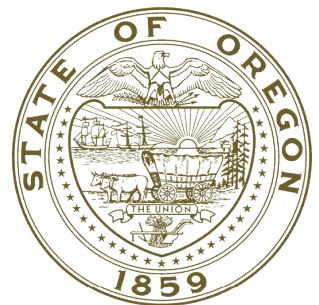


Report: Specialty Courts

Report of the 82nd Legislative Assembly Task Force on Specialty Courts

Adopted November 8, 2024



82ND LEGISLATIVE ASSEMBLY

TASK FORCE ON SPECIALTY COURTS

Oregon State Legislature
900 Court Street NE
Salem, OR 97301

<https://www.oregonlegislature.gov>



Date: November 15, 2024
Name: Chair Floyd Prozanski and Chair Jason Kropf
Re: Final Report of the Task Force on Specialty Courts

Chairs Prozanski and Kropf:

Submitted herewith is the final report of the Task Force on Specialty Courts. This Task Force was created in 2024 by House Bill 4001 to study issues related to specialty courts and to submit a final report to the interim committees of the 82nd Legislative Assembly related to the judiciary no later than November 15, 2024.

The Task Force was charged with studying funding, administration, eligibility metrics, and accountability mechanisms for specialty courts in Oregon. Members of the Task Force heard from numerous experts on the subjects in question and worked diligently to understand and report our findings. Because the time the Task Force had to study the issues presented was somewhat truncated, there are numerous questions that will require further exploration and study, which is reflected in this report. This report includes the Task Force's findings related to those issues and a set of 14 adopted recommendations.

It has been a privilege to be trusted by the Legislative Assembly, Governor Kotek, and Chief Justice Flynn to serve on the Task Force and contribute to a process that we hope will continue to improve our many treatment courts in Oregon.

Sincerely,

A handwritten signature in black ink, appearing to read "Clara L. Rigmaiden".

Hon. Clara L. Rigmaiden
Task Force Chair





About this Report

[House Bill 4001](#) (2024) (“HB 4001”) created the [Task Force on Specialty Courts](#) to study four subject areas concerning specialty courts, laid out in Section 1, subsection (3):

1. Identification of the most appropriate funding mechanism to ensure long-term stability of specialty courts within the state.
2. Determining the administrative and funding balance between the Oregon Criminal Justice Commission and the Judicial Department.
3. Determining whether specialty courts currently use the right eligibility metrics, including whether current metrics are accurately capturing those individuals who would benefit from a drug court program.
4. Identification of the appropriate accountability mechanism to ensure that specialty courts are operating according to the standards of the commission.

HB 4001 also directed the Task Force to submit a report on its findings and recommendations to the Legislative Assembly by November 15, 2024. The [Legislative Policy and Research Office](#) (LPRO) has prepared this Report, in accordance with Section 1, subsections (10) and (11), of HB 4001 and ORS 192.245.

This Report communicates and provides context for the Task Force’s Findings and Recommendations, which are listed at the end of the Report. The Report includes a background on specialty courts and the Task Force, describes the timeline and process the Task Force used to arrive at its Findings, Recommendations, and Report, and summarizes the policy research heard by the Task Force. Finally, the Report lists the Task Force’s Findings and Recommendations.

Task Force Members

Judicial Branch Members (non-voting)

Judge Clara Rigmaiden, representing the Oregon Judicial Department, Chair

Judge Heidi Moawad, representing the Oregon Judicial Department

Judge Ann Marie Simmons, representing the Oregon Judicial Department

Voting Members

Shane Alderson, representing a county with a population of less than 50,000

Chris Behre, representing public defenders

Kathy Brazell Sévos, representing behavioral health providers

Heather Crow-Martinez, representing a social services provider that has partnered with a drug court

Joseph Garcia, representing community corrections directors

AJ Gosney,* representing the Oregon Youth Authority

John Haroldson, representing district attorneys

Kimberly Keller, representing the Oregon Department of Human Services

Aaron Knott,* representing district attorneys

Lisa Nichols, representing the Oregon Health Authority

Sheriff Matthew Phillips, representing law enforcement officers

Laura Ruggeri, representing public defenders

Ken Sanchagrin, representing the Oregon Criminal Justice Commission

Jay Scroggin, representing a county with a population of more than 300,000

Jason Van Meter, representing veterans

Chris Wig, representing behavioral health providers

Lani Williams,* representing the Oregon Youth Authority

Caroline Wong,* representing district attorneys.

*Note: Aaron Knott's last meeting as a task force member was July 26, 2024; Caroline Wong was appointed in his place on September 5, 2024. AJ Gosney's last meeting as a task force member was June 25, 2024; Lani Williams was appointed in his place on October 8, 2024.

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Oregon State Legislature

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The Legislative Policy and Research Office (LPRO) provides centralized, nonpartisan research and issue analysis for Oregon's legislative branch. LPRO does not provide legal advice. LPRO publications contain general information that is current as of the date of publication. Subsequent action by the legislative, executive, or judicial branches may affect accuracy.

Report:

Specialty Courts

November 8, 2024

Executive Summary

This Report on Specialty Courts (“Report”) of the 82nd Legislative Assembly’s Task Force on Specialty Courts (“the Task Force”) presents findings and recommendations related to Oregon specialty courts (e.g., drug and alcohol treatment courts, mental health courts, veterans’ courts, family courts, juvenile courts) as directed by [House Bill 4001](#) (2024) (“HB 4001”).

HB 4001 directed the Task Force to study and make recommendations on four subject areas related to Oregon specialty courts:

1. Identification of the most appropriate funding mechanism to ensure long-term stability of specialty courts within the state.
2. Determining the administrative and funding balance between the Oregon Criminal Justice Commission and the Judicial Department.
3. Determining whether specialty courts currently use the right eligibility metrics, including whether current metrics are accurately capturing those individuals who would benefit from a drug court program.
4. Identification of the appropriate accountability mechanism to ensure that specialty courts are operating according to the standards of the Commission.

The Task Force met 9 times between June 25, 2024, and November 8, 2024. The Task Force heard presentations from experts and practitioners in-state, out-of-state, and nationwide. The Task Force adopted its Recommendations on October 25, 2024, and adopted this Report on Nov. 8, 2024.

The Task Force made the following findings related to specialty courts. Sub-findings and further explanations are included in the Findings section of this Report.

Finding 1: Oregon’s specialty courts are an integral and evidence-based piece of the criminal justice system. practices standards provide the evidence-backed foundation for Oregon’s specialty courts.

Finding 2: The 10 Key Components of treatment courts and All Rise’s best



Finding 3: Specialty courts are resource-intensive and cost-effective programs for reducing recidivism.

Finding 4: As the primary funding source, State funding and support for specialty courts is critical to their stability and success.

Finding 5: Current funding instability results in pressure points on the specialty court system. Funding instability is a significant challenge to maintaining strong adherence to standards, and some counties have closed treatment courts due to lack of resources.

Finding 6: Treatment costs present a specific challenge to adequate funding and to meeting specialty court standards.

Finding 7: Specialty court eligibility metrics help ensure program efficacy by targeting specific populations for participation and by accounting for local variables.

Finding 8: Given the complexity of issues the specialty court system faces, some issues in the Task Force's areas of study require further exploration.

The Task Force adopted 14 recommendations on the following topics:

1. **Statutory Update**
2. **Advisory Committee**
3. **Data Entry**
4. **SCGP Award Timeline**
5. **Third-Party Evaluation**
6. **Cost and Funding Data and Definitions**
7. **Formal Cost and Funding Stream Study**
8. **Statewide Assessment Database**
9. **SCMS Ingestion**
10. **SCMS Funding**
11. **OSCA Staff Positions**
12. **OHA Billing Modifier**
13. **Utilization Management Practices**
14. **Court Liaisons**

Full verbatim title and text of the recommendations are included in the Recommendations section of this Report.

This report can be accessed online at (link). Meeting recordings, presentations, and other materials are on the [Task Force OLIS page](#).



Table of Contents

About this Report.....	ii
Executive Summary.....	iv
Table of Contents.....	vi
Abbreviations.....	1
Background.....	2
The Task Force on Specialty Courts.....	2
Background on Specialty Courts.....	3
Task Force Process.....	8
Timeline.....	8
Information Gathering, Findings, and Recommendations Processes.....	9
Task Force Policy Research.....	12
Oregon Specialty Courts Overview.....	12
Eligibility Metrics.....	18
Accountability Mechanisms.....	25
Administrative Balance.....	31
Funding Balance and Mechanisms.....	33
<i>LPRO Specialty Court Survey</i>	37
Task Force Findings.....	40
Task Force Recommendations.....	48
Adopted Recommendations.....	49
Recommendation 1: Statutory Update.....	49
Recommendation 2: Advisory Committee.....	50
Recommendation 3: Data Entry.....	53
Recommendation 4: SCGP Award Timeline.....	54
Recommendation 5: Third-party Evaluation.....	56
Recommendation 6: Cost and Funding Data and Definitions.....	57
Recommendation 7: Formal Cost and Funding Stream Study.....	59



Recommendation 8: Statewide Assessment Database	61
Recommendation 9: SCMS Ingestion	63
Recommendation 10: SCMS Funding	65
Recommendation 11: OSCA Staff Positions	66
Recommendation 12: OHA Billing Modifier.....	68
Recommendation 13: Utilization Management Practices.....	70
Recommendation 14: Court Liaisons	71
Recommendations Not Adopted	73
Behre 1.2: Treatment Court Admissions.....	73
Alderson 1.1: Peer Review Board	74
Moawad 1.1: Funding with Accountability	76
Appendices	78



Abbreviations

CCO: Coordinate Care Organization

CJC: Criminal Justice Commission

CSL: Current Service Level

DUII: Driving Under the Influence of Intoxicants

LS/CMI: Level of Service Case Management Inventory

MCJRP: Multnomah County Justice Reinvestment Program

OHA: Oregon Health Authority

OJD: Oregon Judicial Department

OSCA: Office of the State Court Administrator

RANT: Risk and Needs Triage Tool

SCGP: Specialty Court Grant Program

SCMS: Specialty Court Case Management System

SCOP: Specialty Court Operating Profile

START: Success Through Accountability, Restitution and Treatment

STOP: Sanction Treatment Opportunity Progress



Background

The Task Force on Specialty Courts

In 2024, the Oregon Legislative Assembly passed [House Bill 4001](#) (2024) (“HB 4001”). Representative Dan Rayfield, then Speaker of the House, testified as the bill’s sponsor to the House Committee on the Judiciary that Oregon needed a task force to explore ways to bolster a specialty court system burdened by funding instability and recent closures. HB 4001 created the Task Force on Specialty Courts and directed it to study four subject areas:

1. Identification of the most appropriate funding mechanism to ensure long-term stability of specialty courts within the state.
2. Determining the administrative and funding balance between the Oregon Criminal Justice Commission and the Judicial Department.
3. Determining whether specialty courts currently use the right eligibility metrics, including whether current metrics are accurately capturing those individuals who would benefit from a drug court program.
4. Identification of the appropriate accountability mechanism to ensure that specialty courts are operating according to the standards of the commission.

HB 4001 also required the Task Force to submit a report on its findings and recommendations to the interim committees of the Legislative Assembly related to the Judiciary by November 15, 2024. The Task Force first convened on June 25, 2024, and elected Judge Clara Rigmaiden, Lane County Circuit Court, as Chair.

To meet its obligation to investigate the four subject areas, the Task Force heard presentations, gathered documentation, and conducted a survey of Oregon specialty courts. The Task Force discussed each subject area, reviewed staff-prepared Findings based on the information received and member discussion, as well as adopted member-drafted Recommendations. This Report provides a comprehensive overview of the Task Force’s work: what the Task Force heard, information it gathered, conclusions it reached, and Findings and Recommendations it has made.

The Report contains five main sections. This staff-prepared **Background** provides a brief history of specialty courts and key studies, nationally and in Oregon. The **Task Force Processes** section provides a record of how the Task Force conducted its business, what processes it engaged in to arrive at this Report as well as its Findings and Recommendations. The **Policy Research** section is a broad summary of the information the Task Force received from presentations, documents, and the Task



Force survey. The **Findings** section establishes foundational context for the Task Force’s Recommendations using Task Force discussions, presentations, and member’s recommendation proposals. Finally, the **Recommendations** section contains the verbatim text of each Recommendation the Task Force voted on, as well as vote counts, discussion summaries, and any member-submitted vote explanations.

An Appendix provides the full Task Force Survey Results Memo, the distributed surveys, the Oregon Specialty Court Standards, and the 2023 Specialty Courts Operating Profile form. The Task Force online meeting pages, linked in the Timeline below, include meeting materials gathered by the Task Force and post-meeting summaries of the presentations and discussions.

Background on Specialty Courts

Specialty courts—drug courts, veterans’ courts, mental health courts, and other similar programs—have been a part of Oregon’s criminal justice system since 1991, when the Multnomah County Circuit Court established the second drug court program in the United States.¹ As of December 2023, there were 66 specialty courts operating in the 27 judicial districts of Oregon, covering a wide variety of case types and participant circumstances.²

The term “specialty courts” is used in Oregon statute, ORS 137.680, to refer to Oregon’s many “drug court programs as defined in ORS 3.450 (drug court programs), veterans’ courts, mental health courts or any other similar court or docketing system.” The Oregon Judicial Department and specialty court teams frequently use the term “treatment court.” Treatment courts, as defined by OJD, “are programs in which a person’s behavior and progress is overseen by a multidisciplinary team through regular judicial review, community supervision and treatment, following the evidence-based treatment court model.”³ To align with Oregon statute, this Report uses the term “specialty courts” when referring

¹ Finigan, Michael W., Shannon M. Carey, and Anton Cox. *The Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs*. Portland, OR: NPC Research, 2007.

