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***OREGON ADULT DRUG COURT  
STANDARDS***

**August 2016**

# **OREGON ADULT DRUG COURT STANDARDS**

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## **INTRODUCTION**

The Oregon Criminal Justice Commission's purpose is to improve the efficiency and effectiveness of state and local criminal justice systems by providing a centralized and impartial forum for state-wide policy development and planning. The commission is charged with developing a long-range public safety plan for Oregon, which includes making recommendations on the capacity and use of state prisons and local jails, implementation of community corrections programs, and methods to reduce future criminal conduct.

Oregon values and relies on research findings to guide public safety investment decisions. CJC grants are targeted to improve the effectiveness and efficiency of state and local criminal justice systems. It is critical that public safety investments demonstrate cost-effectiveness and derive benefits for Oregon citizens.

With the passage of HB 3194 during the 2013 Oregon Legislative session, the Criminal Justice Commission (CJC) is charged with “serving as a clearinghouse and information center for the collection, preparation, analysis, and dissemination of the best practices applicable to specialty courts and after consulting with the Judicial Department, the commission shall develop evidence-based standards that may be applied to specialty courts.”

The Oregon Adult Drug Court Standards provide guidance to best practices and are founded upon the Ten Key Components of Drug Courts and with the Adult Drug Court Best Practice Standards, Volume 1 & 2, developed by the National Association of Drug Court Professionals.<sup>1</sup> The Ten Key Components are applicable to all specialty/treatment courts regardless of type (e.g., adult, mental health, family, juvenile, veteran, reentry, etc.). CJC recognizes these standards will evolve over time to include additional research and specific guidance for those specialty/treatment courts that serve juveniles, families, veterans, and so forth.

These standards and best practices are based upon numerous program evaluations and years of research findings.<sup>2</sup> These standards are intended to serve as ideal expectations. Exceptions to these standards may be necessary due to individual circumstances, local challenges, and the specific needs of the target population. Caution should be exercised when deviating from the standards to avoid drifting from best practice.

Each section of the Oregon Adult Drug Court Standards corresponds with one of the Ten Key Components of successful drug court implementation. The standards provide greater detail about each key component and include best practices recognized through research. These standards underpin the peer review process developed in 2013 for Oregon’s adult drug courts. All adult drug courts funded by the CJC will receive a peer review. Adult drug courts not receiving funding from the CJC can request a peer review.

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<sup>1</sup> National Association of Drug Court Professionals, 1997; <http://www.nadcp.org/Standards>

<sup>2</sup> Refers to both national drug court research and Oregon’s 2011 statewide drug court evaluation

# **OREGON ADULT DRUG COURT STANDARDS**

## **Key component #1: Drug courts will integrate alcohol and other drug treatment services with justice system case processing.**

**1-1** The adult drug court team shall include the following roles/agencies: judge, prosecuting and defense attorneys, treatment provider, court coordinator, case manager, probation and law enforcement. Depending on local program design, other appropriate key stakeholders should be added to the team (e.g., child welfare, housing providers, etc...).

**1-2** The adult drug court team shall collaboratively develop, review, and agree upon all aspects of adult drug court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines). The team shall create a policy manual and update it annually.

**1-3** The adult drug court team shall develop a written agreement (i.e., a Memorandum of Understanding) between all participating parties and review it annually. This agreement shall include the roles and responsibilities of all parties, as well as what information will be shared.

**1-4** All adult drug court team members are expected to attend and participate at each scheduled pre-court staff meeting and status hearing. At a minimum, pre-court staff meetings shall occur at the same frequency as, and in advance of, scheduled status hearings.

**1-5** Treatment providers shall communicate in advance of status hearings and via email between status hearings with the adult drug court team and report on participant progress and/or concerns in treatment.

**1-6** The adult drug court ensures that participants from groups that 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 equal access, retention, treatment, dispositions and incentives/sanctions.

**1-7** The program has a written consent or release of information form; participants provide voluntary and informed consent about what information will be shared between team members.

