
VIRGINIA DRUG TREATMENT COURT PROGRAMS

BJA'S TEN KEY COMPONENTS AND VIRGINIA'S ADULT DRUG TREATMENT COURT STANDARDS CROSSWALK REPORT

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PREFACE

The Virginia Drug Treatment Court Act (*Code of Virginia* §18.2-254.1) directs the Office of the Executive Secretary of the Supreme Court of Virginia (OES), in consultation with the state drug treatment court advisory committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. This report provides support for planning this evaluation process.

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I. Overview

In 2004, the Honorable Leroy Rountree Hassell, Sr., Chief Justice of the Supreme Court of Virginia, appointed the following members of the Virginia Drug Treatment Court Advisory Committee to serve on the Standards Committee: The Honorable Catherine C. Hammond, Judge, Henrico Circuit Court, Chair; The Honorable Margaret P. Spencer, Judge, Richmond Circuit Court; The Honorable Clarence N. Jenkins, Judge, Richmond Juvenile and Domestic Relations District Court; The Honorable David Chapman, Commonwealth's Attorney, Charlottesville; Ms. Debra Gardner, Executive Director, VASAP; and Ms. Patty L. Gilbertson, President, Virginia Drug Court Association.

After considering various drafts of the statewide standards, the state Advisory Committee, chaired by the Chief Justice, voted to recommend the Virginia Adult Drug Treatment Court Standards in September 2005. In addition, the state Advisory Committee also voted to recommend a written application, which incorporates the statewide standards, for use by any new adult drug treatment court seeking permission to operate pursuant to Virginia Code §18.2-254.1 (O).

According to the final document produced by the Standards Committee which outlines the adopted Virginia Adult Drug Treatment Court Standards, the purpose of these standards is to:

- minimize duplication of efforts and ensure greater coordination among all court supervised drug treatment programs throughout the Commonwealth;
- maximize coordination and sharing of scarce treatment resources;
- strengthen efforts to obtain federal funding; and
- facilitate development of coordinated long-range plans for financing drug treatment court operations.

The Standards Committee created a total of 12 standards along with corresponding practices that describe how each standard should be specifically implemented. In addition to the standards and practices developed by the Standards Committee, localities seeking to establish a drug treatment court must meet all requirements specified in Va. Code §18.2-254.1 regarding the formation of local drug treatment court advisory committees, the establishment of eligibility criteria for drug court program participation and the payment of substance abuse treatment by participating offenders.

The purpose of this review is to compare the Virginia Adult Drug Treatment Court Standards to nationally recognized best practices for drug courts. These best practices, which were developed by the Bureau of Justice Assistance (BJA) and the National Association of Drug Court Professionals (NADCP) in 1997, are called the *Ten Key Components*. Similar to the practices that describe how each of Virginia's Standards should be implemented, *the Ten Key Components* also include specific performance benchmarks to guide their implementation. This review compares the key components and benchmarks created by the BJA and NADCP with Virginia's standards and practices to identify unique and overlapping content.

II. Comparison of Ten Key Components and Virginia Adult Drug Treatment Court Standards

The Ten Key Components recommended by the BJA and the Virginia Standards are very general and describe the conceptual elements that should be included in drug court programs. Although the language of the key components differs from that included in Virginia's standards, there appears to be significant overlap in the themes that are represented. As shown below, there are only 10 key components and 12 standards, resulting in two Virginia standards that do not correspond to a key component. Key Components are shown in bold below, followed by the corresponding Virginia Standard in italics.

Key Component One: Drug courts integrate alcohol and other drug treatment services with justice system case processing.

Standard II- Drug treatment courts integrate substance abuse treatment services with adjudication of the case(s) before the court.

Key Component Two: Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

Standard IV- Drug treatment courts incorporate a non-adversarial approach in which the judge, the Commonwealth's Attorney and the defense attorney promote public safety while protecting the rights of participants.

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

Standard V- Drug treatment courts emphasize early identification and placement of eligible participants.

Key Component Four: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

Standard VI- Drug treatment courts provide access to a comprehensive continuum of substance abuse treatment and rehabilitation services.

Key Component Five: Abstinence is monitored by frequent alcohol and other drug testing.

Standard VII- Abstinence is monitored by frequent alcohol and other drug testing.

Key Component Six: A coordinated strategy governs drug court responses to participants' compliance.

Standard VIII- *A coordinated strategy governs responses from the drug treatment court to each participant's performance and progress.*

Key Component Seven: Ongoing judicial interaction with each drug court participant is essential.

Standard IX- *Ongoing judicial interaction with each participant in the drug treatment court is essential.*

Key Component Eight: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Standard X- *The drug treatment court has results that are measured, evaluated, and communicated to the public.*

Key Component Nine: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Standard XI- *The drug treatment court requires continuing interdisciplinary education, training and program assessment.*

Key Component Ten: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Standard XII- *The local advisory committee interacts in a vital and meaningful way with the drug treatment court team.*

Additional Virginia Standards:

Standard I- *Drug treatment courts depend upon a comprehensive and inclusive planning process.*

Standard III- *Drug treatment courts have published eligibility criteria that have been collaboratively developed, reviewed, and agreed upon by members of the drug treatment court team.*

III. Ten Key Component Benchmarks Not Covered By Virginia Adult Drug Treatment Court Practices

Next, the Key Component benchmarks created by the BJA and the NADCP were compared to the specific practices developed by the Virginia Standards Committee. Although there is substantial overlap, it appears that 46 of the 78 benchmarks are not completely addressed by Virginia's practices. An additional 15 practices developed by the Standards Committee, which went beyond the benchmarks created by the BJA and NADCP, are reviewed beginning on page 9.

