurate information about the individual participant's overall program performance.

*How does/do the treatment provider/s communicate with the court? (i)*

*Are there written progress reports?(i)*

*If there is no written progress report, how is that communicated ion documented? (i)*

*Does the treatment provider attend drug court sessions? Team Meetings?(i)*

5. The judge plays an active role in the treatment process, including frequently reviewing treatment progress. The judge responds to each participant's positive efforts as well as to noncompliant behavior.

*The Judge regularly receives and reviews treatment verbal or written progress reports for each participant, at a minimum during status reviews. (o)*

*During status hearings, the judge responds to each participant's positive efforts as well as to noncompliant behavior. (o)*

6. Interdisciplinary education is provided for every person involved in drug court operations to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components.

*At a minimum, new members should be required to review documents, policy and procedures manual and observe proceedings in advance of assignment to program. (i)*

*When there is a permanent change, new team members receive some type of training and/or orientation (i, p)*

*Members of the drug court team participate in a minimum of 3 hours of interdisciplinary training per year on drug court. (i, p)*

**KEY COMPONENT #2:** Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

**Performance Benchmarks**

1. Prosecutors and defense counsel participate in the design of screening, eligibility, and case-processing policies and procedures to guarantee that due process rights and public safety needs are served.

*In the drug court does the prosecutor participate in the design of the following?*

*Screening policies and procedures  
Eligibility policies and procedures  
Case-processing policies and procedures (d)*

*In the drug court does the defense bar participated in the design of the following?*

*Screening policies and procedures  
Eligibility policies and procedures  
Case-processing policies and procedures (d)*

*Do the prosecutor and defense bar communicate during team meetings? (o)*

2. For consistency and stability in the early stages of drug court operations, the judge, prosecutor, and court-appointed defense counsel should be assigned to the drug court for a sufficient period of time to build a sense of teamwork and to reinforce a nonadversarial atmosphere.

*How is staff assigned? (i)*

*Is there a minimum "term" requirement for assignment to the program?(i)*

3. The prosecuting attorney: (d)

- Reviews the case and determines if the defendant is eligible for the drug court program.
- Participates in a coordinated strategy for responding to positive drug tests and other instances of noncompliance.
- Agrees that a positive drug test or open court admission of drug possession or use will not result in the filing of additional drug charges based on that admission.

- Makes decisions regarding the participant's continued enrollment in the program based on performance in treatment rather than on legal aspects of the case, barring additional criminal behavior.

4. The defense counsel: (d)

- Reviews all necessary program and legal documents.
- Advises the defendant as to the nature and purpose of the drug court, the rules governing participation, the consequences of abiding or failing to abide by the rules, and how participating or not participating in the drug court will affect his or her interests.
- Explains all of the rights that the defendant will temporarily or permanently relinquish.
- Gives advice on alternative courses of action, including legal and treatment alternatives available outside the drug court program, and discusses with the defendant the long-term benefits of sobriety and a drug-free life.
- Explains that because criminal prosecution for admitting to AOD use in open court will not be invoked, the defendant is encouraged to be truthful with the judge and with treatment staff, and informs the participant that he or she will be expected to speak directly to the judge, not through an attorney.

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

**Performance Benchmarks**

1. Eligibility screening is based on established written criteria. Criminal justice officials or others (e.g., pretrial services, probation, TASC) are designated to screen cases and identify potential drug court participants.

*Are eligibility criteria documented? (p&p)*

*What criteria are used to screen the drug court's target population? (p&p)*

*Current charge*

*Prior record*

*Nature and severity of substance abuse problem*

*Non-violent charges*

*Other criteria*

2. Eligible participants for drug court are promptly advised about program requirements and the relative merits of participating.

*What steps do you have in place to identify and notify eligible participants of the program? (o, l, d)*

3. Trained professionals assess drug court-eligible individuals for AOD problems and suitability for treatment.

*Who does screening? What is best/acceptable response? (i)*

*When is screening-done? (i)*

4. Initial appearance before the drug court judge occurs immediately after arrest or apprehension to ensure program participation.