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## **Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.**

2-1 Prosecution (District Attorney) and defense counsel shall be members of the adult drug court team and shall participate in the design, implementation and enforcement of the program's screening, eligibility and case-processing policies and procedures.

2-2 The prosecutor and defense counsel shall work to create a sense of stability, cooperation, and collaboration in pursuit of the program's goals. The pursuit of justice and protection of public safety, as well as the preservation of the constitutional rights of adult drug court participants will be ensured by both attorneys.

2-3 The prosecutor and defense counsel shall attend all team meetings (pre-court staff meetings and status hearings).

2-4 The prosecutor shall: review cases and determine whether a defendant is legally eligible for entry to the adult drug court program; file all required legal documents; agree that a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on that drug test or admission; and work collaboratively with the team to decide on a team response to participant behavior, including incentives, sanctions, and when or whether termination from the program is warranted.

2-5 The defense counsel shall: review the police reports, arrest warrant, charging document, all program documents, and other relevant information; advise the defendant as to the nature and purpose of the adult drug court, the rules governing participation, the merits of the program, the consequences of failing to abide by the program rules, and how participation or non-participation will affect his/her interests; provide a list of and explain all of the rights that the defendant will temporarily or permanently relinquish;<sup>3</sup> advise the participants on alternative options; explain that the prosecution has agreed that a positive drug test or admission to drug use in open court will not lead to additional charges, and therefore encourage truthfulness with the judge and treatment staff; and, inform the participant that they will be expected to take an active role in status hearings, including speaking directly to the judge as opposed to doing so through an attorney, and work collaboratively with the team to decide on team response to participant behavior including incentives, sanctions and when or whether termination from the program is warranted.

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<sup>3</sup> Each right that will be temporarily or permanently relinquished as a condition of participation in drug court shall be distinguished and explained separately to ensure the defendants fully understands what they are waiving.

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**2-6** Both the prosecution and the defense attorney shall perform their tasks as part of the program eligibility and admission process as swiftly as possible, including working with stakeholders in the legal system to shorten the time to entry into the adult drug court.

**2-7** The program allows offenders with non-drug charges and different levels of criminal charges (felony or misdemeanor) to participate and does not automatically disqualify individuals with a current charge, or criminal history, associated with drug dealing or violence. The program only disqualifies individuals based on current or prior offense if empirical evidence and available treatment services suggest that those individuals cannot be safely and/or effectively managed in the adult drug court program.

**2-8** All participants shall receive a Participant Handbook upon accepting the terms of participation and entering the program. Receipt of the Participant Handbook shall be acknowledged through a signed form and documented in the drug court file.

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

3-1 Participant eligibility requirements/criteria shall be defined objectively, agreed upon by all members of the adult drug court team, included in writing as part of the program's policies and procedures, and communicated to potential referral sources.

3-2 Adult drug court programs may be designed to admit eligible participants pre-plea, post-plea, or may operate as a combination of both pre and post plea participants.

3-3 Adult drug courts should target individuals classified as moderate to high risk and high need. *Adult drug courts choosing to serve low risk low need individuals, as a small percentage of the overall participants population, should develop separate service tracks or "phase" requirements for the low risk low need offenders so that services for participants are appropriate for their assessed need and risk level.*

3-4 Adult drug courts shall use standardized, objective, validated risk and need screening and assessment tools to assess the risk and need of the potential adult drug court candidate (e.g., LSI-R, LS-CMI, PSC, etc.). Screening and assessment results should be used for both program eligibility and to determine level and type of care and supervision. Adult drug courts shall use validated clinical assessments for service planning, to address treatment and complementary service needs. When working with members of historically disadvantaged groups, programs have a responsibility to use tools validated for those members, where available.

3-5 Adult drug courts choosing to serve a mixed population of low risk and moderate to high risk offenders should provide separate tracks and separate group treatment services to ensure low risk offenders are not attending group sessions with moderate and high risk offenders and that their specific needs are met.

3-6 Participants are screened for program eligibility by designated members of the adult drug court team as identified by program policies and procedures.