Key Component One:

- Benchmark 1.1- funding agencies not included in the planning group
- Benchmark 1.3- reduction in criminal behavior not included as one of the measurable criteria
- Benchmark 1.5- response to positive behavior and noncompliant behavior not included as part of judge's role

Key Component Two:

- Benchmark 2.3- specific duties of prosecuting attorneys
- Benchmark 2.4- specific duties of defense counsel

Key Component Three:

- Benchmark 3.2- promptly advising eligible participants for drug court about program requirements and merits of participating
- Benchmark 3.4- initial appearance before drug court judge occurs immediately after arrest or apprehension

Key Component Four:

- Benchmark 4.1- screening and referrals for infectious diseases
- Benchmark 4.2(b)- specific treatment services that should be provided by DC
- Benchmark 4.2(c)- ancillary services that should be provided by DC
- Benchmark 4.2(d)- specialized services that should be provided by DC
- Benchmark 4.2(e)- treatment settings that should be provided by DC
- Benchmark 4.2(f)- clinical case management services that should be provided by DC
- Benchmark 4.3(a)- special accommodations that should be provided by DC
- Benchmark 4.3(b)- accessibility to the DC
- Benchmark 4.4(a)- interagency agreements and commitments for treatment
- Benchmark 4.4(b)- funding strategies at the federal, state, and local level
- Benchmark 4.4(c)- use of managed care organizations for funding treatment and health care services
- Benchmark 4.4(d)- establishment of fees, fines and restitution that are commensurate with ability to pay
- Benchmark 4.6(a)- accountability by treatment agencies to provide court with participant progress information

- Benchmark 4.6(b)- incorporation of responses to noncompliance into treatment protocols
- Benchmark 4.7- incorporation of treatment design that is sensitive to race, culture, religion, gender, age, ethnicity, and sexual orientation

Key Component Five:

- Benchmark 5.1- AOD testing policies and procedures based on established and tested guidelines
- Benchmark 5.2.- establishment drug testing schedule
- Benchmark 5.4(a)- specific urinalysis testing measures
- Benchmark 5.4(b)- written procedures regarding all aspects of sample collection, analysis and reporting
- Benchmark 5.4(c)- specific policies and procedures related to urinalysis testing
- Benchmark 5.8- requirement of abstinence for a substantial period of time before graduation

Key Component Six:

- Benchmark 6.3(b)- rewards for compliance
- Benchmark 6.4- sanctions for noncompliance

Key Component Seven:

- Benchmark 7.1(b)- time period between status hearings

Key Component Eight:

- Benchmark 8.3- monitoring and management data are regularly reviewed by program staff
- Benchmark 8.4(a)- participant information is acquired through observation
- Benchmark 8.4(b)- acquiring additional monitoring information through staff interviews and participant interviews
- Benchmark 8.6- use of evaluation reports by drug court staff
- Benchmark 8.7- implementation of process evaluation activities throughout drug court program
- Benchmark 8.8- use of a qualified independent evaluator
- Benchmark 8.12- collection of data elements related to cost benefit analysis

Key Component Nine:

- Benchmark 9.3- ongoing continuing education
- Benchmark 9.4(a)- development of an education syllabus and curriculum
- Benchmark 9.4(b)- topics included in education curriculum

Key Component Ten:

- Benchmark 10.2- drug court and community linkages
- Benchmark 10.3- partnerships between the court and offenders in the community
- Benchmark 10.4- role of steering committee

- Benchmark 10.5- opportunities for community involvement through forums and informational meetings
- Benchmark 10.6- use of staff that reflect population served and ongoing cultural competence training

IV. Virginia Adult Drug Treatment Court Practices that Exceed the Ten Key Components and Benchmarks

Practice 1.1- The drug treatment court has demonstrated participation in a planning process to ensure a coordinated, systemic and multidisciplinary approach. New drug courts are encouraged to participate in the planning process available through the U.S. Department of Justice.

Practice 1.3- Management information systems are developed for court information and treatment information.

Practice 1.5- Treatment requirements and expectations are understood and agreed upon by the planning group.

Practice 3.1- Persons with a prior conviction or adjudication of not innocent for a violent offense (as defined in Va. Code §17.1-805 or §19.2-297.1) within ten years are not eligible to participate.

Practice 3.2- Participation in a drug treatment court is voluntary and requires a written agreement among the defendant, the Commonwealth and the judge.

Practice 3.3- Risk assessment factors that are crucial in determining a defendant's suitability for the drug treatment court, such as family and community ties, mental health status, employment status, educational status and prior criminal history are weighed by the drug treatment court judge on a case-by-case basis.

Practice 4.3- Each drug treatment court has a written agreement setting forth the terms of collaboration among the Commonwealth's Attorney, the Public Defender or defense counsel, the clinical treatment provider, the Judge, and any other public agency.

Practice 5.3- An approved consent form is completed, to provide communication regarding participation and progress in treatment and compliance with 42 CFR, Part 2 (regulations governing confidentiality of substance abuse treatment records) applicable state statutes, and HIPAA regulations.