² Sanchagrin, Ken and Rachael Holley Mark. *Oregon Treatment Court Programs*. Salem, OR: Oregon Judicial Department and Oregon Criminal Justice Commission, 2024. Accessed October 30, 2024. <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/284909>.

³ Sanchagrin, Ken and Rachael Holley Mark. *Oregon Treatment Court Programs*. Salem, OR: Oregon Judicial Department and Oregon Criminal Justice Commission, 2024. Accessed October 30, 2024. <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/284909>.



specifically to Oregon courts and “treatment courts” when referring generally to courts that follow the treatment court model.

The treatment court model employs a multidisciplinary team made up of the Judge, a coordinator, a prosecutor, a defense attorney, treatment professionals, community supervision (like probation), and law enforcement. According to All Rise (formerly the National Association of Drug Court Professionals), “[a]dult drug courts are the most carefully studied and well-proven intervention in our nation’s history for leading people with substance use disorders out of the justice system and into lives of health and recovery.”⁴

Treatment Courts Nationally

Treatment courts began in the United States in 1989 with the introduction of Miami-Dade County’s drug court program. They were in part a response to increases in drug-related offenses, intended to relieve a burdened criminal justice system by preventing the cycling of people out and back into the system. Now, there are more than 4,000 drug treatment courts in the United States.⁵

Treatment courts have proven to be an effective tool for reducing recidivism and criminal justice system costs by focusing on long term recovery over traditional punitive pathways. A 2011 study, the Multi-State Adult Drug Court Evaluation (MADACE), made significant findings based on a national analysis of the processes, impacts, and cost-benefits of 23 drug courts when measured against comparison sites. In its analysis of the information gathered, which included site visits to drug courts across the country and data collection, the study’s findings included the following:

- “Drug courts produce significant reductions in drug relapse.
- Drug courts produce significant reductions in criminal behavior.
- Drug court participants experience select benefits in other areas of their lives besides drug use and criminal behavior (including in employment, education, and finance).

⁴ All Rise. “About Treatment Courts.” Accessed October 30, 2024. <https://allrise.org/about/treatment-courts/>.

⁵ National Treatment Court Resource Center. “What are Drug Courts?” Accessed October 30, 2024. <https://ntcrc.org/what-are-drug-courts/>.



- Improved outcomes at the 6-month interviews were nearly identical to improvements reported at the 18-month interviews, which includes at least some *post-program* time for 72 percent of the drug court sample.
- Drug courts invest more money than comparison sites in community-based services and in court supervision.
- Drug courts save money through improved outcomes.
- [T]he net benefit of drug courts is an average of \$5,680 to \$6,208 per participant, returning \$2 for every \$1 of cost.... Drug courts prevent a great deal of crime, but the majority of crimes have small costs to society.... [D]rug courts are especially likely to save money if they enroll serious offenders.”⁶

In January 1997, in collaboration with what was at that time the National Association of Drug Court Professionals (All Rise), the National Institute of Justice published “Defining Drug Courts: The Key Components.” These 10 Key Components, as they are now widely known, define drug and treatment courts and “are the core framework for specialty courts” in Oregon.⁷ Out of the 10 Key Components, which provide broad principles for treatment courts, All Rise developed the *Adult Treatment Court Best Practices Standards* in 2013 and 2015.⁸ The standards provide an extensively researched, evidence-based guide to “measurable and achievable best practice recommendations.”⁹

Notably, “many best practices from adult drug courts have been found to apply to other adult treatment court models; therefore, the second edition of the standards applies to adult drug courts, co-occurring courts, DWI courts, mental health courts, reentry drug courts, tribal healing to wellness courts, veterans’ treatment courts, and

⁶ Rossman, Shelli B., John K. Roman, Janine M. Zweig, Michael Rempel, and Christine H. Lindquist. *The Multi-Site Adult Drug Court Evaluation: Executive Summary*. Washington, D.C.: Urban Institute Justice Policy Center, 2011.

⁷ Oregon Criminal Justice Commission. *Oregon Specialty Court Standards: Adult Drug, Mental Health, Family, Veterans, Juvenile, and DUII*. Oregon: Oregon Criminal Justice Commission, 2018.

⁸ The standards are in the process of being updated, with the remaining sections of the second edition to be released by the end of 2024.

⁹ All Rise. “At A Glance: A Brief Overview of the Adult Treatment Court Best Practice Standards, 2nd Edition.” Accessed October 30, 2024. https://allrise.org/wp-content/uploads/2024/10/All-Rise-Standards-At-A-Glance_final.pdf.



family treatment courts.”¹⁰ They also note that “no provision from the first edition of the standards has been retracted or found to be erroneous in subsequent studies.”¹¹ Adherence to these standards has been shown to increase the likelihood of positive outcomes in treatment courts (for more, see the Task Force research on accountability below). Oregon uses these standards to guide practices and to construct Oregon-specific guidelines for standards and practices.

Specialty Courts in Oregon

The second-oldest drug court in the United States was established in Multnomah County, Oregon, in 1991. The Sanction Treatment Opportunity Progress (STOP) drug diversion program focused on providing treatment services to those facing first-time drug offense charges. Since then, Oregon’s specialty courts have expanded to dozens of courts operating in nearly every judicial district. These are no longer exclusively drug courts, but include mental health courts, DUII courts, veterans’ treatment courts, juvenile treatment courts, and family treatment courts.

In these past three decades, CJC and OJD have administered Oregon’s specialty court system in tandem, each with different roles. Statutes were enacted to provide structure and support like the Oregon Specialty Court Standards and the Specialty Court Grant Program (SCGP). Data collection has improved with the introduction of the statewide Specialty Court Case Management System.

Today, administration of specialty courts is balanced between CJC and OJD, with CJC administering the SCGP, the single largest source of funding for specialty courts, and establishing the Specialty Court Standards, and with OJD providing court coordinator funding, judge and docket time, and operational training and support. Funding instability remains a major concern among practitioners even as courts begin to recover from the impacts of the COVID-19 pandemic. Also, funding instability has led to significant issues with operations for some specialty courts, leading some to close their doors.

Like national studies, studies of Oregon’s specialty courts have confirmed their success. In 2007, a third-party evaluation found that STOP court reduced re-arrest

¹⁰ All Rise. “Adult Treatment Court Best Practice Standards, 2nd ed.” Accessed October 30, 2024. <https://allrise.org/publications/standards/>.

¹¹ All Rise. “Adult Treatment Court Best Practice Standards, 2nd ed.” Accessed October 30, 2024. <https://allrise.org/publications/standards/>.



incidence in participants by 30 percent.¹² They also found that from 1991 to 2001, STOP court “resulted in a total system savings of more than \$79 million.”¹³ Another study, this time statewide, found that between 2000 and 2006, “the net taxpayer savings for just the cohorts included in the study at these 21 drug court sites” was “nearly \$120 million.”¹⁴ Finally, in 2015, a randomized controlled trial evaluation of four high-risk/high-need serious property felony drug courts found that participants had “28 percent fewer new charges and “significantly fewer felony and drug charges” than the control group.¹⁵

Recent recidivism analyses by CJC continue to demonstrate the efficacy of Oregon’s specialty courts. Seventy-five percent of specialty court participants who successfully completed treatment court were not re-arrested within three years of completion, compared to 41 percent specialty court participants who did not complete the program and 35 percent of people who were referred to one but did not enter.¹⁶

For more information on Oregon’s specialty courts, see the Policy Research section below and the [July 26, 2024, Task Force meeting](#), where OJD and CJC provide a comprehensive overview.

¹² Compared to eligible but non-participating offenders and measured in a five-year period following petition hearing.

¹³ Finigan, Michael W., Shannon M. Carey, and Anton Cox. *The Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs*. Portland, OR: NPC Research, 2007.

¹⁴ Carey, Shannon M., and Mark S. Waller. *Oregon Drug Court Cost Study: Statewide Costs and Promising Practices*. Portland, OR: NPC Research, 2011 (re-release).

¹⁵ Prins, Craig, Kelly Officer, Eric L. Einspruch, Kelly L. Jarvis, Mark S. Waller, Juliette R. Mackin, and Shannon M. Carey. *Randomized Controlled Trial of Measure 57 Intensive Drug Court for Medium- to High-Risk Property Offenders: Process, Interviews, Costs, and Outcomes*. Oregon: Oregon Criminal Justice Commission and NPC Research, 2015.

¹⁶ Oregon Criminal Justice Commission. *Data Briefing*. Salem, OR: Oregon Criminal Justice Commission, 2023. Accessed October 30, 2024. https://www.oregon.gov/cjc/CJC_Document_Library/2023_Recidivism_Oregon_Specialty_Courts_Brief.pdf.



Task Force Process

Timeline¹⁷

[June 25, 2024](#)

Introductions
Adoption of Rules
Chair Election

[July 26, 2024](#)

[Post-meeting summary](#)

Overview of Oregon Specialty Courts

[August 9, 2024](#)

[Post-meeting summary](#)

Presentations & Discussion:
Eligibility Metrics

[August 23, 2024](#)

[Post-meeting summary](#)

Presentations:
Accountability Mechanisms

[September 6, 2024](#)

[Post-meeting summary](#)

Discussion: Accountability Mechanisms
Presentations & Discussion:
Administrative Balance

[September 20, 2024](#)

[Post-meeting summary](#)

Presentations & Discussion:
Funding Balance and Mechanisms
Preliminary LPRO Survey Results

[October 11, 2024](#)

[Post-meeting summary](#)

Discussion:
Proposed Recommendations
Update on LPRO Survey Results

[October 25, 2024](#)

Adoption of Recommendations
Discussion of Findings

[November 8, 2024](#)

Adoption of Final Report

¹⁷ The OLIS meeting page is linked on each Task Force meeting date above, which includes meeting materials and recordings. A post-meeting summary is linked below where applicable.



Information Gathering, Findings, and Recommendations Processes

House Bill 4001 directed the Task Force to study four specialty court subject areas: eligibility metrics, accountability mechanisms, funding mechanisms, and the funding and administrative balance between the Oregon Criminal Justice Commission (CJC) and the Oregon Judicial Department (OJD). HB 4001 required the Task Force to submit a report on its “findings and recommendations” to the legislature by November 15, 2024. To meet these obligations, the Task Force used various processes to (1) study of the four subject areas, (2) making findings, (3) adopting recommendations, and (4) adopting this Report.

Studying Subject Areas

The Task Force gathered information and studied the four subject areas in HB 4001 in two main ways. First, the Task Force received both written information and presentations from subject matter experts and practitioners in each of the four subject areas. Second, the Task Force conducted a survey of specialty courts through staff with the Legislative and Policy Research Office.

The Task Force divided informational presentations across five meetings over two and a half months, organized roughly according to the four task force areas of study. Members first heard an overview from OJD and CJC on the current state and structure of Oregon’s specialty courts. At the following four meetings, the Task Force heard presentations from experts, both in and out of state, on (1) eligibility metrics, (2) accountability mechanisms, (3) Oregon’s administrative balance, and (4) funding balance and mechanisms. Following presentations, the Task Force held open discussions of the subject area and presentations among members.

The presentations provided the Task Force broad overviews and deep dives in the four subject areas. The Task Force Policy Research section summarizes this information below. For access to full meeting materials, recordings, and post-meeting summaries, use the links in the timeline above.

The Task Force also conducted a Specialty Court Survey (“the Survey”) through LPRO. The Survey’s primary goal was to obtain a better picture of specialty courts’ operational costs and funding streams. The survey, though limited, gave the Task Force vital information about the drivers of specialty court costs and funding instability. For more information on the Survey, see the summary of the results and



findings in the Policy Research section and the Specialty Court Survey Report in Appendix A.

Distilling Findings

LPRO staff distilled Findings for the Task Force based on the information presented to the Task Force and Task Force discussions related to the Task Force's proposed Recommendations. Staff submitted a draft of the Findings to Task Force members prior to their meeting on October 25, 2024. Members discussed the Findings at that meeting and provided feedback to staff in the days following the meeting. After incorporating feedback, the Findings were again released to Task Force members for review, as part of this Report, in the week prior to its adoption on November 8, 2024.

Adopting Recommendations

The Task Force used a [recommendation proposal form](#) to gather proposed recommendations from members. The recommendation proposal form included a statement of the problem, the proposal title, the Task Force subject area it relates to, a detailed description of the proposed recommendation, enforcement, reporting mechanisms, and the agency responsible for implementation. LPRO staff provided the form to members, who then transmitted proposed recommendations to staff. Staff distributed proposed recommendations as they were received to the Task Force members for their review prior to discussion.

The Task Force members discussed the first round of proposed recommendations at their October 11, 2024, meeting. Between that meeting and the following meeting on October 25, 2024, some Task Force members revised and combined their proposals in coordination with each other. Members also informed staff which of their original proposals they wished to submit for a vote.