3-7 Participants being considered for adult drug court shall be promptly advised about the program, including the requirements, scope and potential benefits, effects on their case, and consequences of noncompliance with the program's case plan.

3-8 Programs should strive to have participants begin the program within 50 days of the arrest, or incident that resulted in their being considered for entry into the adult drug court.

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**3-9** Assessment for substance use disorders and other treatment needs shall be conducted by appropriately trained and qualified professional staff.

**3-10** If appropriate services are available, adult drug courts accept individuals with serious mental health disorders/co-occurring disorders and medical conditions. Adult drug courts gather information from trained medical professionals and consider accepting individuals with valid prescriptions for psychotropic or addictive medication, such as narcotics for pain.

**3-11** Adult drug courts shall maintain an appropriate caseload/census based on their capacity to effectively serve all participants in compliance with these standards. Adult drug courts serving more than 125 participants with a single judge shall ensure they have the capacity (both services and staff time available) to adhere to these standards.

**3-12** The treatment court shall have a mechanism in place for accepting participants who are using medications, which were determined to be medically necessary and prescribed by a trained and authorized addiction physician, to treat their drug dependence (medication-assisted treatment or MAT). They shall have policies specific to MAT and MOUs in place to ensure proper coordination with treatment and medical providers. Treatment courts will not force any participants to discontinue MAT unless clinical and medical assessment indicates that it is not appropriate for the participant or is no longer needed.

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

4-1 Adult drug courts should provide a continuum of services through partnership with a primary treatment provider, including detoxification, outpatient, intensive outpatient, day treatment, and residential services. The adult drug court team will clearly identify the treatment staff overseeing case management services who will coordinate other ancillary services, and make referrals as necessary.

4-2 The treatment court uses no more than two treatment agencies to provide the primary treatment services for a majority of participants or a single agency/individual oversees and coordinates the treatment provided from other agencies, unless local circumstances prevent this.

4-3 When possible, adult drug courts should implement treatment readiness programs for participants who are on waiting lists for comprehensive treatment services e.g., Curriculum-Based Motivational Group, Motivational Enhancement Therapy, Motivational Interviewing, etc.).

4-4 Adult drug courts shall require a minimum of 12 months of participation to complete all program phases. Overall duration and dosage of treatment for participants shall be based on the individual's risk and needs as determined from validated standardized assessments, which for high need participants is likely to be 6-10 hours per week during the initial phase and 200 hours of counseling over 9-12 months.

4-5 Adult drug courts should incorporate a phase/level system including, ideally 5 phases, with aftercare/continuing care being emphasized as the last phase/level.<sup>4</sup>

4-6 Standardized, manualized, behavioral or cognitive behavioral, evidence-based treatment programming, implemented with fidelity, shall be adopted by the adult drug court to ensure quality and effectiveness of services and to guide practice. Programs serving high risk/high need participants who are suitable for group-based services should strive for treatment groups of no more than 12 participants and at least 2 facilitators/leaders. Examples of evidence-based treatment programming can be found at the SAMHSA's National Registry of Evidence-based Programs and Practices' (NREPP) website.<sup>5</sup>

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<sup>4</sup> <http://www.oregon.gov/CJC/Documents/Grants/Phases%20Example%20July%202014.pdf>

<sup>5</sup> NREPP website is <http://www.nrepp.samhsa.gov>

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**4-7** Adult drug court programs shall offer a comprehensive range of treatment services based on the specific court type. The program shall adopt guidelines directing the frequency of each service that a participant must receive based on assessed need. These services include but are not limited to:

- Group counseling
- Individual counseling
- Family counseling
- Alcohol and drug counseling
- Gender-specific counseling
- Culturally competent services
- Domestic violence counseling
- Anger Management
- Criminal Thinking Interventions
- Health screening
- Brief evidence-based educational curriculum to prevent health-risk behavior (e.g., STIs and other diseases)
- Brief evidence-based educational curriculum to prevent or reverse drug overdose
- Drug testing
- Medication management
- Assessment and counseling for mental health issues
- Trauma-informed care, including trauma-related services
- Evaluation for suitability for group interventions
- Residential treatment
- Medication Assisted Treatment (MAT)
- Transition plan (for the participant's recovery following court supervision)