Practice 7.1 Drug treatment courts have written policies and procedures for the frequency of drug screening, sample collection, sample analysis, and result reporting.

Practice 7.4- Each drug treatment court program has breathalyzer capability.

Practice 8.1- A participant's progress through the drug treatment court experience is measured by his or her compliance with the treatment and supervision regimen.

Practice 10.4- The drug treatment court must use and maintain current data in information technology system as prescribed by the Office of the Executive Secretary.

Practice 11.3- Continuing education institutionalizes the drug treatment court and moves it beyond its initial identification with the key staff that may have founded the program and nurtured its development.

Practice 12.1- Each local advisory committee membership shall include the people identified in 18.2-254.1.G.

Practice 12.3- Representatives of the court, community organizations, employers, law enforcement, corrections, prosecution, defense counsel, supervisory agencies, treatment and rehabilitation providers, educators, health and social service agencies, and the faith community have opportunity to contribute to the ongoing improvement of the drug treatment court program.

V. Summary

Based on this review, it appears that all of the conceptual elements outlined in the Ten Key Components are covered by Virginia's standards. However, Virginia's practices, which describe the specific program elements that must be present to support each standard, address less than half of the specific benchmarks recommended by the BJA and NADCP. In addition, Virginia's practices include 15 elements that go beyond the performance benchmarks recommended by the BJA and NADCP. A detailed comparison between Virginia's Standards and the Ten Key Components is provided in Appendix A.

VI. Appendix A

For the tables provided below, Key Components and benchmarks are shown in the left column, while the Virginia Standards and practices are shown in italics in the right column. Text in bold italics in the left column represents benchmarks that do not appear to be covered by the Virginia Practices. For each Key Component, Virginia Practices which exceed the Key Component benchmarks follow each table.

Key Component One: Drug courts integrate alcohol and other drug treatment services with justice system case processing.

Standard II- Drug treatment courts integrate substance abuse treatment services with adjudication of the case(s) before the court.

Key Component One	
<p><u>Benchmark 1.1- Planning is carried out by a broad-based group, including:</u></p> <ul style="list-style-type: none"> • persons representing all aspects of the criminal justice system • the local treatment delivery system • funding agencies • local community key policy makers 	<p><i>Standard I- Drug treatment courts depend upon a comprehensive and inclusive planning process.</i></p> <p><i>Practice 1.2- The planning group includes the judge, court administrator, clerk, prosecutor, public defender or defense attorney, and representatives from the local government, the local community services board or other clinical services provider, law enforcement, jails, probation services, and any other organization which has an interest in the success of the program.</i></p>
<p><u>Benchmark 1.2- The drug court’s mission, goals, eligibility criteria, operating procedures and performance measures are:</u></p> <ul style="list-style-type: none"> • collaboratively developed • collaboratively reviewed • agreed upon 	<p><i>Practice 1.2- The planning group has a written work plan addressing the program’s needs for budget and resources, operations, information management, staffing, community-relations, and ongoing evaluation. The work plan has specific descriptions of roles and responsibilities of each program component. For example, eligibility criteria, screening, and assessment procedures are established.</i></p> <p><i>Practice 2.1- The drug treatment court has a program description defining the court’s mission, goals, eligibility criteria, operating procedures, and performance measures, that have been collaboratively developed, reviewed, and agreed upon by the planning team.</i></p> <p><i>Standard III- Drug treatment courts have published eligibility criteria that have been collaboratively developed, reviewed, and agreed upon by members of the drug treatment court team.</i></p>

Key Component One	
<p><u>Benchmark 1.3- Abstinence and law-abiding behavior are the goals, with specific and measurable criteria marking progress. Measurable criteria include:</u></p> <ul style="list-style-type: none"> • compliance with program requirements • <i>reduction in criminal behavior</i> • reduction in AOD use • participation in treatment • restitution to the victim or community 	<p><i>Practice 2.2- Abstinence and law-abiding behavior are goals, with specific and measurable criteria that mark progress. Criteria may include compliance with local program requirements, participation in treatment, employment, educational achievement, family reunification, restitution to the victim or to the community, and declining incidence of alcohol and/or other drug use, with eventual long-term recovery.</i></p>
<p><u>Benchmark 1.4- The court and treatment providers:</u></p> <ul style="list-style-type: none"> • maintain ongoing and frequent communications 	<p><i>Practice 2.3- The court, supervision, and treatment providers maintain ongoing communication, including frequent exchanges of timely and accurate information about the individual participant's overall performance.</i></p>
<p><u>Benchmark 1.5- The judge:</u></p> <ul style="list-style-type: none"> • frequently reviews treatment progress • <i>responds to participant's positive efforts</i> • <i>responds to each participant's noncompliant behavior</i> 	<p><i>Practice 2.4- The judge plays an active role in the team process, frequently reviewing the participant's behavior and incidence of compliance with treatment options.</i></p>
<p><u>Benchmark 1.6- Interdisciplinary education:</u></p> <ul style="list-style-type: none"> • is provided for every drug court staff member • shares treatment understanding of values, goals, and procedures • shares criminal justice values, goals and operating procedures 	<p><i>Practice 2.5- Interdisciplinary education is provided for every person involved in drug treatment court operations, in order to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components.</i></p>
<p><u>Benchmark 1.7- Mechanisms used among drug court team members:</u></p> <ul style="list-style-type: none"> • are established to ensure professional integrity 	<p><i>Practice 2.6- Mechanisms for sharing decision making and resolving conflicts among drug treatment court team members, such as multidisciplinary committees, are established, emphasizing professional integrity.</i></p>