*Recognizing that research indicates ideally initial appearance occurs within 20 days, on average, how long from arrest to admission to the program. (i)*

5. The court requires that eligible participants enroll in AOD treatment services promptly.

*Does the drug court program capture data on the average length of time from date formally accepted into the drug court program and date of first initiation of treatment services? (i)*

*Average time is not more than ...*



**KEY COMPONENT #4** : Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

**Performance Benchmarks**

1. Individuals are initially screened and thereafter periodically assessed by both court and treatment personnel to ensure that treatment services and individuals are suitably matched:

*What do you use to assess? (i)*

*Treatment providers licensing? (l, p)*

*Does your program have at least 3 phases, so participants can feel they are making progress over time? (p&p)*

*Are the requirements clear? (p&p)*

2. Treatment services are comprehensive:

*Treatment services include: (i)*

*Long Term Residential*

*Short Term Residential*

*Detox*

*Outpatient*

*Case Manager*

*(co-occurring component should be in each of above)*

*Ancillary:*

*Family Counseling*

*Trauma Informed Care*

*Other services may include: (i)*

*housing;*

*educational and vocational training;*

*legal,*

*cognitive behavioral therapy*

*money management,*

3. Treatment services are accessible in the following ways: (i)

- Accommodations are made for persons with physical disabilities;
- Accommodations are made for those not fluent in English;
- Accommodations are made for those needing child care;
- Accommodations are made for persons with limited literacy.
- Treatment facilities are accessible.

4. Funding for treatment is available to the drug court participants:

To ensure that services are available throughout the participant's treatment, agreements are made between courts and treatment providers. (p&p)

Diverse treatment funding strategies are developed based on government and private sources at national, State, and local levels. (i)

Health care delivered through managed care organizations is encouraged to provide resources for the AOD treatment of member participants.

Treatment fee schedules are commensurate with an individual's ability to pay. However, no one is turned away solely because of an inability to pay. (p&p)

5. Treatment services have quality controls:

Direct service providers are certified or licensed where required, or otherwise demonstrate proficiency according to accepted professional standards.

*When it is suspected treatment is unacceptable, what is the process for taking action?*

*How is a final determination reached? (i)*

6. Treatment agencies are accountable:

Treatment provider gives the court accurate and timely information about a participant's progress. Information exchange complies with the provisions of 42 CFR, Part 2 (the Federal regulations governing confidentiality of AOD abuse patient records) and with applicable State statutes. (i)

Responses to progress and noncompliance are incorporated into the treatment protocols.

7. Treatment designs and delivery systems are sensitive and relevant to issues of race, culture, religion, gender, age, ethnicity, and sexual orientation.

Treatment programs are available to address the particular treatment issues of women and other special populations.

Pennsylvania Department of Health – Training Requirement (d)

8. *Is there an aftercare component that provides continued support for participants after having completed the program.*

**KEY COMPONENT #5:** Abstinence is monitored by frequent alcohol and other drug testing.

**Performance Benchmarks**

1. AOD testing policies and procedures are based on established and tested guidelines, such as those established by the American Probation and Parole Association. Contracted laboratories analyzing urine or other samples should also be held to established standards.

*Does your probation department have a written drug testing policy? (d)*

*Who sets the laboratory standards?*

*Are the labs you use SAMSHA certified? DOH? (d)*

*What are the credentials of the lab used by program? (d)*

*How do you determine adherence to these standards?*

*Is this part of your contract with the lab? (d)*

2. Testing may be administered randomly or at scheduled intervals, but occurs no less than twice a week during the first several months of an individual's enrollment. Frequency thereafter will vary depending on participant progress.

*How often are participants tested for drugs or alcohol during each phase of the program? (p&p)*

*Does testing occur randomly? (p&p)*

3. The scope of testing is sufficiently broad to detect the participant's primary drug of choice as well as other potential drugs of abuse, including alcohol.