**4-8** Ancillary services should be made available to meet the needs of participants. These services may include but are not limited to:

- Employment counseling and assistance (beginning in later phase of program) or help applying for public assistance benefits
- Parenting education and child care
- Educational component
- Medical and dental care
- Applying for health insurance coverage
- Transportation
- Housing
- Mentoring and alumni groups

**4-9** Adult drug court participants shall be matched to services according to their specific needs. Guidelines for placement at various levels (e.g., residential, detoxification, day treatment, outpatient, sober living residences, etc.) should be developed by the adult drug court team incorporating the expertise of the treatment provider.

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**4-10** Adult drug court participants shall meet weekly with a clinical case manager or treatment provider during the first phase.

**4-11** When feasible, at least one reliable and prosocial family member, friend, or daily acquaintance is enlisted to provide firsthand observations to staff about participants' conduct outside of the program, to help participants arrive on time for appointments, and to help participants satisfy other reporting obligations in the program.

**4-12** Treatment/case management plans shall be individualized for each participant based on the results of the initial assessment and ongoing assessments. Participants should be reassessed at a frequency determined by the program, and treatment plans may be modified or adjusted based on results.

**4-13** Programs will establish quality assurance processes to ensure the accountability of the treatment provider to incorporate services and training consistent with the drug court model and treatment best practices (such as using evidence-based practices, culturally appropriate approaches, cognitive behavioral therapy, manualized treatment, and trained/licensed professionals; maintaining fidelity to their treatment models, and appropriately matching individuals to services based on assessed needs).

**4-14** Treatment providers are licensed or certified to deliver substance use disorder treatment, have substantial experience working with criminal justice populations, and are supervised regularly to ensure fidelity to treatment models.

**4-15** Programs shall include a focus on continuing care services, including relapse prevention and aftercare services. This assistance may include establishment of alumni groups, peer mentors, and/or peer support groups, that encourage participation in other community supports.

**4-16** Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.

**4-17** Participants are prescribed psychotropic or addiction medicine as needed by treating physician with relevant expertise.

**4-18** Participants attend self-help or peer support groups as indicated based on risk and need.

**4-19** Caseloads for probation officers or other professionals providing community supervision for the drug court do not exceed 30 active participants. (Caseloads can go up to 50 if staff has a mix of low risk and no other caseloads or responsibilities).

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**4-20** Caseloads for clinicians providing case management and treatment do not exceed 30 active participants. (Caseloads can go up to 50 if providing counseling OR case management but not both, AND if the clinician has no other responsibilities, including assessments).

**4-21** The treatment court provides referrals to services for participant's children.

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

5-1 The adult drug court program shall implement a standardized system in which participants will participate in drug testing. Testing shall be administered randomly but occur no less than twice per week. Testing should occur on weekdays, weekends and holidays. As treatment dosage and supervision is reduced, drug testing should be maintained until the participant has shown significant progress in meeting target behaviors including relapse prevention skills.

5-2 Adult drug courts shall utilize urinalysis as the primary method of drug testing; a variety of alternative methods may be used to supplement urinalysis, including breath, hair, and saliva testing, patch, and electronic monitoring.

5-3 Drug testing sample collection shall be directly observed by an authorized, same sex member of the adult drug court team or other approved official of the same sex as the participant.

5-4 Results of drug testing should be provided to the adult drug court team within 48 hours. In the event the participant provides a diluted, altered or positive sample, or fails to submit a sample, this information will be communicated with the adult drug court team immediately. Participants who provide a dilute sample will be educated about what can cause a dilute sample and how to avoid them in the future. Subsequent dilute samples, or altered samples, will be considered dishonesty and be eligible for a sanction. The reason for failing to submit a sample will be considered on a case-by-case basis by the team to determine if it warrants a sanction or other response.