Additional Practices:

Practice 1.1- *The drug treatment court has demonstrated participation in a planning process to ensure a coordinated, systemic and multidisciplinary approach. New drug courts are encouraged to participate in the planning process available through the U.S. Department of Justice.*

Practice 1.3- *Management information systems are developed for court information and treatment information.*

Practice 1.5- *Treatment requirements and expectations are understood and agreed upon by the planning group.*

Practice 3.1- *Persons with a prior conviction or adjudication of not innocent for a violent offense (as defined in Va. Code §17.1-805 or §19.2-297.1) within ten years are not eligible to participate.*

Practice 3.2- *Participation in a drug treatment court is voluntary and requires a written agreement among the defendant, the Commonwealth and the judge.*

Practice 3.3- *Risk assessment factors that are crucial in determining a defendant's suitability for the drug treatment court, such as family and community ties, mental health status, employment status, educational status and prior criminal history are weighed by the drug treatment court judge on a case-by-case basis.*

Key Component Two: Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.

Standard IV- Drug treatment courts incorporate a non-adversarial approach in which the judge, the Commonwealth’s Attorney and the defense attorney promote public safety while protecting the rights of participants.

Key Component Two	
<p><u>Benchmark 2.1- To guarantee that due process rights and public safety needs are served:</u></p> <ul style="list-style-type: none"> • prosecutors design screening, eligibility, and case processing • defense counsel designs screening, eligibility, and case processing 	<p><i>Practice 4.1- Commonwealth’s Attorneys and Public Defenders or defense counsel participate in the design of the drug treatment court, including criteria for screening, eligibility, and policies and procedures, to safeguard due process rights and make sure public safety needs are served.</i></p>
<p><u>Benchmark 2.2- To build a sense of teamwork and to reinforce a non-adversarial atmosphere, during the early stages of the drug court operations:</u></p> <ul style="list-style-type: none"> • judge sufficiently involved • prosecutor sufficiently involved • defense counsel sufficiently involved 	<p><i>Practice 4.2- For consistency and stability in the early stages of drug treatment court operations, the judge, prosecutor, and defense counsel are assigned to the drug treatment court for a sufficient period of time to build a sense of teamwork and to reinforce a non-adversarial atmosphere.</i></p>
<p><u>Benchmark 2.3- The prosecuting attorney:</u></p> <ul style="list-style-type: none"> • <i>reviews the case and determines eligibility</i> • <i>files legal documents</i> • <i>responds to non-compliance</i> • <i>agrees to not file additional charges</i> • <i>bases continued drug court participation on performance</i> 	

Key Component Two

Benchmark 2.4- The duties of the defense counsel include protecting the participant's due process rights while encouraging full participation of the clients.

- **reviews relevant charges of potential candidates**
- **advises defendants about drug court specifics**
- **explains relinquishment of defendant's rights**
- **gives advice on alternatives to drug court**
- **encourages defendant to be truthful to judge and drug court staff**

Additional Practices:

Practice 4.3- Each drug treatment court has a written agreement setting forth the terms of collaboration among the Commonwealth's Attorney, the Public Defender or defense counsel, the clinical treatment provider, the Judge, and any other public agency.

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

Standard V- Drug treatment courts emphasize early identification and placement of eligible participants.

Key Component Three	
<p><u>Benchmark 3.1- Eligibility screening:</u></p> <ul style="list-style-type: none"> • based on written criteria • criminal justice or other officials are assigned to identify potential participants 	<p><i>Practice 5.1-</i> <i>Eligibility screening is based on established written criteria pursuant to Va. Code § 18.2-254.1. Criminal justice officials or others (e.g., pretrial services, probation) are designated to screen cases and identify potential drug treatment court participants. Certified or licensed addictions/mental health professionals provide additional screening for substance use disorders and suitability for treatment.</i></p>
<p><u>Benchmark 3.2- Eligible participants for drug court are promptly advised about:</u></p> <ul style="list-style-type: none"> • <i>program requirements</i> • <i>merits of participating</i> 	
<p><u>Benchmark 3.3- Trained professionals:</u></p> <ul style="list-style-type: none"> • screen for AOD problems and treatment suitability 	<p><i>(See Practice 5.1)</i></p>
<p><u>Benchmark 3.4- Initial appearance before the drug court judge occurs:</u></p> <ul style="list-style-type: none"> • <i>immediately after arrest or apprehension</i> 	
<p><u>Benchmark 3.5- The court requires participants to:</u></p> <ul style="list-style-type: none"> • immediately enroll in AOD treatment 	<p><i>Practice 5.2-</i> <i>Once accepted for admission, the defendant is enrolled immediately in substance abuse treatment services and placed under supervision to monitor compliance.</i></p>

Additional Practices:

Practice 5.3- An approved consent form is completed, to provide communication regarding participation and progress in treatment and compliance with 42 CFR, Part 2 (regulations governing confidentiality of substance abuse treatment records) applicable state statutes, and HIPAA regulations.

Key Component Four: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

Standard VI- Drug treatment courts provide access to a comprehensive continuum of substance abuse treatment and rehabilitation services.