On October 25, 2024, the Task Force members discussed any revised or combined proposed recommendations before putting each of 17 final proposed recommendations to a vote. Task Force members voted whether to adopt the proposed recommendations using votes of *Yes*, *Yes with Reservations*, and *No*. The Task Force adopted Recommendations that received a *Yes* or *Yes with Reservations* vote from 10 or more voting members, a majority of the 19 Task Force members. Members had the option to submit vote explanations, which they drafted and edited themselves, for inclusion in this Report.



Adopting the Report

Staff drafted the Report, incorporating the Findings and Recommendations, and submitted a draft report to Task Force members for review. After review and incorporation of changes, the Task Force voted unanimously to adopt the Report on November 8, 2024 (excused or not present: Crow-Martinez, Haroldson, Nichols, Scroggin, Wig).

Voting members had the option to vote *Yes* or *No*. A *Yes* vote means that the Report represents the Findings and Recommendations agreed upon by the majority of Task Force members. A *Yes* vote does not mean that the voting member agreed with each individual Finding or Recommendation in the Report.



Task Force Policy Research

The Task Force heard presentations and received information from local, statewide, and national partners involved in the creation, administration, and operation of specialty courts, including the Oregon Criminal Justice Commission, the Oregon Judicial Department, the Oregon Health Authority, NPC Research, the Center for Justice Innovation, All Rise, Georgia's Council of Accountability Court Judges, members of the Task Force, and others. Presentations were organized broadly under the topics of study in the Task Force's legislative mandate; however, many of the presentations bridge multiple subject areas. The summaries below are organized based on the broad topic area each presentation was given under in the order that the Task Force received them. Footnotes provide attribution information and links to presentations where applicable.

Oregon Specialty Courts Overview

On July 26, 2024, the Task Force heard presentations from the Oregon Judicial Department and the Criminal Justice Commission overviewing Oregon's specialty court system, including their creation, management, and funding, the Oregon Specialty Court Grant Program, and current practices in a sample of specialty courts.

Specialty Court Creation, Management, and Funding¹⁸

Under the Oregon Judicial Department, the Office of the State Court Administrator (OSCA) provides support to Oregon Circuit Courts. Within that department, the Treatment Court Team specifically supports Oregon's specialty courts.

Definitions and Principles of Specialty Courts

Treatment courts, or specialty courts as they are known in Oregon statute, are programs in which a multidisciplinary team oversees a person's behavior and progress through regular judicial review, community supervision, and treatment, following the evidence-based treatment court model. The 10 Key Components, created in 1997, provide a framework for the model.

¹⁸ Sanchagrin, Ken and Rachael Holley Mark. *Oregon Treatment Court Programs*. Oregon Judicial Department and Oregon Criminal Justice Commission, 2024. Accessed November 5, 2024. <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/284909>.



For the participant, the process can be long and rigorous, generally about 12–18 months of regular supervision, treatment appointments, and court appearances. In Oregon, the day-to-day operation of a specialty court follows this outline:

1. Referral and Program Entry
 - a. Eligibility screening
 - b. Plea negotiations
 - c. Program admission decision
2. Comprehensive Assessments, Case Planning, and Interventions
 - a. Clinical and criminogenic assessment
 - b. Individualized case planning
 - c. Intensive treatment
 - d. Supervision and drug testing
3. Ongoing Support and Accountability
 - a. Multidisciplinary team staffing
 - b. Regular judicial reviews
 - c. Incentives, sanctions, and service adjustments
 - d. Recovery capital development
4. Program Exit
 - a. Successful completion
 - b. Termination
 - c. Other

Specialty Court Efficacy and Best Practices

Treatment courts are one of the most successful justice system interventions for individuals with behavioral health needs (substance use or mental health disorders, for example). Success in this context is a decrease in recidivism, so individuals are less likely to be arrested and return to the system.

2020–2022 Criminal Justice Commission (CJC) Oregon Treatment Court

Recidivism Study. CJC found that 75 percent of those who successfully completed treatment court were not re-arrested within three years of completion, compared to 41 percent of individuals who participated in but did not complete a treatment court, and 35 percent of individuals who were referred but did not enter a treatment court. CJC will continue to conduct this analysis annually moving forward.

OJD Recidivism Analysis. OJD found that between 80 and 96 percent (depending on treatment court program type) of successful treatment court participants did not have new criminal court filings within three years of program completion.



All Rise Best Practices Standards. All Rise’s standards guide courts on how to achieve effective outcomes. Some of the key standards are:

- Equity and inclusion
- Identifying and serving the appropriate target population
- Committed, multidisciplinary team members
- Judges as unique and essential leaders
- Court coordinators as the hub of the treatment court team

Target Population. Treatment courts are one of multiple justice system pathways and are not designed for all justice system participants, but instead are reserved for the population for which these programs will be most effective at reducing recidivism.

Oregon’s Specialty Court Standards. CJC publishes Oregon-specific guidance, developed in collaboration with OJD. Adherence to these standards is measured in part through the CJC’s implementation of the Specialty Court Grant Program. CJC last updated them in 2018 and will update them again soon to incorporate additions from revised national best practices.

Oregon Specialty Courts History, Overview, and Current Trends

Statutes. The first Oregon statute specifically related to treatment courts, ORS 3.450, defined and structured drug courts with [HB 3363](#) (2003). The second, ORS 137.680, created by [HB 3194](#) (2013), established CJC as the clearinghouse for best practices and standards development and issuance for specialty courts.

Funding. Oregon’s specialty court funding structure transitioned from scant local court and partner agency budgets in 1991 to the establishment of the CJC Specialty Court Grant Program in 2006, with the addition of appropriations for family treatment courts and general funds to support specialty court coordinators in 2021 ([HB 5006](#)) and 2024 ([HB 5204](#)), respectively.

Data. Between 1991–2020, data had been collected and maintained for various reasons at the local level. In 2003, Oregon established its first drug court database, the Oregon Drug Court Management System (ODCMS), which was given to local programs, but not centralized. By 2018, CJC procured the Specialty Court Case Management System (SCMS), now the official specialty court case management system, maintained by OJD. SCMS was fully implemented in 2020, and data expansion and improvement efforts are ongoing.



Oregon Treatment Courts Overview

As of December 2023, Oregon had 66 specialty courts—24 adult drug courts, 20 mental health courts, 2 DUII¹⁹ courts, 5 veterans' treatment courts, 4 juvenile treatment courts, and 11 family treatment courts. The number of specialty courts can fluctuate as some treatment courts close and others come online.

Oregon Treatment Courts Data Sources and Trends

Specialty court data comes from two primary sources: the Specialty Court Operating Profiles (SCOP) (collected biennially by OJD, used in the CJC grant program, monitors best practices) and SCMS (entered and updated daily, individual participant focus). OJD uses the data to examine trends both at a local and aggregate level. Data improvements are ongoing, including improvements to demographic information, which may be self-reported or observational. Individual specialty courts use data to implement and monitor fidelity to the best practices.

OJD analyzes certain trends in specialty courts, including population trends, racial demographics, gender diversity, primary substance by court type, criminal charge trends, risk/need requirements and other eligibility considerations, success rates compared to national averages, participant fees, as well as legal incentives.²⁰

Current Management and Funding

OJD and CJC are partners in operating specialty courts, with OJD providing programmatic support and CJC providing funding and evaluation. Current accountability and support from OJD include Key Performance Measures, program data, and statewide program operations support. CJC support includes the grant program, quarterly monitoring for grantees, and an annual recidivism study.

Specialty courts utilize an array of funding sources to support their programs. Those sources include state and county general funds, CJC grants, federal grants, health insurance, Measure 57 funds, program fees, private donations and foundation grants, as well as other sources.

¹⁹ Driving Under the Influence of Intoxicants.

²⁰ For a list of significant current trends, see: Sanchagrin, Ken and Rachael Holley Mark. *Oregon Treatment Court Programs*. Oregon Judicial Department and Oregon Criminal Justice Commission, 2024. Accessed October 30, 2024.

<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/284909>.



*Oregon Specialty Court Grant Program*²¹

Oregon established the Specialty Court Grant Program (SCGP) in 2006, now the single largest source of funds supporting Oregon specialty courts. Based on self-reported data collected in the Task Force's Specialty Courts Survey, Specialty Court Grant funds made up 43 percent of Specialty Court funds for the 2023–25 biennium.

Process

In the past, grant awards had been predominately based on participant counts. Now, with funding remaining level while more and newer specialty courts apply for funds, CJC has turned to a process that targets funding to help courts meet, maintain, or improve their adherence to specialty court standards.

Two Initial Stages. (1) CJC staff analyzes and scores narrative applications in April of the preceding biennium and provides feedback to applicants, including adherence to standards. (2) courts submit their final applications to CJC with updated information and budgetary requests.

The review considers how those funding requests align with the court's adherence to best practices. Finally, the full CJC commission considers applications and makes the final award decisions.

CJC Rating and Response. CJC uses ratings for adherence to standards to compare specialty courts to other courts of the same type and tailors the depth of its analysis to how far above or below average the court is.

Implementation Court Grant Award. If funding allows, CJC maintains this separate funding program for new specialty court programs to avoid new courts competing with established courts for funding. About \$500,000 to \$1 million has been set aside from grant funds to go to new courts via these awards.

Funding Gaps

In 2023, the Specialty Court Grant covered only two-thirds of the funds requested across the state, resulting in a nearly \$9.5 million shortfall. This gap was filled

²¹ Sanchagrin, Ken and Rachael Holley Mark. *Oregon Treatment Court Programs*. Oregon Judicial Department and Oregon Criminal Justice Commission, 2024. Accessed November 5, 2024. <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/284909>.



legislatively through [HB 5204](#) (2024), which provided an additional \$6.9 million to the grant funds.²²

Continuing funding challenges include inflation and other funding developments, including gaps between treatment needs and what can be reimbursed by the Oregon Health Plan. The recent conversion of court coordinator funding from grant funding to general funds is anticipated to free up grant funds to cover some, but not all, gaps in funding for specialty courts.

*Current Practices in a Sample of Specialty Courts*²³

At the request of the Task Force, the Office of the State Court Administrator compiled information from the responses of a sample of specialty courts on current practices around funding, eligibility metrics, and monitoring. They found several common themes in the responses.

- Courts across Oregon are doing their best to meet specialty court standards with the available, but sometimes limited, resources.
- Funding requires collaboration with system partners to apply for grants and allow for bandwidth to manage programs, which can be a challenge.
- CJC funds are critical to stable operations.
- All programs are billing health insurance for treatments whenever possible.
- Each program has different eligibility requirements, guided by the community it is serving, and limited by certain considerations such as federal funding restrictions.
- Program monitoring at the local level includes exit surveys and reviewing collected data.
- Additional monitoring comes through state and federal grant programs with intensive program requirements.

Sample Survey Responses

Urban County Treatment Court. An urban county treatment court responded, noting that the program relied on diversified funding, including private donations

²² This amount is lower than the original shortfall because the need was recalculated, for the passage of the bill, partway through the biennial funding cycle.

²³ Vigil, Joe and Danielle Hanson. *Oregon Judicial Department Treatment Court Programs: Overview of Current Practices in Sample Program*. Oregon Judicial Department, 2024. Accessed November 5, 2024. <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/284913>.



and foundations, for flexibility, to provide treatment to uninsured or underinsured participants, and to fill funding gaps. The surveyed court has minimal exclusionary eligibility metrics, uses a validated screening tool for adult drug courts (Risk and Needs Triage (RANT)), and then routes participants to an appropriate program. To monitor success, the surveyed court uses participant surveys, grant-related assessments, and peer reviews.

Rural County Family Treatment Court. A family treatment court in a rural county responded, noting that it is newer to grants (within the last four years) and started with the CJC implementation grant. The court relies heavily on state and local contributions, receiving no direct federal funds, so treatment is limited to what can be billed to health insurance. Nonprofit resources (e.g., an alumni program) help support incentives and costs not covered through grants. The court relies on dependency adjudications for eligibility, distinguishing them from criminal courts, and their eligibility determinations are impacted by resource availability. The court monitors success through exit surveys, OSCA support, and funding for family-treatment-court-specific peer reviews.

Frontier County Mental Health Court. A frontier county's mental health court responded that prior to receiving implementation grant funds, the mental health court relied solely on state, county, and local support to get off the ground, leveraging donations and relying heavily on insurance billing. They tie their eligibility metrics to research, serving those with severe and persistent mental illness. Local dynamics and resource availability also play a role, both for treatment and for the court. The mental health court has no formal reviews currently to monitor success, but with the new funding, they will be able to start doing reviews.

Successful programs come from consistent funding, collaboration, and adherence to the best practice standards. They also noted that program development takes time as programs grow and specialty court research evolves.

Eligibility Metrics

The Task Force heard a presentation from John Haroldson on evidence-based practices on eligibility criteria. Members also heard from the Criminal Justice Commission on the development of Oregon's Specialty Court Standards related to eligibility metrics and from Chris Behre on local considerations that affect referral and entry.



*Evidence-based Practices on Eligibility Criteria*²⁴

Strategies for funding treatment courts or determining standards should be based on the 10 Key Components (what we do), the research on treatment courts (why we do it), and evidence-based best practices (how we do it). Research is ongoing, and best practices evolve. To get the best outcomes, it is critical for court teams to have a comprehensive understanding of the 10 Key Components and evidence-based best practices.