*Do you have a document that identifies everything you use for testing and for what you test? (d)*

*What types of drug testing does your program utilize? (d)*

4. The drug-testing procedure must be certain. Elements contributing to the reliability and validity of a urinalysis testing process include, but are not limited to:

- Direct observation of urine sample collection? (d, p&p)
- Verification to determine the extent of water loading/adulteration. (i)
- Specific, detailed, written procedures regarding all aspects of urine sample collection, sample analysis, and result reporting. (d)
- Different thresholds? (i)
- How do you determine what threshold to use for a drug court client? (i)
- A documented chain of custody for each sample collected.
- Quality control and quality assurance procedures for ensuring the integrity of the process.
- Procedures for confirming accuracy when drug test results are contested.

5. Ideally, test results are available and communicated to the court and the participant within one day. The drug court functions best when it can respond immediately to noncompliance; the time between sample collection and availability of results should be short.

*How quickly are results received from lab? (i)*

*What process do you have in place for notifying the team of results? (i)*

*What process is in place for notifying participant? (i)*

*What happens when someone tests positive? (i)*

*What is the average length of time between the date of drug testing and the date test results are communicated to the court team?*

*What is the average length of time between the date of drug testing and the date the test results are communicated to the participant?*

6. The court is immediately notified when a participant has tested positive, has failed to submit to AOD testing, has submitted the sample of another, or has adulterated a sample.

*Is there prosecution when a participant submits sample of another? (i)*

*Who notifies the team?(i, p&p)*

*When is the team notified when a participant*

- *Tests positive*
- *Failed to submit to AOD testing*
- *Submitted the sample of another*
- *Has adulterated a sample*

7. The coordinated strategy for responding to noncompliance includes prompt responses to positive tests, missed tests, and fraudulent tests.

*Refer to #6 above*

8. Participants should be abstinent for a substantial period of time prior to program graduation.

*Does the manual address how long a participant must be abstinent from alcohol and drugs prior to successfully completing your drug court program? (p&p)*

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

### **Performance Benchmarks**

1. Treatment providers, the judge, and other program staff maintain frequent, regular communication to provide timely reporting of progress and noncompliance and to enable the court to respond immediately. Procedures for reporting noncompliance are clearly defined in the drug court's operating documents.

*Does your court have clearly stated guidelines on what constitutes compliant and non-compliant behavior? (p&p)*

*Is this information written? (p&p)*

*Are drug court staff provided this information?(p&p)*

*How quickly can staff respond to non-compliant behavior? Do they respond? (i)*

*Is drug court staff, in addition to the judge, allowed to respond at (or near) the time that non-compliant behavior occurs?(p&p)*

*Does your drug court staff have clear lines of communication about client behavior and the response of staff?*

2. Responses to compliance and noncompliance are explained verbally and provided in writing to drug court participants before their orientation. Periodic reminders are given throughout the treatment process.

*Do you have a participant handbook?(d)*

*Is it reviewed with the participant (p&p, i)*

*By whom?(p&p, i)*

3. The responses for compliance vary in intensity: (p&p)

- Encouragement and praise from the bench.
- Ceremonies and tokens of progress, including advancement to the next treatment phase.
- Reduced supervision.
- Decreased frequency of court appearances.
- Reduced fines or fees.
- Dismissal of criminal charges or reduction in the term of probation.
- Reduced or suspended incarceration.
- Graduation

4. Responses to or sanctions for noncompliance might include: (p&p)

- Warnings and admonishment from the bench in open court.
- Demotion to earlier program phases.
- Increased frequency of testing and court appearances.
- Confinement in the courtroom or jury box.
- Increased monitoring and/or treatment intensity.
- Fines.
- Required community service or work programs.
- Escalating periods of jail confinement (however, drug court participants remanded to jail should receive AOD treatment services while confined).
- Termination from the program and reinstatement of regular court processing.