Key Component Four	
<p><u>Benchmark 4.1- An assessment at treatment entry, while useful as a baseline, provides a time specific “snapshot” of a person’s needs and may be based on limited or unreliable information. Adequate assessment includes the following:</u></p> <ul style="list-style-type: none"> • ongoing assessment of progress and necessary revision of treatment plan • participants are matched to program services and intensity levels • screening and referrals provided for infectious diseases 	<p><i>Practice 6.1- Participants are initially screened and thereafter periodically assessed by both court and treatment personnel to ensure that treatment services and individuals are suitably matched.</i></p>
<p><u>Benchmark 4.2(a)- Treatment services:</u></p> <ul style="list-style-type: none"> • are available to meet the needs of each participant 	<p><i>Practice 6.4- Treatment services are comprehensive.</i></p>
<p><u>Benchmark 4.2(b)- Treatment services include:</u></p> <ul style="list-style-type: none"> • group counseling • individual and family counseling • relapse prevention • 12-step self-help groups • preventive and primary medical care • general health education • medical detoxification • acupuncture for detoxification • acupuncture for control of craving • acupuncture to increase amenability to treatment • domestic violence programs • batterers’ treatment • physical and sexual abuse treatment 	

Key Component Four

Benchmark 4.2(c)- Ancillary services include:

- **housing**
- **educational and vocational training**
- **legal services**
- **money management**
- **social services**
- **cognitive behavioral therapy**
- **anger management**
- **transitional housing**
- **social and athletic activities**
- **meditation or relaxation techniques**

Benchmark 4.2(d)- Specialized services should be considered for participants with co-occurring AOD problems and mental health disorders:

- **mental health clinicians service participants with co-occurring disorders**
- **flexible mental health services are offered**
- **specialized treatment services are offered to diverse populations**

Benchmark 4.2(e)- Treatment is available in a number of settings, including:

- **detoxification units**
- **acute residential**
- **day treatment**
- **outpatient treatment**
- **sober living residential units**

Key Component Four

<p><u>Benchmark 4.2(f)- Clinical case management services are available to provide:</u></p> <ul style="list-style-type: none"> • <i>ongoing assessment of client progress and needs</i> • <i>referrals to needed ancillary services</i> • <i>structure and support for use of ancillary services</i> • <i>communication between court and treatment providers</i> 	
<p><u>Benchmark 4.3(a)- Special accommodations are made for drug court participants:</u></p> <ul style="list-style-type: none"> • <i>with physical disabilities</i> • <i>not fluent in English</i> • <i>needing child care</i> • <i>with limited literacy</i> 	
<p><u>Benchmark 4.3(b)- Accessibility by public transportation to the drug court program:</u></p> <ul style="list-style-type: none"> • <i>treatment facilities accessible by public transportation</i> 	
<p><u>Benchmark 4.4(a)- To ensure that services are immediately available for drug court participants' treatment, there are:</u></p> <ul style="list-style-type: none"> • <i>interagency agreements between courts and treatment providers</i> • <i>firm budgetary and service delivery commitments</i> 	
<p><u>Benchmark 4.4(b)- Diverse treatment funding strategies are developed based on both government and private sources at:</u></p> <ul style="list-style-type: none"> • <i>federal level</i> • <i>state level</i> • <i>local level</i> 	

Key Component Four	
<p><u>Benchmark 4.4(c)- Drug courts encourage managed care organizations to fund needed substance abuse and health care services:</u></p> <ul style="list-style-type: none"> • <i>managed care funding of AOD and health services</i> 	
<p><u>Benchmark 4.4 (d)- Participant payment of fees, fines, and restitution:</u></p> <ul style="list-style-type: none"> • are an expected part of treatment • <i>commensurate with ability to pay are established</i> • <i>no one is rejected because of inability to pay</i> 	<p><i>Practice 6.3-</i> <i>Each participant contributes to the cost of the substance abuse treatment he/she receives while participating in the drug treatment court. (Also, see Practice 9.3, which discusses payment of fees, fines and restitution.)</i></p>
<p><u>Benchmark 4.5(a)- Direct treatment providers are:</u></p> <ul style="list-style-type: none"> • certified or licensed • demonstrate professional competencies 	<p><i>Practice 6.2-</i> <i>All substance abuse and mental health treatment services are provided by programs licensed by the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services pursuant to Va. Code § 37. 1-179, or persons licensed by the Virginia Department of Health Professions.</i></p>
<p><u>Benchmark 4.5(b)- Treatment clinicians are provided:</u></p> <ul style="list-style-type: none"> • education • training • ongoing clinical supervision 	<p><u>(See Practice 6.2)</u></p>
<p><u>Benchmark 4.6(a)- Treatment agencies are accountable to give the court participant progress information that is:</u></p> <ul style="list-style-type: none"> • <i>accurate and timely</i> • <i>in compliance with Federal confidentiality regulations</i> • <i>in compliance with applicable state statutes</i> 	

Key Component Four

Benchmark 4.6(b)- Responses to treatment progress and noncompliance:
• *are incorporated into the treatment protocols*

Benchmark 4.7- Treatment design and delivery system are sensitive to issues of:
• *race, culture, religion, gender, age, ethnicity, and sexual orientation*

Key Component Five: Abstinence is monitored by frequent alcohol and other drug testing.

Standard VII- Abstinence is monitored by frequent alcohol and other drug testing.