Part 1: Risk and Need

Research shows that the best outcomes for the treatment court model is with high-risk/high-need individuals. Eligibility criteria should bring in the target group in a way that is inclusive and equitable.

Objective Eligibility Criteria. To achieve the best outcomes and ensure equitable outcomes and access to programs, the assessment process should be based on objective eligibility and exclusion criteria. Using subjective criteria creates room for implicit bias to become a factor, which contributes to disproportionate outcomes for individuals based on gender, race, ethnicity, etc.

Risk, Need, and Responsivity Principle (RNR). Having too much, too little, or the wrong kind of response to individuals' needs does not improve their outcomes and may even worsen them. Teams need to be able to identify the best response for individuals to get the best outcomes.

High-Risk/High-Need Individuals. *High-Risk* individuals are at significant risk of committing new crimes or failing to comply under a traditional model of supervision. *High-Need* individuals have a clinically diagnosed moderate to severe compulsive substance use disorder. Some high-need individuals with substance use disorder may also have co-occurring mental health disorders such as post-traumatic stress, anxiety, and major depressive disorder; this is common in veteran treatment courts. The best treatment response would need to consider all co-occurring disorders.

Alternative Tracks. The standard treatment court track serves high-risk/high-need individuals in a program that emphasizes accountability, treatment, and habilitation.

²⁴ Task Force member John Haroldson presented to the Task Force using slides published by All Rise. All Rise. *Selecting the Right Participants: Part I – Risk and Need*. All Rise, 2024. Accessed November 5, 2024. <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/284981>. All Rise. *Selecting the Right Participants: Part II – Structure & Criteria*. All Rise, 2024. Accessed November 5, 2024. <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/284982>.



For individuals with different levels of risk and need, there are three main alternative criminal justice tracks:

1. *Treatment Track* emphasizes treatment and habilitation and is best for **low-risk/high-need** individuals who are not typically criminally involved, but have a compulsive substance use disorder.
2. *Supervision Track* emphasizes accountability and habilitation and is best for **high-risk/low-need** individuals who don't have a compulsive substance use disorder but have high criminogenic risk.
3. *Diversion Track* emphasizes secondary prevention and is best for **low-risk/low-need** individuals.

It is critically important to ensure individuals are placed in the most appropriate track; placement in the wrong one may be more harmful than beneficial.

Valid Eligibility Assessments. Validated assessments should be used to determine risk and need. Assessments should be done before individuals enter a program to ensure they are placed in an appropriate program. Screening tools are not the same as assessments; they are used to identify people who need assessment.

Impaired Driving Offenses. There are specific assessments for impaired drivers because they tend to score lower on traditional risk assessments due to lack of criminal history and high degrees of denial and separation.

Selecting and Using Risk/Need Assessments. [All Rise](#) has Fact Sheets that cover many topics including [how to select and use risk and need assessments](#), and the [Bureau of Justice Assistance](#) manages an online database of assessment tools called the [Public Safety Risk Assessment Clearinghouse](#).

Part 2: Structure and Criteria

How a treatment court structures its program could narrow or expand the population of high-risk/high-need individuals it serves and the eligibility criteria it uses. Treatment courts can have various legal structures (pre-plea, post-plea, re-entry, etc.) and should consider incentives for participants to encourage participation, including avoiding prison and charge dismissal even where an individual may not have the capacity to appreciate the benefits of participating in treatment court.

Objective Eligibility Criteria. Eligibility criteria should be based on research and make the system more accessible. To do this, eligibility criteria should

- be written and objectively defined



- not use *subjective criteria* based on personal impressions, perceived levels of motivation, and prognosis for success (i.e., *the 3 P's*)
- not use *suitability considerations*, such as poor attitude, lack of motivation, complex service needs (unless the service is not available), or readiness for treatment
- not have disproportionate impacts on specific communities (e.g., resource requirements such as transportation)
- not present barriers to access (e.g., not offering translation and interpretation services)

Policy Considerations. Programs should consider community impact, stakeholder concerns, geographical obstacles, cultural competence, and victim's issues when developing the program structure.

Program Resource Considerations. Programs should find a balance to serving the most participants with limited resources by considering their treatment capacity, court capacity, supervision and testing capacity, as well as ancillary capacity.

Criminal History Considerations. Programs should consider whether to include participants with serious offenses and how to achieve equity and inclusion if certain populations are disproportionately impacted by exclusionary criteria.

Proactive Recruitment. To address low participation rates, courts should have proactive recruitment strategies. Meeting people where they are is important. For example, a treatment court in St. Louis had a public campaign to address distrust of law enforcement in African American communities, resulting in increased participation among African Americans.

Other Considerations. Programs must consider what they have the capacity to offer and what they don't have the capacity to offer, and base eligibility on what can be offered. If a court can offer a program, it is best practice for them to do it.

Memorialize Decisions. Record decisions about rules and processes in the required operations manual and ensure every team member and referral source understands them.

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With respect to DUII courts, courts should focus on the behavior and not the substance used in impaired driving. DUII defendants tend to minimize their behaviors and justice-system-involvements, mentally distinguishing themselves from "drug-users" (i.e., drug court participants). Therefore, the best place for them is a separate track or DUII court. Courts should use an assessment validated specifically



for impaired drivers, because impaired drivers typically score low on traditional assessments.

Traditional validated assessments are valid for veteran populations who are justice involved. Programs must ensure clinical evaluations assess for mental health and trauma, not just substance use disorder.

There is a debate about moderate-risk individuals being appropriate for treatment courts due to limited research on the population.

The timing of assessments is important. They are often done after program entry but should be done prior to entry to ensure individuals are appropriately placed.

Nationally validated tools should also be validated locally to make sure they meet population needs. Programs don't typically validate locally due to resource constraints.

Development of Oregon Specialty Court Eligibility Standards²⁵

Oregon's specialty courts standards are based on national best practice standards (All Rise). The Criminal Justice Commission (CJC) is working with Oregon Judicial Department (OJD) to update Oregon's standards to reflect recent updates to the national standards.

Assessment Tools. All CJC (SCGP) funded courts are using validated assessment tools. OJD provides coaching on when to use certain tools.

Admission to Treatment Court. Per Oregon statute, moderate-risk/moderate-need individuals must be considered for treatment courts.

Specialty Court Grant Program. Court-level implementation of standards is not mandatory in Oregon, so the grant program is intended to incentivize adherence to best practices. The program uses a scoring system that promotes equity among courts. The current biennium (2023-25) marks the first-time courts received a scorecard, the first time the grant was anchored in standards, and the first time courts were compared by court type. All Oregon's specialty courts applying for the Specialty Court Grant met the standard for using objective eligibility criteria, but some needed some coaching.

²⁵ Padlina, Adaline. *Development of Oregon Specialty Court Eligibility Standards*. Oregon Criminal Justice Commission, 2024. Accessed November 5, 2024.

<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/284980>.



*Local Considerations that Affect Referral and Entry*²⁶

Multnomah County uses charge type, assessment-based risk and need levels, as well as miscellaneous requirements to determine treatment court eligibility. Individuals are screened for eligibility very early in the process and assessed prior to program entry. Based on their assessments, individuals may enter one of multiple treatment courts:

- **Sanctions Treatment Opportunity Progress (STOP) Court** (no longer active) served high-risk/high-need individuals who had a substance use disorder and needed intensive treatment but had little to no prior involvement with the criminal justice system and a misdemeanor possession charge.
- **Success Through Accountability Restitution Treatment (START) Court** serves high-risk/high need individuals who are charged and expecting a prison sentence. The charge criteria are intended to motivate participation. The defense attorney must complete a referral packet, and exclusionary criteria include sex-offenses, domestic violence, and severe mental health disorder.
- **Multnomah County Justice Reinvestment Program (MCJRP)**²⁷ serves individuals who are not high-risk/high-need and who may or may not be expecting a prison sentence. Prior to adjudication, probation staff determine eligibility using a Level of Service/Case Management Inventory (LS/CMI). Because this assessment does not consider the charge, defense counsel is cooperative and present during the evaluation. Those determined to be high-risk/high-need are referred to the Success Through Accountability Restitution Treatment (START) Court team.
- **Driving Under the Influence of Intoxicants (DUII) Program** has similar requirements as START Court but uses a different assessment.

²⁶ Task Force member Chris Behre presented this information via pre-recorded video to the Task Force on August 9, 2024. The video can be accessed online at <https://olis.oregonlegislature.gov/liz/mediaplayer/?clientID=4879615486&eventID=2024081008>, timestamp 1:31:15.

²⁷ MCJRP, while not defined as a specialty court, is an enhanced supervision program that assesses offenders and provides them with community-based services, supervision, and sanctions in lieu of incarceration to try to reduce recidivism and overall costs when compared with traditional justice-system pathways. Oregon Judicial Department. "Multnomah County Justice Reinvestment Program (MCJRP). Accessed November 5, 2024. <https://www.courts.oregon.gov/courts/multnomah/programs-services/pages/mcjrj.aspx>.



- **Mental Health Court** uses a subjective process and does not have charge or risk requirements, which has led to disparities in who has access to the program.²⁸
- **Strategic Treatment and Engagement Program (STEP)** Court has similar considerations to START, but it is a multi-track court with low-risk individuals participating in a low-risk track. Individuals are still required to get an initial assessment, but they receive new assessments after adjudication because some tools and responses may be more reliable at that point.²⁹

Multnomah County uses five different criminal justice structures to provide treatment access to individuals who fall into the four Risk-Need quadrants.³⁰ The availability of each program differs by jurisdiction and the resources provided.

- **Deflection Programs** (new) are developed by jurisdiction. Designed to deflect individuals from the criminal justice system, this approach may involve citation or arrest and then a referral to intervention.
- **District Attorney (DA) Diversion** is a contract between a DA and a low-risk/low-need individual to dismiss charges.
- **Conditional Discharge** is a form of supervision for low-risk/high-need individuals and may involve treatment resources.
- **Probation** offers resources to fund treatment and has conditions attached.
- **Treatment Court** serves high-risk/high-need individuals.

²⁸ This information was provided in Chris Behre's presentation to the Task Force on August 9, 2024. Task Force on Specialty Courts. "Joint Task Force On Specialty Courts 08/09/2024 1:00 PM." Video, 2:58:04. August 9, 2024.

<https://olis.oregonlegislature.gov/liz/mediaplayer/?clientID=4879615486&eventID=2024081008>. The Multnomah County Circuit Court, Mental Health Court team submitted a letter in response to provide clarifications about their program's eligibility determination process. Nan Waller to the Task Force on Specialty Courts, August 22, 2024, in Meeting Materials for 08/09/2024 1:00 PM.

<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285130>.

²⁹ STEP Court is a multi-track, "four quadrant" specialty court for Ballot Measure 11 offenses designed to serve participants with varying levels of risk and need. For more information, see Multnomah County Circuit Court. "Treatment Courts." Oregon Judicial Department. Accessed November 8, 2024. <https://www.courts.oregon.gov/courts/multnomah/programs-services/pages/treatment-courts.aspx>.

³⁰ Though these structures may also exist in other judicial districts, how the district uses them may vary from community to community.



Accountability Mechanisms

The Task Force heard from a range of local and national experts about accountability mechanisms.

- Dr. Doug Marlowe of All Rise presented to the Task Force on monitoring and evaluating specialty treatment courts from a best practices standpoint.
- To provide perspective of accountability mechanism implementation in another state, the Executive Director's office of the Council of Accountability Court Judges of Georgia (CACJ) presented to the Task Force on the structure of Georgia's treatment court model and how they ensure program effectiveness.
- Kelly Van Develde, of the Center for Justice Innovation (CJI) presented on her work in developing certification and strategic planning guidelines for treatment courts to better measure best practices.
- Dr. Juliette Mackin, from NPC Research, presented on peer review processes for specialty courts generally.
- Rachael Mark and Justine Kilsby from OJD presented on the peer review process for specialty courts in Oregon specifically.
- Task Force Member Caroline Wong presented on how the Multnomah County District Attorney's office (MCDA) used specialty court performance measurements to promote transparency and program operation for the Multnomah County STEP (Strategic Treatment and Engagement Program) Court.

*Monitoring and Evaluating Specialty Treatment Courts*³¹

Why and How to Monitor Program Performance and Evaluate Participant Outcomes. Use of best practices is associated with 50–100 percent improved outcomes in specialty courts and monitoring improves specialty court outcomes by around 50 percent, increasing net cost-benefits by around 100 percent.

Why Measure and How to Make Measurement Easy and Affordable. To achieve cost-effective monitoring, treatment courts must collect at minimum these three

³¹ Marlowe, Douglas B. *Monitoring & Evaluating Specialty Treatment Courts*. Douglas B. Marlowe, 2024. Accessed November 5, 2024.

<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285114>. Dr. Marlowe is a Senior Scientific Consultant for All Rise.



types of data: (1) Program Charts & Records; (2) Administrative Databases; (3) Staff Surveys (e.g., [BeST Assessment](#)).

Key Performance Indicators: The [Core KPIs](#) established by All Rise are easy and inexpensive to measure, produce better outcomes, provide points of comparison between programs and populations, and reflect both program-level and participant-level performance.