5-5 The frequency of drug and alcohol testing is not reduced until after other treatment and supervisory services have been reduced without a resulting relapse.

5-6 A period greater than 90 continuous days of negative drug test results shall be required before a participant is eligible to graduate from the program.

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

**6-1** The adult drug court shall have a formal system of responses to participant behavior, including incentives/rewards, sanctions, and therapeutic responses, established in writing and included in the program's policies and procedures manual. The adult drug court provides these guidelines to team members, for use in pre-court staff meetings.

**6-2** The adult drug court places as much emphasis on incentivizing productive behaviors as it does on reducing crime, illicit substance use, and other infractions. Criteria for phase advancement and graduation include objective evidence that participants are engaged in productive activities such as employment, education, or attendance in peer support groups.

**6-3** Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen and remaining drug-abstinent for a specified period of time. Sanctions and incentives may change over time as participants advance through the phases of the program.

**6-4** If a participant is terminated from the adult drug court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the program.

**6-5** Before entering the program and throughout their involvement, participants are informed about the types of incentives and sanctions used in the program and the types of behaviors that result in incentives/rewards, sanctions, or therapeutic responses. The program will allow participants to communicate with a defense attorney prior to the imposition of a jail sanction. Jail will only be used as a sanction if the facility will allow the participant to continue to take any needed psychiatric medications.

**6-6** The adult drug court has incentives for completing the program, such as avoiding a criminal record, avoiding incarceration, or receiving a substantially reduced sentence or disposition.

**6-7** The formal system of responses to participant behavior (incentives/rewards, sanctions, and therapeutic responses) shall be organized on a gradually escalating scale, offering a range of options, applied in a consistent and appropriate manner to match individual participants' conduct and level of compliance. The program's system of responses to behavior must also incorporate an individual's ability to understand the program's expectations.

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**6-8** No single set of responses (incentives/rewards, sanctions, and therapeutic responses) is effective for everyone. Incentives/rewards, sanctions, and therapeutic responses should be tailored to the individual participant by obtaining information on the participant during the assessment process and through conversations in pre-court staff meetings, and with the participant in court and case management meetings.

**6-9** Information regarding incidents of participant noncompliance shall be communicated immediately to all members of adult drug court team to coordinate an appropriate response to the noncompliance incident.

**6-10** Responses to participant noncompliance should come as close in time as possible to the targeted behavior, but at most within 1 week.

**6-11** Responses to behavior (incentives/rewards, sanctions, and therapeutic responses) must be certain, fair, and of the appropriate intensity. All responses should focus on specific behaviors and be administered with a clear direction for the desired behavior change.

**6-12** Consequences are imposed for the nonmedically indicated use of intoxicating or addictive substances (including alcohol, cannabis (marijuana), and prescription medications, regardless of the licit or illicit status of the substance. The adult drug court team relies on medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether nonaddictive, nonintoxicating, and medically safe alternative treatments are available.

**6-13** Therapeutic adjustments (NOT sanctions) are used when a participant is not responding to treatment interventions but is otherwise in compliance with program requirements. Participants are not terminated from the program for substance use if they are otherwise compliant with program requirements.

**6-14** Sanctions should be implemented in a way for the participant to understand the consequence of noncompliance with program rules without being viewed simply as punitive. Participants should be told what behavior the team expects of them and offered help to accomplish it, rather than just being told the behavior they should not engage in. Sanctions are delivered without expression of anger, ridicule, foul or abusive language, or shame.

**6-15** Adult drug court teams should come to a mutual agreement on incentives/rewards, sanctions, and therapeutic responses to prevent conflict between team members. Pre-court staff meetings can help the team coordinate on the appropriateness of a sanction based on the participant's resources and ability (proximal and distal considerations<sup>6</sup>).