Key Component Five	
<p><u>Benchmark 5.1- AOD testing policies and procedures are based on:</u></p> <ul style="list-style-type: none"> • <i>established and tested guidelines</i> • <i>established procedures for analyzing urine or other samples</i> 	
<p><u>Benchmark 5.2- Administration of drug testing is:</u></p> <ul style="list-style-type: none"> • <i>on a random schedule (or at scheduled intervals)</i> • <i>not less than twice a week during early program phases</i> • <i>adjusted frequency is dependent on participant progress</i> 	
<p><u>Benchmark 5.3- the scope of testing is sufficiently broad to detect:</u></p> <p>primary drug of choice other potential drugs of abuse use of alcohol</p>	<p><i>Practice 7.3- The testing policies and procedures address elements that contribute to the reliability and validity of a urinalysis testing process. 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.</i></p>
<p><u>Benchmark 5.4(a)- Urinalysis testing includes urine sample collection:</u></p> <ul style="list-style-type: none"> • <i>by direct observation</i> • <i>that verifies temperature and creatinine level measurement</i> 	<p><i>(See Practice 7.3)</i></p>
<p><u>Benchmark 5.4(b)- Testing includes specific, detailed, written procedures regarding all aspects of urine:</u></p> <ul style="list-style-type: none"> • <i>sample collection</i> • <i>sample analysis</i> • <i>results reporting</i> 	<p><i>(See Practice 7.3)</i></p>

Key Component Five	
<p><u>Benchmark 5.4(c)- Policies and procedures to document quality control and verify accuracy of urinalysis testing include:</u></p> <ul style="list-style-type: none"> • <i>documented chain of custody for each sample collected</i> • <i>quality control procedures to ensure process integrity</i> • <i>procedures for accuracy verification with contested results</i> 	<p>(See Practice 7.3)</p>
<p><u>Benchmark 5.5(a)- The time between sample collection and report of the results is within a short range of time:</u></p> <ul style="list-style-type: none"> • time between collection and results is short 	<p><i>Practice 7.5-</i> Test results are available and communicated to the court and the participant within a brief period, recognizing that the drug treatment court functions best when it can respond immediately to noncompliance.</p>
<p><u>Benchmark 5.6- The court is immediately notified when a participant has:</u></p> <ul style="list-style-type: none"> • tested positive • <i>failed to submit to AOD testing</i> • <i>submitted a fake sample</i> • <i>adulterated a sample</i> 	<p>(See Practice 7.5)</p>
<p><u>Benchmark 5.7- There is a coordinated strategy for promptly responding to relapses and program noncompliance such as:</u></p> <ul style="list-style-type: none"> • positive tests • missed tests • fraudulent tests 	<p><i>Practice 7.2-</i> The testing policies and procedures include a coordinated strategy for responding to noncompliance, including prompt responses to positive tests, missed tests, and fraudulent tests.</p>
<p><u>Benchmark 5.8- Before a participant is able to graduate from drug court, abstinence is required:</u></p> <ul style="list-style-type: none"> • <i>for a substantial period of time</i> 	

Additional Practices:

Practice 7.1 Drug treatment courts have written policies and procedures for the frequency of drug screening, sample collection, sample analysis, and result reporting.

Practice 7.4- Each drug treatment court program has breathalyzer capability.

Key Component Six: A coordinated strategy governs drug court responses to participants' compliance.

Standard VIII- *A coordinated strategy governs responses from the drug treatment court to each participant's performance and progress.*

Key Component Six	
<p><u>Benchmark 6.1- Procedures for reporting noncompliance are:</u></p> <ul style="list-style-type: none"> • clearly defined in drug court literature 	<p><i>Practice 8.2-</i> <i>Treatment providers, the judge, supervision staff 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.</i></p>
<p><u>Benchmark 6.2- Drug court responses to compliance and noncompliance are:</u></p> <ul style="list-style-type: none"> • explained verbally • included in written orientation materials • periodic reminders are given 	<p><i>Practice 1.4-</i> <i>Graduated responses to the participant's compliance and noncompliance are defined.</i></p> <p><i>Practice 8.3-</i> <i>Responses to compliance and noncompliance (including criteria for expulsion) are explained orally and provided in writing to drug treatment court participants during their orientation. Periodic reminders are given throughout the treatment process.</i></p>
<p><u>Benchmark 6.3(a)- Responses for compliance:</u></p> <ul style="list-style-type: none"> • vary in intensity 	<p><i>Practice 8.4-</i> <i>Coordinated responses for compliance or noncompliance are graduated and consistent with the infraction or accomplishment.</i></p>
<p><u>Benchmark 6.3(b)- Rewards for compliance include:</u></p> <ul style="list-style-type: none"> • <i>judicial praise and recognition</i> • <i>tangible rewards</i> • <i>phase advancement</i> • <i>decreased supervision and court appearances</i> • <i>reduced fines or fees</i> 	

Key Component Six	
<ul style="list-style-type: none"> • <i>incarceration reduction/suspension</i> • <i>graduation</i> 	
<p><u>Benchmark 6.4- Sanctions for noncompliance include:</u></p> <ul style="list-style-type: none"> • <i>warnings and admonishments</i> • <i>demotion to earlier program phases</i> • <i>increased drug testing and court frequency</i> • <i>court confinement or jury box</i> • <i>increased treatment</i> • <i>fines</i> • <i>community service or work programs</i> • <i>escalating periods of jail confinement</i> • <i>jail time (AOD treatment provided)</i> • <i>termination from the program</i> 	

Additional Practices:

Practice 8.1- A participant's progress through the drug treatment court experience is measured by his or her compliance with the treatment and supervision regimen.