Examining Sociocultural Equity and Inclusion. Equity analyses are critical to achieving outcomes and can be conducted using published assessments (e.g., [Racial and Ethnic Disparities Program Assessment Tool](#), [Equity and Inclusion Assessment Tool](#))

Establishing Causality of Program Effects. Use comparison groups to evaluate outcomes, but avoid or account for potential biases, resource obstacles, and errors.

Selecting Competent and Objective Evaluators. A designated and trained person should oversee data collection and reporting, such as an evaluator, trained coordinator, or graduate student with faculty supervision.

Staff Training and Accountability Mechanisms. Various accountability measures are useful for monitoring, including annual reports, certifications, data entry requirements, database requirements, data collection training, and causal outcome evaluations.

Reasonable Funding is necessary for adequate program monitoring.

Dr. Marlowe responded to Member questions on the following topics:

- Measuring Recidivism
- Impact of Small-Scale Fluctuations in Crime Levels on Outcome Measurement
- Arrests Measurement Timeline
- Housing Stability as an Outcome Measure
- Importance of Testing as Part of Monitoring



State Spotlight: Council of Accountability Court Judges of Georgia³²

Georgia's CACJ is made up of the presiding judges from each of Georgia's 190 accountability courts (treatment courts).

CACJ Structure and Operation

Objectives, Mission, and Principles. The purpose of the CACJ is to develop and enhance accountability courts under the guidance and expertise of the judges that run them. It is an independent judicial agency that straddles the judicial and executive branches.

Scope and Membership. The CACJ is made up of the presiding judges of those courts and operates through various committees made up of council members to perform specific roles (e.g., executive, training, standards and certification).

Technical Assistance. The CACJ offers technical assistance to accountability courts for certification and peer review, treatment fidelity monitoring, training and education, data collection and analysis, and medication assisted treatment.

Accountability Mechanisms

Standards. Georgia law requires courts to follow and to demonstrate that they are following best practice standards developed and adopted by the CACJ to receive state funding. The standards are based on national best practices and tailored to each court type.

Certification. Georgia uses a certification process to demonstrate that courts are following the standards. Courts submit documentation supporting their adherence to the standards to receive certification. Standard certification lasts for two years, but new courts can apply for a six-month certification waiver, and courts in their preliminary stages can apply for a three-to-six-month provisional certification.

Peer Review. Peer reviews are used to help monitor court operations on the ground. They are typically a two day, in-person or hybrid visit with team member interviews, participant focus groups, and an exit interview. The reviewers complete a report, gather feedback, and publish a final review.

³² Jones, Taylor, Josh Becker, and Rachel Meyer. *Council of Accountability Court Judges of Georgia*. Council of Accountability Court Judges of Georgia, 2024. Accessed November 5, 2024. <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285106>. Taylor Jones is the Executive Director of the Council of Accountability Court Judges of Georgia. Josh Becker is the Assistant Director, and Rachel Meyer is the Data and Research Program Manager.



Data Collection, Reporting, and Analysis

Key Performance Indicators (KPIs): The CACJ uses 11 KPIs and trains court staff to collect the data.

Quarterly Data Reporting and Program Reports. The CACJ and accountability courts use a central case management system to track participants and services provided and to inform a quarterly performance monitoring report.

Statutorily Mandated Data Points: The following data points are required by statute to be collected and reported on:

- Moderate-risk and high-risk participants
- Drug test results
- Employment
- Graduates and terminations
- Recidivism, based on rearrest

Data Collection Compliance. To receive grant funding, accountability courts must collect data and demonstrate use of the case management system to make decisions. The CACJ provides a variety of data collection and utilization resources to train and guide courts and publishes an annual statewide performance measures report.

Measuring Best Practices: Certification and Strategic Planning³³

Strategic Planning. Strategic planning can be used at both the statewide level as well as for individual courts and can be targeted to specific areas or broadly review best practice standards. The Center for Justice Innovation assists programs with moving through each step of the strategic planning process, which involves (1) creating the planning committee; (2) performing a needs assessment; and (3) holding a strategic planning workshop.

Statewide Certification. The Center for Justice Innovation has created a toolkit to lay out a generalized process for creating a specialty court certification program to monitor court adherence to best practice standards and to target training and technical assistance.

³³ Van Develde, Kelly. *Strategic Planning and Certification*. Center for Justice Innovation, 2024. Accessed November 5, 2024.

<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285113>. Kelly Van Develde is the Associate Director for Recovery and Reform of the Center for Justice Innovation.



The **Certification Program Development Process** includes *pre-implementation* (advisory committees and readiness assessments), *development* (creation of certification documents, applications, and certification review), *implementation* (rollout and education), and *optional steps* (peer review and site visits).

Peer Review in Specialty Courts³⁴

In peer review, team members from different treatment courts gather information and conduct a site visit to ensure alignment to best practices, share successful practices with each other, and identify strengths and areas for improvement.

Purpose. Peer review programs can provide a variety of benefits to treatment courts. They are intended to be an educational tool rather than an audit. They can benefit both reviewer and reviewee by facilitating an ideas exchange. Different jurisdictions set up their reviews in different ways, but NPC Research has developed a generalized process.

Process. The peer review process involves pre-site visit work, such as scheduling, the site visit itself for observation and interviews, training reviewers, and post-site visit items such as preparing and sharing the final report and following up.

Resources from NPC. NPC maintains a variety of resources for the peer review process, including example forms, checklists, logistics forms, schedule and signup forms, interview guidelines, focus group guidelines, observation documentation, assessments, and report templates.

Accountability Continuum in Oregon

- Local Program Observations (both peer and statewide)
- In-State Training and Technical Assistance from the Office of the State Court Administrator
- National Training and Technical Assistance

³⁴ Dr. Juliette Mackin, Co-President and Director of Policy and Training at NPC Research, presented on peer review generally, and Rachael Mark, Treatment Court Analyst, and Justine Kilsby, Family Treatment Court Analyst, for the Oregon Judicial Department, presented specifically on peer review in Oregon's specialty courts. Mackin, Juliette. *Specialty Court Peer Review Overview*. NPC Research, 2024. Accessed November 5, 2024.

<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285121>. Kilsby, Justine and Rachael Mark. *OJD Treatment Court Peer Review*. Oregon Judicial Department, 2024. Accessed November 5, 2024.

<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285117>.



- Feedback and Mentor Applications
- Peer Reviews

History. Oregon has conducted several peer review projects, including the CJC adult drug court peer reviews in 2014 and 2015, the juvenile drug court reviews in 2020 and 2021, and the current Family Treatment Court peer review pilot project.

Two Types of Peer Review Models. OJD described two types of peer review models: Matched Team Exchange, where different teams are matched and review each other, and Reviewer Pool, where a pool of peer review courts is formed that travel to different courts to conduct reviews. Each has its pros and cons.

Benefits, Improvement Opportunities, and Considerations. OJD described the benefits of the peer review programs that have been used in Oregon, as well as improvement opportunities, lessons from the Family Treatment Court Pilot (e.g., tailoring the process to the specific court type), and implementation considerations.

Multnomah County District Attorney's Office: STEP Court Performance Transparency³⁵

What Drove the Decision to Publish STEP Court Data. The Multnomah County District Attorney's Office (MCDA) was driven by a spirit of transparency, a need to demonstrate the effectiveness of STEP court, and a desire to explain effectiveness to community organizations in publishing their data. They built data collection and analysis into the program model from the start, integrating it in the program description and documentation.

Examples of Data Sharing. MCDA shared with the Task Force a variety of examples of how they shared data, including in presentations to community groups, leaders, and practitioners, as well as on social media and in grant applications.

Impacts of Data Sharing. Sharing the data resulted in a neighborhood association—which was originally concerned about STEP participants being housed in the neighborhood—writing a letter of support for full funding of the program. It also created interest in the program, including research funding from Portland State University.

³⁵ Wong, Caroline. *Multnomah County District Attorney's Office: STEP Court*. Multnomah County District Attorney's Office, 2024. Accessed November 5, 2024.

<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285104>. Task Force member Caroline Wong is a Senior Deputy District Attorney at the Multnomah County District Attorney's Office.



Reasons for Rearrest as Recidivism Metric. MCDA's analysis used a one year rearrest definition of recidivism to balance a need for accuracy and quick turnaround in data communication. In communications, they were careful to note the limitations for comparing their analysis to other recidivism reports.

Administrative Balance

OJD and CJC jointly presented on the administrative balance of Oregon's specialty courts and provided recommendations for system improvements.

*Administrative Balance of Oregon Specialty Courts*³⁶

CJC and OJD work collaboratively to administer Oregon specialty courts. CJC operates from a top-down perspective, monitoring courts, analyzing results, and administering the grant program. OJD has a more on-the-ground perspective, informing program operation, data collection, and quality improvement, for instance.

Criminal Justice Commission

CJC operates as a clearinghouse for best practices and uses that information to work with OJD on creation and maintenance of the specialty court standards.

CJC overviewed the Specialty Court Grant Program process, provided a timeline of the process, and walked through the related administrative responsibilities both for the application process and for supporting grantees after granting funds. CJC has tried to tie grant funding to alignment to national and state standards as much as possible, but because of funding limitations, some standards must be prioritized over others.

CJC identified several areas with improvement opportunities:

Grant Program

- Adopt or expand guidelines to increase predictability, address barriers, and use of indirect costs
- Partner with OHA for efficient treatment billing and responsible stewardship of funds

³⁶ Sanchagrin, Ken, Amy Miller, and Rachael Holley Mark. *Oregon Treatment Court Programs: CJC/OJD Administrative Balance*. Oregon Judicial Department and Oregon Criminal Justice Commission, 2024. Accessed November 5, 2024.

<https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285277>.



- Consider statewide drug testing contract to address varying costs and testing quality

Standards

- Update to align with current research and guidance
- Expand guidance and nuance across program types

Program Oversight

- Continue recidivism study
- Expand program analysis from SCGP for all programs
- Data sharing and reporting
- Treatment fidelity monitoring specific to treatment courts

Oregon Judicial Department

OJD outlined the statutory framework for specialty courts. Though the framework is not robust, its flexibility has allowed for a collaborative relationship between CJC and OJD that has been beneficial to specialty courts. OJD administers specialty courts on two parallel tracks: local and statewide.

The Office of the State Court Administrator (OSCA) supports local work and creates partnerships statewide. OSCA provides the following types of training and technical assistance:

- Supporting grant applications, reporting, and collaboration
- Connecting courts with national resources
- Hosting and facilitating peer spaces
- Providing local and statewide training with individualized solution-finding
- Providing data analysis, program monitoring, and feedback

OJD also engages in statewide projects and resources to support growth and involvement, uses local operations data from the Specialty Courts Operating Profiles to guide support to where it is needed, and provides grant-funded trainings to specialty court personnel.³⁷

OJD identified several opportunities for improvement:

- Data-driven reviews for every program

³⁷ An example Specialty Court Operating Profile survey is included in Appendix E.



- Robust, predictable, and accessible training
- Continued shared CJC–OJD responsibilities framework
- Addressing challenges of county-only grantee/grant administrator structure
- Considering statutory and regulatory changes to emphasize a team approach

CJC and OJD Jointly Recommended Several Improvements:

- Stable staffing and funding for CJC, OJD, and treatment court team members
- Maintaining the Specialty Court Grant Program
- Stable funding for SCMS
- Consistent use of SCMS by all team members
- Expanding in-state training
- Exploring multidisciplinary governance

Funding Balance and Mechanisms

The Task Force heard presentations on the interplay between Medicaid and specialty courts, how providers and a treatment court in Lane County collaborated on solutions that provide rapid access to treatment for participants, additional considerations on funding and administration from CJC, and Oregon Health Authority treatment funding, Medicaid, and Specialty Courts.

Medicaid and Specialty Courts³⁸

Historical changes include moving towards many funding sources and an overall decrease in funding access for staffing and functional components. The ongoing healthcare workforce shortages impact stability and funding.

Billable activity criteria include voluntary, medically necessary services that directly impact the person’s listed diagnosis. Activities prior to the treatment plan creation are not billable.

Non-billable activities include:

- Any engagement or relationship building prior to treatment plan creation.

³⁸ Sturtz, Cassi. *Medicaid in Specialty Courts*. CareOregon, 2024. Accessed November 5, 2024. <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285482>. Cassi Sturtz from CareOregon presented to the Task Force on September 20, 2024.



- Referral coordination.
- Meetings and time spent in court.
- Transportation.
- Reporting and documentation, including dual documentation.
- Trainings and events (e.g., specialty court graduations).

The current billing approach does not capture the cost of quality engagement and desired outcomes. Team-based approaches to service are necessary but may not be billable, especially for higher need clients who require more outreach work, and those who need culturally appropriate care. Additionally, team size must remain consistent, while the numbers of specialty court participants and their needs are variable. Administrative work is a critical function of treatment.

Urinalyses (“UAs”) can have variable coverage across plans. The provider must demonstrate medical necessity. A court mandate alone is not sufficient. Trauma-informed care trends are moving away from UAs and could impact billing in the future.

Oregon Health Authority: Medicaid and Specialty Courts

Treatment provided to specialty court participants must be medically appropriate and medically necessary for reimbursement with Medicaid funds. Treatment services must be safe and effective, within the treatment plan, and recommended by a licensed or credentialed provider within the scope of that provider’s practice.