*Has your drug court staff had training on how to use rewards and sanctions to modify participant behavior ? (i)*

*Are your rewards and sanctions graduated? (p&p)*

*Do you have a variety of rewards and sanctions?(p&p)*

*Does your program have a clear incentive for offenders to enter and complete the program? (i)*

*What "tokens" of accomplishment are used in your program?(p&p)*



**KEY COMPONENT #7** : Ongoing judicial interaction with each drug court participant is essential.

### **Performance Benchmarks**

1. Regular status hearings are used to monitor participant performance:

- Frequent status hearings during the initial phases of each participant's program establish and reinforce the drug court's policies, and ensure effective supervision of each drug court participant. Frequent hearings also give the participant a sense of how he or she is doing in relation to others. (p&p)

*How frequently does the judge see participants in each phase of the program?(o)*

*Does the judge speak directly to the participant during each court appearance?(o)*

*How much time does the judge spend with the participant during status hearings?(o)*

- Time between status hearings may be increased or decreased, based on compliance with treatment protocols and progress observed.

*What is done in your program? (i)*

- Having a significant number of drug court participants appear at a single session gives the judge the opportunity to educate both the offender at the bench and those waiting as to the benefits of program compliance and consequences for noncompliance.

*Is this done in your program?(o)*

2. The court applies appropriate incentives and sanctions to match the participant's treatment progress.

*Does the judge provide consistent guidance and follow through on warnings to participants? (o)*

*Does the judge work with the treatment providers and other members of the team to determine appropriate responses to participants' actions?(o)*

3. Payment of fees, fines and/or restitution is part of the participant's treatment. The court supervises such payments and takes into account the participant's financial ability to fulfill these obligations. The court ensures that no one is denied participation in drug courts solely because of an inability to pay fees, fines, or restitution. (p&p)

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

### **Performance Benchmarks**

1. Management, monitoring, and evaluation processes begin with initial planning. As part of the comprehensive planning process, drug court leaders and senior managers should establish specific and measurable goals that define the parameters of data collection and information management. An evaluator can be an important member of the planning team.

*Has the team identified data elements to be collected?(l, d)*

*Does your team have an individual assigned to data collection? (d, i)*

2. Data needed for program monitoring and management can be obtained from records maintained for day-to-day program operations, such as the numbers and general demographics of individuals screened for eligibility; the extent and nature of AOD problems among those assessed for possible participation in the program; and attendance records, progress reports, drug test results, and incidence of criminality among those accepted into the program. (see #1)

3. Monitoring and management data are assembled in useful formats for regular review by program leaders and managers.

*How is the data managed? (i)*

4. Ideally, much of the information needed for monitoring and evaluation is gathered through an automated system that can provide timely and useful reports. If an automated system is not available manual data collection and report preparation can be streamlined. Additional monitoring information may be acquired by observation and through program staff and participant interviews. (i)

5. Automated manual information systems must adhere to written guidelines that protect against unauthorized disclosure of sensitive personal information about individuals. (i, p&p)

6. Monitoring reports need to be reviewed at frequent intervals by program leaders and senior managers. They can be used to analyze program operations, gauge effectiveness, modify procedures when necessary, and refine goals.

*How is data reported?(i)*

*When?(i)*

*By Whom? (i)*

7. Process evaluation activities should be undertaken throughout the course of the drug court program. This activity is particularly important in the early stages of program implementation.

*What plans have you made for having an evaluation done of your program? (i)*

8. If feasible, a qualified independent evaluator should be selected and given responsibility for developing and conducting an evaluation design and for preparing interim and final reports. If an independent evaluation is unavailable the drug court program designs and implements its own evaluation, based on guidance available through the field:

- Judges, prosecutors, the defense bar, treatment staff, and others design the evaluation collaboratively with the evaluator.
- Ideally, an independent evaluator will help the information systems expert design and implement the management information system.
- The drug court program ensures that the evaluator has access to relevant justice system and treatment information.
- The evaluator maintains continuing contact with the drug court and provides information on a regular basis. Preliminary reports may be reviewed by drug court program personnel and used as the basis for revising goals, policies, and procedures as appropriate.