Key Component Seven: Ongoing judicial interaction with each drug court participant is essential.

Standard IX- Ongoing judicial interaction with each participant in the drug treatment court is essential.

Key Component Seven	
<p><u>Benchmark 7.1(a)- Frequent court status hearings are held before the judge during each phase of the participants’ drug court experience to:</u></p> <ul style="list-style-type: none"> • establish and reinforce drug court policies • ensure effective participant supervision • give participants feedback about their program progress 	<p><i>Practice 9.1- Regular status hearings are used to monitor participant performance:</i></p> <p><i>a. Frequent status hearings during the initial phases of each participant's program establish and reinforce the drug treatment court's policies and ensure effective supervision of each drug treatment court participant. Frequent hearings also give the participant a sense of how he or she is doing in relation to others.</i></p>
<p><u>Benchmark 7.1(b)- Time between status hearings is increased or decreased, based on:</u></p> <ul style="list-style-type: none"> • <i>compliance with treatment protocols</i> • <i>progress observed</i> 	
<p><u>Benchmark 7.1(c)- The judge uses the opportunity of having drug court participants appear as a group at court status hearings to educate participants about:</u></p> <ul style="list-style-type: none"> • the personal benefits of compliance and consequences of noncompliance • model to the group the benefits of compliance and consequences of noncompliance 	<p><i>b. Having a significant number of drug treatment 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.</i></p>
<p><u>Benchmark 7.2- The court gives appropriate incentives and sanctions that:</u></p> <ul style="list-style-type: none"> • matches the participant’s treatment progress 	<p><i>Practice 9.2- The court imposes appropriate incentives and sanctions to match the participant's treatment progress.</i></p>

Key Component Seven

Benchmark 7.3- If the drug court imposes fees, fines, and/or restitution, staff ensures that:

- participants are financially able to meet these obligations
- drug court participation is not denied because of financial problems

Practice 9.3- 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.

Key Component Eight: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Standard X- The drug treatment court has results that are measured, evaluated, and communicated to the public.

Key Component Eight	
<p><u>Benchmark 8.1- As part of the comprehensive drug court planning process, the drug court team develops specific and measurable goals defining:</u></p> <ul style="list-style-type: none"> • Parameters of data recording and collection 	<p><i>Practice 10.2- The drug treatment court has an evaluation and monitoring protocol describing measurement of progress in meeting operational and administrative goals, effectiveness of treatment, and outcomes.</i></p>
<p><u>Benchmark 8.2- Data program monitoring and management include:</u></p> <ul style="list-style-type: none"> • demographics of offenders screened for eligibility • AOD problems among possible participants • attendance records • progress reports • drug test results • criminal histories of participants 	
<p><u>Benchmark 8.3- Monitoring and management data are in easy to use formats with:</u></p> <ul style="list-style-type: none"> • regular reviews by program staff 	
<p><u>Benchmark 8.4(a)- Participant information that is needed for monitoring and evaluation is gathered by an:</u></p> <ul style="list-style-type: none"> • automated system providing timely and useful reports • information is acquired through observation 	
<p><u>Benchmark 8.4(b)- Additional monitoring information is acquired through:</u></p>	

Key Component Eight	
<ul style="list-style-type: none"> • <i>program staff interviews</i> • <i>participant interviews</i> 	
<p><u>Benchmark 8.5- Automated and manual information systems protect unauthorized disclosure of sensitive personal information by:</u></p> <ul style="list-style-type: none"> • <i>adhering to written confidentiality guidelines</i> 	<p><i>Practice 10.3-</i> <i>Information systems adhere to written policies consistent with state and federal guidelines that protect against unauthorized disclosure.</i></p>
<p><u>Benchmark 8.6- Drug court staff monitors, review, and use evaluation reports:</u></p> <ul style="list-style-type: none"> • <i>at frequent intervals</i> • <i>to analyze program operations</i> • <i>to gauge program effectiveness</i> • <i>to modify procedures when necessary</i> • <i>to refine program goals</i> 	
<p><u>Benchmark 8.7- Process evaluation activities are undertaken:</u></p> <ul style="list-style-type: none"> • <i>throughout the drug court program</i> 	
<p><u>Benchmark 8.8- A qualified independent evaluator:</u></p> <ul style="list-style-type: none"> • <i>has been developed</i> • <i>develops and conducts evaluations</i> • <i>prepares interim and final evaluation reports</i> • <i>collaborates with team members on evaluation design</i> • <i>helped with design and implementation of information system</i> • <i>has access to relevant justice system and treatment information</i> • <i>maintains continuing contact and regularly provides information</i> • <i>provides reports for program revision</i> 	