The Oregon Health Authority (OHA) currently has no means to separately track treatment undertaken as part of specialty court participation. OHA would need to research code and modifier combinations. It would need to scope and fund a research project, contingent upon a current policy option package for housing and community-based services.

There are two ways that Medicaid funding for treatment is expanding to carceral settings to minimize coverage gaps upon release from custody. First, the 2023 Federal Consolidated Appropriations Act (FCAA) will be mandatory for all correctional facilities and provides coverage for 30 days before and after release from custody. It provides for comprehensive needs assessments, care plans, referrals, and follow-up activities, and requires states to provide screening services. It applies only to incarcerated or formerly incarcerated persons post-adjudication. This includes youth under age 21 and former foster youth under the age of 26.



Second, Oregon negotiated a Section 1115 waiver to utilize Medicaid funds for services such as medication-assisted treatment, peer mentoring, clinical consultation, and medication administration. Correctional facilities who want to participate must opt in, and they may select which services they opt into. The waiver is effective beginning January 1, 2026.

*Collaborative Efforts for Sustainable Service Funding*³⁹

Lane County treatment courts faced a problem common among specialty courts, with **Medicaid eligibility limitations** preventing rapid access to treatment. This included non-billable contact prior to the assessment and treatment plan, veterans' income exceeding eligibility thresholds (combined with non-coverage by Tricare), and the categorical ineligibility of adults in custody resulting in lapses in coverage upon release. Underrepresented communities lack coverage at higher rates.

The specialty court team collaborated to develop a solution, creating **pre-funded treatment slots** for uninsured or underinsured participants. Emergence, a treatment provider that partners with Lane County's treatment courts, calculates an average utilization over the previous biennium and readjustment at the beginning of each biennium. It multiplies the average time spent per person by Medicaid rates to come up with a "slot rate." It provides the funds holder with the data the rate is based on. The funding agent then budgets for it in contract negotiations.

The slot rate method has the following **benefits**:

- Stability for both the provider and the funding agent.
- Rapid access to treatment, and no barrier of identifying a payer before scheduling an assessment.
- Predictable and transparent budget.

³⁹ Wig, Chris, Scott Miller, Danielle Hanson, and Debby Haller. *Collaborative Efforts for Sustainable Service Funding: The Role of the Treatment Provider*. Emergence, 2024. Accessed November 5, 2024. <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285483>. Hanson, Danielle. *Collaborative Efforts for Sustainable Service Funding: The Role of the Court in Lane County*. Oregon Judicial Department, 2024. Accessed November 5, 2024. <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/285483>. Chris Wig is the Executive Director and Scott Miller is the Chief Financial Officer of Emergence, a treatment provider that partners with specialty courts in Lane County. Danielle Hanson is a Treatment Court Analyst with the Oregon Judicial Department. Debby Haller is the Financial Manager at the Lane County Sheriff's Office.



- Adherence to best practices (e.g., less than 50 days between arrest/incident and beginning program; 200-hour treatment “dose” for high-risk/high-need persons).
- Equitable access to treatment for the uninsured and underinsured.
- Further collaboration on processes throughout the program.

Remaining **challenges** include:

- The provider bears risk for variations in individual treatment dosage needs and the costs of unexpectedly high administrative burdens.
- Program partners share risk if allocated funding is insufficient for the volume of treatment referrals.
- Enhancements require additional funding sources, such as peer support and recovery housing rental assistance.

Solutions may look different in other communities, depending on resources available. It requires strong system partnerships, based on communication, trust, and commitment.

Having a strong fiscal manager is key. In Lane County, the Sheriff’s Office provides fiscal administration in partnership with the Lane County Local Public Safety Coordinating Council. They coordinate applications for state, federal, and local non-profit grants for all four specialty courts, as well as manage the funds, invoices, contracts, and any items that need Board approval.

Funding and Administration: Additional Considerations⁴⁰

The Oregon Criminal Justice Commission (CJC) has been focused on using a data-driven and objective approach to grant funding for specialty courts. Part of this is using **scorecards** to grade applicants’ adherence to the specialty court best practice standards, showing applicants what areas may need improvement and steering recommendations by the grant committee.

CJC will use the same system for the next cycle and will also incorporate **data** pulled from the Specialty Court Case Management System (SCMS) for 10 areas of inquiry

⁴⁰ Ryan Keck from the Oregon Criminal Justice Commission presented this information to the Task Force on September 20, 2024. His presentation can be viewed at <https://olis.oregonlegislature.gov/liz/mediaplayer/?clientID=4879615486&eventID=2024091012>, timestamp 1:35:45.



related to outcome evaluations. CJC has not made any decision on how the data will affect funding; the grant committee and then the full commission must make any such decisions. Task Force Recommendations may also affect the decision.

CJC addressed questions about whether the scorecard process could be expanded to the 11 specialty courts that do not apply for specialty court grants. CJC would need statutory authority to conduct the analysis and require those courts to enter data in SCMS, to obtain information normally provided through grant applications. Any such process should be on a separate timeline from the grants, such as September or October of an even numbered year, to avoid conflicting with the grants. If the Task Force recommends this process, CJC suggests it be coordinated with any recommendations for a peer review process as well, so that they can inform each other.

All specialty courts provide a Specialty Court Operating Profile (SCOP) to the Oregon Judicial Department, regardless of whether they apply for specialty court grants.

LPRO Specialty Court Survey

On behalf of the Joint Task Force on Specialty Courts, the Legislative Policy and Research Office (LPRO) surveyed specialty courts to collect information about their operating costs, funding sources, and experiences with support from the state. Specialty court team members were also surveyed for information about their salaries, time dedicated to specialty courts, responsibilities, and experiences with support from the state.

Survey Limitations. While the survey is helpful in some ways, it cannot answer many of the Task Force's most pressing questions due to factors limiting the reliability of the survey data. Therefore, the survey results are rough estimates based on available information and do not accurately reflect actual operating costs. Furthermore, the surveys are a point in time estimate reflecting actual costs, they are not representative of the cost needed to operate a treatment court in compliance with best practice standards.

Response Rate. The survey was sent to all 67 active specialty courts, and 50 specialty courts completed it, for a response rate of 75 percent. Additionally, a questionnaire was sent to 686 specialty court personnel/team members, and 403 of them responded, for a response rate of 59 percent.

Survey Findings.

What are the costs associated with operating a specialty court?



To help the Task Force estimate the cost to operate specialty courts statewide, the survey asked respondents to report their specialty court's operating costs by expense categories. The survey found that tracking and reporting operating costs is challenging, especially on a short timeline through a survey format. Respondents varied widely in what they included as costs due to lack of access to the information, inability to gather the information on the survey timeline, and variation in how they define operating costs.

Based on the available data, the survey shows that personnel and contractual services are large cost factors for specialty courts; combined they account for nearly three-quarters of the costs reported in the survey.

How are specialty courts funded?

To help the Task Force understand how specialty courts are funded, the survey asked respondents to report the amount of funding their specialty courts receive and the funding sources. The survey found that state funding is the primary source of funding for specialty courts, accounting for more than two-thirds of the funding they receive, with the Specialty Court Grant being the primary source of funding for most of specialty courts. The survey also found that specialty court funding systems are inconsistent and vary widely. For example, some specialty courts benefit more from local funding compared to others, some are funded through partner agencies or providers, some have to fund the personnel costs from partner agencies while others benefit from partner agencies covering their own costs, and some collect program fees, or have access to federal grants.

How is the state helping specialty courts?

The survey asked respondents to provide feedback about what the state is doing well to support specialty courts. The results show that the combination of funding, training, and technical assistance from the state has a positive impact on the efficacy of specialty courts.

The Specialty Court Grant (Grant) program and General Fund allocations to the Oregon Judicial Department (OJD) for the provision of court coordinators to each specialty court are the primary funding mechanisms for all specialty courts. The Oregon Judicial Department Office of the State Court Administrator (OSCA) provides essential training opportunities and technical assistance to help courts implement effective specialty courts using best practices, and the Criminal Justice Commission's technical assistance and recent improvements to the Grant application process have made funding more accessible to specialty courts.



Survey respondents believe continued investments in these resources will ensure specialty courts can meet best practice standards and provide effective support for those they serve.

What barriers or challenges should the state address to help specialty courts?

The survey asked respondents to provide feedback about the barriers or challenges the state should address to support successful implementation of specialty courts. The results show that unstable funding, staffing constraints, and insufficient resources to provide specialty court participants necessary services and supports are limiting the impact of specialty courts.

Survey respondents believe that dedicated, targeted funding from the state could address service gaps and improve specialty courts' long-term stability and growth.

A full report of survey findings is attached as Appendix A.



Task Force Findings

The Task Force on Specialty Courts makes the following findings related to the nature, operation, and performance of Oregon’s specialty courts. These findings were prepared for the Task Force on Specialty Courts by LPRO staff using presentation materials and meeting summaries from Task Force meetings.⁴¹

Finding 1: Oregon’s specialty courts are an integral and evidence-based piece of the criminal justice system.

1.1: Treatment courts (called “specialty courts” by Oregon statute) are programs in which a person’s behavior and progress is overseen by a multidisciplinary team through regular judicial review, community supervision, and treatment, following the evidence-based treatment court model.

1.2: Treatment courts are one of the most heavily researched criminal justice solutions and one of the most successful, in terms of decreased recidivism, for people in the treatment-court-model target population.⁴²

“Success” of treatment courts, in the criminal justice context, means reduction in recidivism and increased justice-system-cost avoidance by addressing the specific treatment needs and criminogenic risks of participants.

Finding 2: The 10 Key Components of treatment courts and All Rise’s best practices standards provide the evidence-backed foundation for Oregon’s specialty courts.

2.1: Oregon’s specialty court standards are based on the 10 Key Components and the national best practices standards from All Rise.

The 10 Key Components establish the critical characteristics that define effective treatment courts, while national treatment court standards issued by All Rise provide evidence-based best practices.

⁴¹ The Task Force adopted this Report, findings included, on November 8, 2024, but did not vote to adopt each finding individually, as done for each Recommendation. See Task Force Process for more details on how the Task Force adopted the Recommendations and Report.

⁴² For further details and findings on the treatment court target population, eligibility, and risk/need, see Finding 7, below.



2.2: Adherence to national best practices standards relates to positive outcomes for specialty courts. By measuring and improving adherence to the standards, courts can identify areas that need improvement and increase the likelihood of positive outcomes.

Use of best practices is associated with 50–100 percent improved outcomes in specialty courts, and monitoring program adherence to best practices improves specialty court outcomes by around 50 percent, increasing net cost-benefits by around 100 percent. Court-level implementation of standards is not mandatory in Oregon, so the grant program is intended to incentivize adherence to best practices.

To get the best outcomes, specialty court teams must have a comprehensive understanding of the 10 Key Components and evidence-based best practices. To achieve cost-effective monitoring, treatment courts must collect at minimum data from three types of sources: (1) Program Charts & Records; (2) Administrative Databases; (3) Staff Surveys.

2.4: Equity analyses are critical to achieving desired outcomes and can be conducted using published assessments.

2.5: Standards for program evaluation and implementation of best practices should account for the variability in treatment court types.

Best practices may vary by specialty court type (e.g., adult drug court, mental health court, etc.), but the 10 Key Components do not. Specialty courts should consider community impact, stakeholders' concerns, geographical obstacles, cultural competence, and victims' issues when developing the program structure.

2.6: Reasonable funding is necessary for adequate program monitoring.

Finding 3: Specialty courts are resource-intensive and cost-effective programs for reducing recidivism.

3.1: Specialty courts are resource-intensive when compared with traditional criminal justice pathways like probation and incarceration.

In specialty courts, a person's behavior and progress is overseen by a multidisciplinary team through regular judicial review, community supervision, and treatment. Specialty court development takes time as programs grow and specialty court research evolves.



3.2: Specialty courts can achieve short-term cost savings by reducing the use of incarceration and the timeline from arrest to entry and long-term cost savings by reducing future arrests and other justice system involvements.

Successful programs come from consistent funding, collaboration, and adherence to standards and best practices.

3.3: Oregon specialty courts and treatment courts nationwide have been shown to be cost-effective alternatives to traditional justice system pathways.

A federal nationwide study in 2011 concluded that drug courts resulted in an average \$2 to \$1 cost benefit, or between \$5,680 to \$6,208 per participant. A statewide cost study of Oregon's adult drug courts released in 2011 found that the 21 specialty courts evaluated resulted in net taxpayer savings of nearly \$120 million.

3.4: Oregon's specialty courts' success rates are comparable to national averages.

Current CJC and OJD recidivism analyses concluded that Oregon's specialty courts have resulted in decreased recidivism after successful completion of a specialty court program when compared with participants who did not complete or did not enter a specialty court program. CJC found a 25 percent recidivism rate (new arrests) for successfully completed participants, compared to 59 percent for unsuccessful participants and 65 percent for non-participants. OJD found a recidivism rate (new criminal charges) of 10–20 percent for successful treatment court participants.

Finding 4: As the primary funding source, state funding and support for specialty courts is critical to their stability and success.