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<sup>6</sup> For additional information, please see <http://www.ndcrc.org/sites/default/files/sibehmodtalk4.ppt>

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**6-16** Participants are expected to pay fees (distinct from restitution owed) as part of their program involvement. Fees may be part of existing court or probation supervision, may be associated with treatment or drug testing, or may be a periodic (e.g., monthly) program fee. Fees may be reduced as an incentive for positive behavior, or paid through community service credits. Programs must work with each individual to establish a payment plan and monitor progress to ensure lack of payment does not become a barrier to graduation.

**6-17** To graduate, participants must have paid all required program fees or have a court approved waiver or post-completion payment plan.

**6-18** Programs must use jail sanctions sparingly and with the intention of modifying participant behavior in a positive manner. Jail sanctions longer than 6 continuous days are outside of best practices.

**6-19** To graduate, participants must have a job or be in school.

**6-20** To graduate, participants must have a sober and sustainable housing environment that is conducive to recovery/stability.

**6-21** A new possession charge does not automatically prompt termination. A new charge prompts an appropriate response, discussed collaboratively by the treatment court team, based on proximal and distal considerations.

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

**7-1** The adult drug court judge should serve a term of at least 2 years. Longer terms are better.<sup>7</sup> Consistency of the judge for participants correlates with better outcomes. Rotating/alternating judges should be avoided (with the exception of having a back-up judge, see Standard 7-5).

**7-2** The adult drug court judge shall be knowledgeable about the drug court model, addiction, treatment methods, drug screening, and other related issues.

**7-3** The adult drug court judge offers supportive comments to participants, stresses the importance of their commitment to treatment and other program requirements, and expresses optimism about their abilities to improve their health and behavior. The judge does not humiliate participants or subject them to foul or abusive language. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of sanctions, incentives and therapeutic adjustments.

**7-4** The adult drug court judge makes final decisions concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty, after taking into consideration the input of the other drug court team members and discussing the matter in court with the participant or the participant's legal representative. The judge relies on the expert input of trained treatment professionals when imposing treatment-related conditions.

**7-5** The adult drug court team should include one primary judge and a second judge trained in the adult drug court philosophy and protocols to cover any status hearings during the absence of the primary judge. It is recommended the second judge rotate through the program for a term of at least 2 years to ensure better outcomes.

**7-6** The adult drug court judge shall attend all pre-court staff meetings. At a minimum, pre-court staff meetings shall occur at the same frequency as, and in advance of, scheduled status hearings.

**7-7** A regular schedule of status hearings shall be used to monitor participant progress.

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<sup>7</sup> Finigan, M. W., Carey, S. M., & Cox, A. A. (April 2007). The Impact of a Mature Specialty Court Over 10 Years of Operation: Recidivism and Costs: Final Report. NPC Research: Portland, OR.

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**7-8** Participants shall attend weekly or every other week status hearings while in the first phase of the adult drug court program depending on the participant's risk and need. This schedule may continue through additional phases. Frequency of status hearings may vary based on participant needs and/or judicial resources.

**7-9** Status hearings should be held no less than once per month during the last phase of the program.

**7- 10** The adult drug court judge should strive to spend at least 3 minutes with each participant during status hearings, especially those participants who are doing well.

**7- 11** The adult drug court judge should be assigned to the adult drug court on a voluntary basis.

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

**8-1** Team jointly develops shared goals and performance measures. Team must be aware of their program's outcomes and how the program affects the larger system/state. Participant progress, success, and satisfaction should be monitored on a regular basis (including at program entry and graduation) through the use of surveys, including exit surveys at the time of graduation or termination. Monitoring should include a comparison of historically disadvantaged groups to the other participants, to identify—and work to address—any areas of inequity.

**8-2** The adult drug court monitors its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions.

**8-3** Participant data should be monitored and analyzed on a regular basis per local policy development, to determine the effectiveness of the program. Monitoring should compare historically disadvantaged groups to the other participants, to identify—and work to address—any areas of inequity in program access, treatment, responses to behavior, and dispositions.

**8-4** A process and outcome evaluation should be conducted by an independent evaluator within 3 years of implementation of an adult drug court program, and in regular intervals of at least 5 years thereafter.

**8-5** Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make modifications to program operations, procedures and practices.