Key Component Eight

<p><u>Benchmark 8.9- Data elements included in management and monitoring include:</u></p> <ul style="list-style-type: none"> • <i>number of defendants screened and screening outcomes</i> • <i>number of persons admitted to the drug court program</i> • <i>demographic, AOD, and criminal history characteristics of program participants</i> • <i>participants' drug court treatment information</i> • <i>number of active cases</i> • <i>drug test results</i> • <i>court and treatment attendance and progress information</i> • <i>graduate statistics and characteristics</i> • <i>non-graduate statistics and characteristics</i> • <i>records of court appearances and bench warrants</i> • <i>participant arrest information</i> • <i>participants in-program incarcerations</i> 	
<p><u>Benchmark 8.10- When making comparisons for evaluation purposes, the following groups are considered:</u></p> <ul style="list-style-type: none"> • <i>program graduates</i> • <i>program non-graduates</i> • <i>referred individuals who did not enter treatment</i> • <i>individuals not referred for drug court services</i> 	
<p><u>Benchmark 8.11- Data elements for follow-up evaluation include:</u></p> <ul style="list-style-type: none"> • <i>criminal behavior/activity</i> • <i>days spent in custody</i> • <i>AOD use since leaving the program</i> 	<p><i>Practice 10.1- The goals of the drug treatment court program are described concretely and in measurable terms. Minimum goals are:</i></p>

Key Component Eight	
<ul style="list-style-type: none"> • changes in job skills and employment status • changes in literacy and educational gains • changes in physical and mental health • changes in status of family relationships • attitudes about drug court participation • use of health care and other social services 	<ul style="list-style-type: none"> a. <i>Reducing drug addiction and drug dependency among offenders;</i> b. <i>Reducing crime;</i> c. <i>Improving public safety, including highway safety;</i> d. <i>Reducing recidivism;</i> e. <i>Reducing drug-related court workloads;</i> f. <i>Increasing personal, familial, and societal accountability among offenders; and</i> g. <i>Promoting effective planning and use of resources among the criminal justice system and community agencies.</i>
<p><u>Benchmark 8.12- Elements of cost-benefit analysis collected include:</u></p> <ul style="list-style-type: none"> • reductions in court costs • reductions in law enforcement and corrections costs • reductions in use of health care • increased economic productivity 	

Additional Practices:

Practice 10.4- *The drug treatment court must use and maintain current data in information technology system as prescribed by the Office of the Executive Secretary.*

Key Component Nine: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Standard XI- *The drug treatment court requires continuing interdisciplinary education, training and program assessment.*

Key Component Nine	
<p><u>Benchmark 9.1- Key personnel have attained a specific level of basic education:</u></p> <ul style="list-style-type: none"> • defined as staff training requirements • defined in written operating procedures • define requirements for continuing education 	<p><i>Practice 11.1-</i> <i>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 define requirements for the continuing education of each drug treatment court staff member.</i></p>
<p><u>Benchmark 9.2- Drug court personnel:</u></p> <ul style="list-style-type: none"> • attend training as a group • obtain continuing education credits 	<p><i>Practice 11.2-</i> <i>All drug treatment court personnel attend continuing education programs. Regional and national drug court training programs provide critical information on innovative developments across the nation. Sessions are most productive when drug treatment court personnel attend as a group.</i></p>
<p><u>Benchmark 9.3- On-going and continuing education:</u></p> <ul style="list-style-type: none"> • <i>is offered to all new hires</i> 	
<p><u>Benchmark 9.4(a)- An education syllabus and curriculum:</u></p> <ul style="list-style-type: none"> • <i>has been developed</i> 	
<p><u>Benchmark 9.4(b)- Topics include the:</u></p> <ul style="list-style-type: none"> • <i>noncompliance and relapse prevention</i> • <i>legal and criminal justice requirements</i> • <i>drug testing standards and procedures</i> • <i>cultural competency training</i> • <i>co-occurring disorder training</i> • <i>confidentiality requirements</i> 	

Additional Practices:

Practice 11.3- Continuing education institutionalizes the drug treatment court and moves it beyond its initial identification with the key staff that may have founded the program and nurtured its development.

Key Component Ten: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Standard XII- The local advisory committee interacts in a vital and meaningful way with the drug treatment court team.

Key Component Ten	
<p><u>Benchmark 10.1- Representatives meet regularly to:</u></p> <ul style="list-style-type: none"> • provide guidance and direction to the drug court program 	<p><i>Practice 12.2- The local advisory committee conducts regular meetings attended by drug treatment court staff.</i></p>
<p><u>Benchmark 10.2- Drug court and community linkages provide:</u></p> <ul style="list-style-type: none"> • <i>information about the drug court, local problems, and community services</i> 	
<p><u>Benchmark 10.3- Partnerships:</u></p> <ul style="list-style-type: none"> • <i>build effective links between the court and offenders in the community</i> 	
<p><u>Benchmark 10.4- The steering committee:</u></p> <ul style="list-style-type: none"> • <i>Is a nonprofit corporation with principle partners</i> • <i>provides policy guidance</i> • <i>raises funds and acquires resources</i> 	
<p><u>Benchmark 10.5- Virginia drug courts provide opportunities for community involvement through:</u></p> <ul style="list-style-type: none"> • <i>forums, informational meetings, and community outreach</i> 	<p><i>Practice 12.4- Staff of the drug treatment court engages in community outreach activities to build partnerships that will improve outcomes.</i></p>
<p><u>Benchmark 10.6- The drug court has:</u></p> <ul style="list-style-type: none"> • <i>a professional staff that reflects the population served</i> • <i>ongoing cultural competence training</i> 	

Additional Practices:

Practice 12.1- *Each local advisory committee membership shall include the people identified in 18.2-254.1.G.*

Practice 12.3- *Representatives of the court, community organizations, employers, law enforcement, corrections, prosecution, defense counsel, supervisory agencies, treatment and rehabilitation providers, educators, health and social service agencies, and the faith community have opportunity to contribute to the ongoing improvement of the drug treatment court program.*