State funds are the primary source of specialty court funding and are critical to stable operations. Most of these funds are used for personnel and contracted services. The recent conversion of court coordinator funding from grant funding to general funds is anticipated to free up grant funds to cover some but not all gaps in funding for specialty courts. Federal funds occasionally backfill certain needs.

The state's General Fund is currently the majority source of funding for the Specialty Court Grant Program. Lottery funds comprise a small portion for veterans' treatment courts.

The state also provides critical staff support to specialty courts through the Office of the State Court Administrator Treatment Court Team, including training opportunities, technical assistance, and process improvements.



Finding 5: Current funding instability results in pressure points on the specialty court system. Funding instability is a significant challenge to maintaining strong adherence to standards, and some counties have closed treatment courts due to lack of resources.

5.1: Funding to meet best practice standards, although critical, is not always achieved in practice.

Currently, with more and newer specialty courts applying for a funding source that is not increasing commensurately, CJC has turned to a process that focuses on targeting funding to help courts meet, maintain, or improve their adherence to specialty court standards. CJC Specialty Court Grant funds were only able to support around two thirds of the grant requests in the 2023–25 biennium, leading to a funding gap of over \$9.5 million that was later filled through legislative action.

Funding requires court coordinators to collaborate with system partners to apply for grants while still overseeing program management, which can be a significant challenge. Awardees have insufficient time after the Criminal Justice Commission awards the Specialty Court Grant Program grants to negotiate and execute contractual agreements prior to the service start date, adding confusion and uncertainty to the process.

Some best practices, standards, and key components—like drug testing—are not paid for by any funding source other than grant programs. This can cause disparities in adherence to those practices, standards, and components depending on the capacity of local resources to fill in gaps. Funding decisions are disparate across specialty courts and overlook essential operations in some jurisdictions.

Grant funding for specialty courts remains uncertain, burdensome, and in some cases unique from other courts despite specialty courts' full integration into the criminal justice system.

Finding 6: Treatment costs present a specific challenge to adequate funding and to meeting specialty court standards.

6.1: The level of treatment needed to achieve best practices and the level of treatment funding are misaligned for specialty court populations.

Specialty court participants can have more intensive treatment and supervision needs than average populations served by behavioral health treatment payors like Medicaid and Oregon Health Plan. Specialty court treatment providers are billing



health insurance for treatments whenever possible. However, there are treatment adjacent services necessary to adhere to best practices that are not billable, and therefore must be carved out in specialty courts' budgets.

The current billing approach does not capture the cost of quality engagement and desired outcomes. Team-based approaches to service are necessary but may not be billable, especially for higher-need clients who require more outreach work and those who need culturally appropriate care. Additionally, team size must remain consistent, while the numbers of specialty court participants and their needs are variable. Administrative work is a critical function of treatment. Treatment providers' participation in staffing and courtroom time are non-billable services that are critical to specialty courts' success, and other services are similarly situated.

6.2: Current Specialty Court Grant program timelines create a difficult funding gap for specialty court treatment providers.

The current timing of the two-year CJC grant cycle is difficult for treatment providers because they must operate up to six months without a guarantee of funding while waiting for funds to be awarded and then for an updated contract to be negotiated.

6.3: Agencies delivering specialty court treatment services experience significant bureaucracy with Coordinated Care Organizations to pay for those services.

Finding 7: Specialty court eligibility metrics help ensure program efficacy by targeting specific populations for participation and by accounting for local variables.

7.1: Specialty courts are typically reserved for the population they will be most effective at reducing recidivism for: high-risk/high-need individuals.

Risk and need are the primary eligibility considerations in specialty courts. Per Oregon statute, moderate-risk/moderate-need individuals must also be considered for treatment courts where appropriate.

The standard treatment court track serves high-risk/high-need individuals in a program that emphasizes accountability, treatment, and habilitation. For individuals with low risk and need, there should be alternative tracks. Including low-risk/low-need participants in a high-risk/high-need specialty court program can harm the participant's outcomes unless there is a separate track tailored to their risk/need



level. These separate tracks can be implemented but will require more resources, which some specialty courts may not have access to, like court and staff time.⁴³

7.2: Validated assessments should be used to determine risk and need.

All Specialty Court Grant Program-funded courts are using validated risk/need assessment tools. All met the Criminal Justice Commission's standards for using objective eligibility criteria.

To achieve best outcomes, including ensuring equitable outcomes and access to specialty court programs, the assessment process should be based on objective eligibility and exclusion criteria, with attention to the variability in participants by court type. Specialty courts must balance serving the most participants with limited resources by considering their treatment capacity, court capacity, supervision and testing capacity, and ancillary capacity. Programs must ensure clinical evaluations assess for mental health and trauma, not just substance use disorder. Assessments should be done prior to entry to ensure individuals are appropriately placed. Nationally validated tools should also be locally validated to ensure they meet population needs.

7.3: Eligibility criteria should be based on research and make the system more accessible.

Eligibility criteria should be based on research and make the system more accessible. To do this, eligibility criteria should

- be written and objectively defined,
- not use subjective criteria based on personal impressions, perceived levels of motivation, and prognosis for success (i.e., the three Ps),
- not use suitability considerations, such as poor attitude, lack of motivation, complex service needs (unless the service is not available), or readiness for treatment,
- not have disproportionate impacts on specific communities (e.g., resource requirements such as transportation),

⁴³ For more information on different risk/need tracks in treatment courts, see John Haroldson's presentation to the Task Force on August 9, 2024, and All Rise's Best Practice Standards, section I, Target Population ("Statewide and countywide quasi-experimental studies have confirmed that assigning participants to [alternative low-risk/low-need] tracks based on their assessed risk and need levels was associated with significantly greater improvements in program completion rates, criminal recidivism, and cost-effectiveness.").



- not present barriers to access (e.g., not offering translation and interpretation services).

Specialty courts should consider whether to include participants with serious offenses and how to achieve equity and inclusion if certain populations are disproportionately impacted by exclusionary criteria. Some individuals with charges or behaviors indicating potential public safety risks are excluded from some specialty court programs.

Each specialty court has different eligibility requirements, guided by the community being served, and limited by certain considerations, such as restrictions for programs receiving federal funding. Programs should consider what they have the capacity to offer, and what they don't, and base eligibility on what can be offered. They should record decisions about rules and processes in the required operations manual and ensure every team member and referral source understands them.

Finding 8: Given the complexity of issues the specialty court system faces, some issues in the Task Force's areas of study require further exploration.

8.1: There is a lack of accessible data and data integration for statewide analysis in several specialty court areas.

Funding data uses inconsistent definitions for operational costs and is not uniformly reported to a statewide agency or other centralized source. Specialty courts are also not required to disclose their funding sources and amounts.

Team members should record treatment data for specialty court participants. The Specialty Court Case Management System cannot ingest data directly from many external sources, so it requires team member to manually enter data already stored in other databases into the system, leaving it vulnerable to errors that risk profound consequences to participants.

Eligibility decisions and admission demographics are difficult to obtain and analyze at a statewide level. Because the state does not have the data to know who is eligible for these programs but not participating, it is difficult to capture disparities in access and participation.



8.2: Fully evaluating the funding and accountability mechanism areas of study will take additional time beyond the duration of this Task Force.

Adherence to specialty court standards is largely self-reported during grant applications. However, the grant process is starting to utilize objective data from SCMS this next cycle. The Task Force heard from many experts—in-state, out-of-state, and nationwide—on useful methods and metrics to ensure funding stability and adherence to standards. But fully examining those methods and metrics and evaluating their appropriateness to Oregon’s specialty court system will require further exploration.



Task Force Recommendations

Members presented and discussed 21 proposed recommendations at the October 11 meeting. Members worked to incorporate feedback from each other and then presented revised or combined proposed recommendations at the October 25 meeting. Chair Rigmaiden and staff provided consultation when requested.

Task Force members drafted and edited all of the recommendations themselves.

Members submitted a total of 17 proposed recommendations for a vote and voted to adopt 14 recommendations on October 25, 2024. Members had three choices when voting: *Yes*, *Yes with Reservations*, or *No*. The Task Force adopted recommendations that received a *Yes* or *Yes with Reservations* vote from 10 or more voting members, a majority of the total voting and non-voting Task Force membership. Members had the option to submit vote explanations, which they drafted and edited themselves.

The Recommendations below reproduce the authors' verbatim text from each of the following sections of the recommendation form: Title, Author, Problem Statement (a description of the problem), Detailed Description (the policy recommendation and any recommended enforcement, reporting mechanism, or implementation).

Members' vote explanations are also provided verbatim. The Discussion section summarizes discussion on the recommendation during the Task Force meetings on October 11 or October 25. The recommendations do not change state policy. Only the Legislature, the Governor, or a state agency taking action can turn recommendations into state policy.

The recommendations are listed in the order considered, which was roughly grouped as follows: statutes, administration, oversight and accountability, studies and data collection, and funding requests. The order does not reflect prioritization of one over another.



Adopted Recommendations

Recommendation 1: Statutory Update

Rigmaiden 4.1

Title: Statutory update of ORS 3.450 and ORS 137.680.

Author:

Judge Clara Rigmaiden, Chair

Vote:

Yes		No	Excused
Yes	with Reservations		
13	0	0	3
Alderson			Crow-Martinez
Behre			Van Meter
Garcia			Wong
Haroldson			
Keller			
Nichols			
Phillips			
Ruggeri			
Sanchagrin			
Scroggin			
Sévos			
Wig			
Williams			

Problem Statement:

Lack of clarity in statutes regarding treatment court definition.

Detailed Description:

Change the terms “Drug Court” and “Specialty Court” to “Treatment Courts” and define Treatment Courts as those court programs that follow the Key Components and focus moderate to high risk/needs individuals.

Enforcement: Legislation change.

Implementation: Legislature.

Discussion:



Treatment courts would be defined as those which follow the 10 Key Components in what are now called the [Oregon Specialty Court Standards](#). All specialty courts are treatment courts, but not all treatment courts are drug courts. The change would align with the Oregon Judicial Department’s use of the term “treatment courts” and the practice of all specialty courts to adhere to ORS 3.450 regarding treatment record privacy and use.

Vote Explanation:

None submitted.

Recommendation 2: Advisory Committee

Garcia and Simmons 3.1

Title: Create a permanent Chief Justice’s Advisory Committee on Treatment Courts (CJATC).

Author:

Judge Ann Marie Simmons, Joseph Garcia

Vote:

Yes		No	Excused
Yes	with Reservations		
10	3	0	3
Alderson Behre Garcia Haroldson Keller Nichols Ruggeri Sanchagrín Scroggin Wig	Phillips Sévos Williams		Crow-Martinez Van Meter Wong

Problem Statement:

Making well-studied, thoughtful, statewide recommendations regarding the day-to-day operations of treatment courts in Oregon: to include ongoing study and recommendations regarding establishment of new treatment courts; stable funding



mechanisms; administrative and operational functioning of established treatment courts; and establishing appropriate accountability mechanisms and methods.

Detailed Description:

It is the recommendation of the Task Force on Specialty Courts that the Chief Justice creates a permanent Treatment Court Advisory Committee that would operate under and at the direction of the Chief Justice. The purpose of this committee is to serve as an advisory committee to the Chief Justice and legislature as it relates to the Administration, Funding, Accountability, and Eligibility criteria for Treatment Courts. The committee should be comprised of a diverse and inclusive list of representatives from disciplines and advocates for specialty courts. The committee recommends the following professionals be represented on the committee:

- 3 Judges
- 2 District Attorneys (Recommended by the Oregon District Attorneys Association)
- 2 Public Defense Representatives
- 1 Behavioral Health Representative
- 1 Alcohol and Drug Treatment Representative
- 1 Veteran Representative
- 1 Oregon Youth Authority or County Juvenile Department Representative (Recommended by the Oregon Juvenile Department Director's Association)
- 1 Department of Human Services Representative
- 1 Oregon Criminal Justice Commission Representative
- 1 Oregon Health Authority Representative
- 1 Community Corrections Director (Recommended by the Oregon Association of Community Corrections Director)
- 1 Law Enforcement Representative
- 1 County Government Representative with a population over 300,000
- 1 County Government Representative with a population under 50,000
- 1 Governor's Office Representative
- 1 Tribal Representative

The Chief Justice's Advisory Committee on Treatment Courts would meet quarterly. The committee would be staffed and supported by OSCA's treatment court team. This team is dedicated to providing services to support the specialty court efforts statewide and to ensure program effectiveness.

Enforcement: The Advisory Committee should create a yearly report to the Chief Justice which should be share with the legislature.



Reporting Mechanism: The CJA CTC will provide recommendations for legislative policies, funding, and provide information related to outcomes.

Implementation: Oregon Judicial Department.

Discussion:

Members generally agreed that several key issues needed more study and discussion than The Task Force could complete in its timeline. For example, there were limitations to the Task Force's Specialty Court Survey due to lack of time. A continuing advisory body could more accurately evaluate the issues facing specialty courts and provide ongoing advice for improvements. Judges could be voting members if the advisory body is organized under the Chief Justice within the Oregon Judicial Department (OJD) as opposed to another branch of government.

Proponents explained that they created a broad proposal that includes representation from both rural and city areas. Members discussed the benefits and drawbacks specifying the membership composition of the Advisory Committee. Discussion included desired attributes of persons who should be selected, including the person's experience working in treatment courts, stakeholders and organizations with expertise, and persons from across the state. It will also be important to ensure the Governor's office is represented.