(see above)

9. Useful data elements to assist in management and monitoring may include, but are not limited to:

- The number of defendants screened for program eligibility and the outcome of those initial screenings.
- The number of persons admitted to the drug court program.
- Characteristics of program participants, such as age, sex, race/ethnicity, family status, employment status, and educational level; current charges; criminal justice history; AOD treatment or mental health treatment history; medical needs (including detoxification); and nature and severity of AOD problems.
- Number and characteristics of participants (e.g., duration of treatment involvement, reason for discharge from the program).
- Number of active cases.
- Patterns of drug use as measured by drug test results.
- Aggregate attendance data and general treatment progress measurements.
- Number and characteristics of persons who graduate or complete treatment successfully.
- Number and characteristics of persons who do not graduate or complete the program.
- Number of participants who fail to appear at drug court hearings and number of bench warrants issued for participants.

- Rearrests during involvement in the drug court program and type of arrest(s).
- Number, length, and reasons for incarcerations during and subsequent to involvement in the drug court program.

10. When making comparisons for evaluation purposes, drug courts should consider the following groups:

- Program graduates.
- Program terminations.
- Individuals who were referred to, but did not appear for, treatment.
- Individuals who were not referred for drug court services.

11. At least six months after exiting a drug court program, comparison groups (listed above) should be examined to determine long-term effects of the program. Data elements for follow-up evaluation may include:

- Criminal behavior/activity.
- Days spent in custody on all offenses from date of acceptance into the program.
- AOD use since leaving the program.
- Changes in job skills and employment status.
- Changes in literacy and other educational attainments.
- Changes in physical and mental health.
- Changes in status of family relationships.
- Attitudes and perceptions of participation in the program.
- Use of health care and other social services.

12. Drug court evaluations should consider the use of cost-benefit analysis to examine the economic impact of program services. Important elements of cost-benefit analysis include:

- Reductions in court costs, including judicial, counsel, and investigative resources.
- Reductions in costs related to law enforcement and corrections.
- Reductions in health care utilization.
- Increased economic productivity.

*Are appropriate safeguards in place to protect the confidentiality of data while allowing access to the program staff?*

*What safeguards are in place to protect the confidentiality of personal information about court participants? (i)*

**KEY COMPONENT #9:** Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

### **Performance Benchmarks**

1. Key personnel have attained a specific level of basic education, as defined in staff training requirements and in the written operating procedures. The operating procedures should also define requirements for the continuing education of each drug court staff member.

*Does your program require continuing education training for team members?(l, d)*

*How many members of your team have participated in NDCI specialized role training? (l, d)*

*Do new team members receive any type of orientation or training? (i, d, p&p)*

2. Attendance at education and training sessions by all drug court personnel is essential. Regional and national drug court training provide critical information on innovative developments across the Nation. Sessions are most productive when drug court personnel attend as a group. Credits for continuing professional education should be offered, when feasible.

*Did your team receive implementation training before starting your drug court program? (i)*

*Has your team attended NADPC or PADCP conferences? (i)*

*Does your team hold any type of training events? (i)*

3. Continuing education institutionalizes the drug court and moves it beyond its initial identification with the key staff who may have founded the program and nurtured its development.

4. An education syllabus and curriculum are developed, describing the drug court's goals, policies, and procedures. Topics might include:

- Goals and philosophy of drug courts.
- The nature of AOD abuse, its treatment and terminology.
- The dynamics of abstinence and techniques for preventing relapse.
- Responses to relapse and to noncompliance with other program requirements.
- Basic legal requirements of the drug court program and an overview of the local criminal justice system's policies, procedures, and terminology.
- Drug testing standards and procedures.