**8-6** Data needed for program monitoring and management should be kept in electronic data systems, be easily obtainable and maintained in useful formats for regular review by program teams and management.

**8-7** Adult drug courts should use the statewide case management program, currently the Oregon Treatment Court Management System (OTCMS), in the interest of systematic collection of program performance data.

**8-8** Team members should record information concerning the provision of services and in-program outcomes within 48 hours of the respective events to ensure reliable data entry.

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**8-9** The adult drug court program will work collaboratively with the state to conduct cost-benefit analysis of the adult drug court program.

**8-10** Adult drug court programs funded by CJC will participate in a peer review process once every 4 years. Receiving a peer review can be included as an appropriate process evaluation (see **8-4** above). Adult drug courts not funded by CJC can request a peer review if desired.

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

**9-1** Adult drug court programs shall address staff training requirements and continuing education in their policy manual. Recommended training shall align with state and national standards and practices endorsed by the National Association of Drug Court Professionals (NADCP) and the National Drug Court Institute (NDCI). Treatment practices must be evidence-based practices endorsed by NREPP, SAMSHA or culturally based practices deemed effective and appropriate.

**9-2** Adult drug court staff members are educated across disciplines for professional development, cultural responsiveness, and team building. Training and education should include topics such as:

- The drug court model
- Best practices
- Substance use disorder and mental health treatment
- Managing co-occurring disorders
- Sanctions and incentives
- Drug testing standards and protocols
- Confidentiality and ethics
- Recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups
- Proficiency in dealing with participants' race, culture, ethnicity, gender and sexual orientation, and trauma

**9-3** Adult drug court teams, to the extent possible, should attend comprehensive training yearly or every other year as provided by state or national drug court organizations, e.g., the National Association of Drug Court Professionals, National Drug Court Institute, Oregon Association of Drug Court Professionals, etc.

**9-4** New adult drug court team members shall receive formal orientation and training administered by previously trained adult drug court team members within 60 days of joining the team. Formal training can be supplemented with online webinars, adult drug court trainings and conferences.

**9-5** The judge receives specialized training in legal and constitutional issues, judicial ethics, behavior modification, and community supervision. The judge attends annual training conferences and workshops.

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

**10-1** The adult drug court shall establish a Policy Committee to oversee the operations of the court and to establish a written plan. The plan should address sustainability of the court's operation, resources, information management, and evaluation needs. The written plan shall include implementation tasks and timeframes to ensure compliance with the Oregon Adult Drug Court Standards. The plan should incorporate the goals of participant abstinence from alcohol and illicit drugs and the promotion of law-abiding behavior in the interest of public safety.

**10-2** The Policy Committee should meet quarterly. Members of the Policy Committee are to be drawn from the participating agencies. Recommended membership includes: the district attorney's office, the public defender's office, community corrections agency, the court, law enforcement, child welfare, and treatment.

**10-3** The adult drug court is encouraged to organize an Advisory Committee consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, the business community, media, faith community and other community groups. The Advisory Committee should meet at least yearly to provide guidance to the Policy Committee and adult drug court team. Advisory Committees should be looked to for program guidance, fundraising, resource development to meet unmet needs of participants and other program challenges. Advisory Committees should include representatives from the following groups – crime victims, housing, consumers, family members, and other community members.

**10-4** Adult drug courts should consider whether the Advisory Committee members might form an independent 501(c) (3) organization for fundraising purposes.

**10-5** Officials in criminal justice, mental health, and substance use disorder treatment should work together to improve the quality and expand the quantity of available services.

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## **ACKNOWLEDGEMENTS**

These Oregon Adult Drug Court Standards are the result of the efforts of the following individuals and organizations listed below:

NPC Research  
The Oregon Criminal Justice Commission  
The Oregon Judicial Department  
The Oregon Association of Drug Court Professionals

These standards align with the Adult Drug Court Best Practice Standards Volumes 1 & 2 developed by the National Association of Drug Court Professionals.

For more information about the CJC and its funding opportunities, contact:

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