- Sensitivity to racial, cultural, ethnic, gender, and sexual orientation as they affect the operation of the drug court.
- Interrelationships of co-occurring conditions such as AOD abuse and mental illness (also known as “dual diagnosis”).
- Federal, State, and local confidentiality requirements.

**KEY COMPONENT #10:** Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

**Performance Benchmarks**

1. Representatives from the court, community organizations, law enforcement, corrections, prosecution, defense counsel, supervisory agencies, treatment and rehabilitation providers, educators, health and social service agencies, and the faith community meet regularly to provide guidance and direction to the drug court program.

*Do representatives from your community sit in on any type of drug court advisory committee? (i)*

*Are community representatives invited to observe your program?(i)*

2. The drug court plays a pivotal role in forming linkages between community groups and the criminal justice system. The linkages are a conduit of information to the public about the drug court, and conversely, from the community to the court about available community services and local problems.

*Do you have a public education campaign for your drug court?(i)*

3. Partnerships between drug courts and law enforcement and/or community policing programs can build effective links between the court and offenders in the community.

*Is law enforcement represented on your team? (l, o, p&p)*

4. Participation of public and private agencies, as well as community-based organizations, is formalized through a steering committee. The steering committee aids in the acquisition and distribution of resources. An especially effective way for the steering committee to operate is through the formation of a nonprofit corporation structure that includes all the principle drug court partners, provides policy guidance, and acts as a conduit for fundraising and resource acquisition.

*Do you have a steering committee?(l, d)*

5. Drug court programs and services are sensitive to and demonstrate awareness of the populations they serve and the communities in which they operate. Drug courts provide opportunities for community involvement through forums, informational meetings, and other community outreach efforts.

*How often does a member of your team go out to do presentations on your program? (i)*

*What type of outreach efforts are in place? (i)*

6. The drug court hires a professional staff that reflects the population served, and the drug court provides ongoing cultural competence training.



## ATTACHMENT #5

**SUPREME COURT OF PENNSYLVANIA**  
**Administrative Office of Pennsylvania Courts**  
**Drug Court Accreditation**

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**BEST PRACTICE STANDARDS – VOLUME I**

**Standard 1: Target Population** – Eligibility and exclusion criteria for the Drug Court are predicated on empirical evidence indicating which types of offenders can be treated safely and effectively in Drug Courts. Candidates are evaluated for admission to the Drug Court using evidence-based assessment tools and procedures.

Applicable to: Policy and Procedure Manual (Target Population, Eligibility Criteria, Disqualification Criteria)  
Key Components 1, 2, 3

**Standard 2: Historically Disadvantaged Groups** - Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed in the Drug Court.

Applicable to: Policy and Procedure Manual (Eligibility Criteria, Disqualification Criteria, Incentives and Sanctions, Data Collection Plan, Agreement/MOU)  
Key Components 1, 4, 6, 8, 9

**Standard 3: Roles and Responsibilities of the Judge** - The Drug Court judge stays abreast of current law and research on best practices in Drug Courts, participates regularly in team meetings, interacts frequently and respectfully with participants, and gives due consideration to the input of other team members.

Applicable to: Policy and Procedure Manual (Phases, Agreement/MOU)  
Key Components 1, 2, 6, 7, 9

**Standard 4: Incentives, Sanctions, and Therapeutic Adjustments** - Consequences for participants' behavior are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification.

Applicable to: Policy and Procedure Manual (Incentives and Sanctions, Testing Protocol, Treatment Protocol, Supervision Protocol, Phases, Termination Criteria, Graduation Criteria)  
Key Components 1, 2, 5, 6, 7

**Standard 5: Substance Abuse Treatment** - Participants receive substance abuse treatment based on a standardized assessment of their treatment needs. Substance abuse treatment is not provided to reward desired behaviors, punish infractions, or serve other non-clinically indicated goals. Treatment providers<sup>18</sup> are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.

Applicable to: Policy and Procedure Manual (Treatment Protocol, Committee, Testing Protocol, Agreement/MOU, Phases, Graduation Criteria)  
Key Components 1,