The recommendation is not strictly prescriptive on the membership, and the Chief Justice will decide the make-up. The OSCA Treatment Court Team could staff it if the current temporarily funded positions are made permanent as recommended in *Recommendation 11*. Mr. Garcia reported that the Chief Justice supports the proposal.

Vote Explanation:

Matthew Phillips: The advisory committee proposed is the same composition of stakeholders established for the TFSC. I would prefer to see a smaller, more nimble group of treatment court practitioners from around the state focus on implementing recommendations from this group as well as studying and implementing best practices in the future. Sometimes these large groups are too big to establish consensus and sometimes the representatives aren't experts in the field being discussed.

Lani Williams: My reservations are that while the list was inclusive of many professionals who may interact with or have some knowledge of Treatment Courts, there was no specification that the individuals who may participate in the permanent Treatment Court Advisory Committee would have experience related to the



administration, funding, accountability and/or eligibility criteria for Treatment Courts. Including participants who have specific experience relevant to Treatment Courts could enhance the efficacy of the Treatment Court Advisory Committee.

Recommendation 3: Data Entry

Simmons 2.2

Title: Uniform entry of data for all treatment courts and CJC access to data

Author:

Judge Ann Marie Simmons

Vote:

Yes		No	Excused
Yes	with Reservations		
9	4	0	3
Alderson Behre Garcia Keller Nichols Sanchagrin Scroggin Wig Williams	Haroldson Phillips Ruggeri Sévos		Crow-Martinez Van Meter Wong

Problem Statement:

OJD, the Treatment Court Advisory Committee under the Chief Justice, and CJC should have access to data for treatment courts statewide for analysis, recommendations, and training; Data entry for treatment court should be as uniform as possible; assessment of treatment courts.

Detailed Description:

Oregon Judicial Department shall maintain data for all treatment courts. All treatment courts within the state, regardless of funding source, shall enter data into a uniform data entry program (currently identified as SCMS). OJD, the Treatment Court Advisory Committee to the Chief Justice, and CJC will have access to de-identified data from all treatment courts, regardless of funding source, for the purposes of assessment, analysis, recommendations, and training. CJC and OJD shall



investigate the ability of the uniform data entry program to incorporate other Electronic Medical Records programs and data entry. The Legislature shall fund the purchase and a maintenance of the data entry program recommended jointly by OJD and CJC through general funds.

Enforcement: CJC/OJD will oversee data entry and collection.

Reporting mechanism: CJC and OJD analyses will be available to the legislature.

Implementation: OJD/CJC.

Discussion:

Approximately 11 specialty courts currently do not use SCMS and do not apply for Specialty Court Grant Program (SCGP) funds. This concept could work in tandem with uniform definitions, like those recommended by *Recommendation 6*, to enable more thorough research. Some of these courts may be new programs that are not yet able to handle the administrative work of using SCMS and applying for SCGP grants. It costs approximately \$30,000 for new programs to start using SCMS. *Recommendation 10* includes a funding request for such costs.

The Task Force also recommends that the Legislature fund the purchase and maintenance of a system that can incorporate treatment provider records if OJD identifies and recommends such a system. Recommendation 9 recommends that OJD hire a consultant to research this kind of system.

Vote Explanation:

Matthew Phillips: My slight reservation here is the potential scope of information staff will be requested to collect. The quantity of data being requested for entry in Redcap for deflection clients is cumbersome.

Recommendation 4: SCGP Award Timeline

Sévos/Wig 2.2

Title: Application Timeline

Author:

Kathy Sévos, Chris Wig

Vote:

Yes	No	Excused
Yes with Reservations		



<p>8</p> <p>Alderson Behre Haroldson Keller Ruggeri Sévos Wig Williams</p>	<p>2</p> <p>Garcia Scroggin</p>	<p>3</p> <p>Nichols Phillips Sanchagrin</p>	<p>3</p> <p>Crow-Martinez Van Meter Wong</p>
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Problem Statement:

The current funding timeline does not provide enough reasonable time for awardees to negotiate and execute agreements with both the awarding agency and sub-awardees prior to the service start date. This places considerable risk and burden on direct service providers and other partners, particularly since some of the negotiation may involve what scope of work will be performed for the final funding figure.

Detailed Description:

We recommend that CJC reset the funding cycle (providing one-time temporary bridge funding for existing courts) so that:

1. All funding decisions can be negotiated and made prior to the award start date AND
2. The primary awardee has reasonable time to fully execute contracts with sub-awardees prior to the start date.

Enforcement: Report back from the granting entity.

Reporting mechanisms: Milestone dates including RFPG release date, RFPG due date, award notification date, grant agreement execution date, grant start date.

Implementation: CJC.

Discussion:

The grant timeline does not align with the fiscal year. The fiscal year for counties starts on July 1. CJC does not release awards to counties until October, and only then do counties start to negotiate contracts with providers. The recommendation seeks to remedy the temporal gap in service provider funding from July to December.

Proponents expressed a hope that long-term funding changes, such as those on proposed recommendation *Moawad 1.1* and/or those in *Recommendation 14*, could address the problem in future budget cycles.



CJC has been exploring options for gap coverage and can find efficiencies without legislative action. However, it would take legislative action to be able to convert General Funds to “other funds” that have more flexibility. Additionally, the Legislature could direct prioritization for what it wants to fully fund over other funding needs, as some other states do. The specifics in this recommendation may be problematic for various counties.

Vote Explanation:

None submitted.

Recommendation 5: Third-party Evaluation

Scroggin and Garcia 1.1

Title: Specialty Court Third Party Evaluation. Provide funding and require all specialty court programs receive a third-party process evaluation to ensure adherence to the National and Oregon Specialty Court Standards.

Author:

Jay Scroggin, Joseph Garcia

Vote:

Yes		No	Excused
Yes	with Reservations		
6	4	3	3
Garcia Haroldson Keller Nichols Scroggin Wig	Phillips Ruggeri Sanchagrín Williams	Alderson Behre Sévos	Crow-Martinez Van Meter Wong

Problem Statement:

Oversight and Accountability.

Detailed Description:

National Specialty Court Standards require third-party evaluations as a best practice. Adherence to the 10 Key Components produce consistent and improved outcomes. The Task Force is recommending a one-time funding request that will create a baseline standard and expectation of all specialty courts in Oregon. This will inform



the legislature and professionals of the strengths and areas needed for improvement. It will also serve as a guide for future budget builds and program budget requests.

Enforcement: Assign the mandate to the Oregon Criminal Justice Commission to take lead on any State required RFP procedures, and to maintain the results from the assessments to be used in conjunction with future Specialty Court decisions. They are to perform these tasks in partnership with the Oregon Judicial Department.

Reporting mechanisms: Data will inform of compliance to the standards and resources needed to provide services.

Implementation: CJC/OJD.

Discussion:

Other recommended studies or assessments, such as the recommended cost study, could be bundled with the third-party evaluation study for efficiency.

Mr. Sanchagrín noted that he was voting “Yes with Reservation” because there would be a fiscal component for CJC if this were to be undertaken by the Legislature.

Vote Explanation:

Matthew Phillips: My reservation was in support of Mr. Sanchagrín and the CJC who have a lot on their plate.

Recommendation 6: Cost and Funding Data and Definitions

Wong 1.1

Title: Collecting meaningful data about the costs of operating treatment courts.

Author:

Caroline Wong

Vote:

Yes		No	Excused
Yes	with Reservations		
13 Alderson Behre Garcia	1 Sanchagrín	0	2 Crow-Martinez Wong



Haroldson		
Keller		
Nichols		
Phillips		
Ruggeri		
Scroggin		
Sévos		
Van Meter		
Wig		
Williams		

Problem Statement:

This recommendation attempts to solve the problem of the lack of regularly collected data on the costs of operating treatment courts using standard definitions in each jurisdiction.

Detailed Description:

Recommendation: This proposal recommends 1) using standardized definitions to 2) collect Specialty Court operation costs every two years.

Rationale: The cost of operating specialty courts can change drastically year to year, especially during times of recession or inflation. Taking into account the national 2021 inflation rate (4.7%) and the 2022 inflation rate (8.3%), court operating costs would likely rise significantly by 2023 with cost-of-living adjustments alone. Relying on outdated numbers is both misleading and detrimental to sustaining funding for these programs. Likewise, not providing standard definitions or methods of calculating costs results in inconsistencies and confusion. For example, recent surveys asked specialty court practitioners for their “salary” amount while also asking specialty court teams for their “personnel costs.” These are two different things (e.g. an attorney’s salary might be \$100,000 annually but their personnel costs, e.g. “total employee cost,” is \$170,000 when calculating fringe benefits, insurance, PERS, etc.). Additionally, terminology was confusing such as what to include under “non-insurance billables” and whether contracted treatment providers should be considered personnel for quantified costs. The more jurisdictions employ different methodologies to calculate costs, the greater the risk that specialty courts are not appropriately funded.

Potential Timeline: This new process will start in the 2025-2027 grant cycle.

Enforcement: This recommendation proposes requiring a summary of the anticipated average annual cost of operating specialty courts as part of CJC’s Specialty Court grant application process in addition to the budget submission for requested grant



funds. This includes in-kind contributions. Each application will be asked to provide the anticipated total cost using a standardized definition key. There is an added benefit of knowing what percent of the total operating cost each court is requesting CJC grant funds to cover.

Reporting mechanisms: Information will be collected by Specialty Court teams during the grant application budget process and inputted into the grant application for Specialty Court funding during each new budget cycle (usually two years). That data will be collected by CJC to monitor total operating costs versus grant-requested costs. This ensures that each funded specialty court will provide the requested data (versus the hit or miss responses from surveys or informal requests) using a standardized method across jurisdictions.

Implementation: CJC and any entity applying for Specialty Court grant funding through CJC. Creation of the standard definitions should involve a collaboration between CJC and OJD.

Discussion:

The data collection should not require more funding but would require more effort from grant applicants. Collection of full operating cost data, including in-kind contributions, would be valuable to compare to the percentage requested for funding. Standardized definitions are crucial for uniformity and clarity for cost category data.

Some members liked how specific the proposal was, though one member suggested a less specific timeline (e.g., a periodic review) given the potential funding timeline changes in other recommendations. The proponent discussed her belief that treatment courts would put more effort into providing cost data if tied to the grant funding application every two years.

CJC had started requesting cost information from grant applicants, but it was not a full accounting. Collecting this data could help inform a cost study, such as recommended by *Recommendation 7*.

Vote Explanation:

None submitted.

Recommendation 7: Formal Cost and Funding Stream Study

Rigmaiden 1.2

Title: Formal Cost and Funding Stream Study



Author:

Judge Clara Rigmaiden, Chair

Vote:

Yes		No	Excused
Yes	with Reservations		
13	0	0	3
Alderson			Crow-Martinez
Behre			Phillips
Garcia			Wong
Haroldson			
Keller			
Nichols			
Ruggeri			
Sanchagrin			
Scroggin			
Sévos			
Van Meter			
Wig			
Williams			

Problem Statement:

Making funding of treatment court across the state more equitable and stable.

Detailed Description:

The legislature should authorize, direct and fund a formal cost study in order to better understand the actual funding needed for startup and long-term maintenance of a treatment court. The study should consider various factors that affect costs, including location, program size and program type. The study should also identify all funding streams available to treatment courts to cover those costs in order to better identify areas where there are funding gaps.

Enforcement: Report back to the legislature by agency directed or organization contracted to conduct study by date certain.

Reporting mechanisms: Final report, as well as possible informational hearing for legislators and statewide stake holders to receive information and ask for any clarification needed.

Implementation: CJC, OHA or OJD.

Discussion:



The last known comprehensive study of Oregon specialty court costs is a [report](#) by NPC Research re-published in 2011, using a transactional and institutional cost analysis.⁴⁴ CJC must adhere to Oregon’s Public Contracting Code for any studies it commissions.

Members discussed the importance of understanding both the actual costs of operating specialty courts as well as identification of revenue streams. Such evaluations can be a big lift for treatment court teams to go through. A cost study would include a time element (how much time goes into each element), which would be the most accurate but also the most effort to complete. It could be particularly helpful for the Oregon Health Authority to study the unfunded Medicaid services.

Vote Explanation:

None submitted.

Recommendation 8: Statewide Assessment Database

Moawad 3.2

Title: Determine the viability of a statewide assessment database

Author:

Judge Heidi Moawad

Vote:

Yes		No	Excused
Yes	with Reservations		
5	6	2	3
Behre	Garcia	Alderson	Crow-Martinez
Sanchagrin	Haroldson	Ruggeri	Van Meter
Sévos	Keller		Wong
Wig	Nichols		
Williams	Phillips		
	Scroggin		

⁴⁴ Carey, Shannon M., and Mark S. Waller. *Oregon Drug Court Cost Study: Statewide Costs and Promising Practices*. Portland, OR: NPC Research, 2011 (re-release).

**Problem Statement:**

Unnecessary / duplicative assessments.

Detailed Description:

The State of Washington has a statewide assessment database and I am told anecdotally that it reduces the number of assessments an individual is required to do or, at a minimum, creates efficiencies for assessors if they have prior assessments to update vs. starting "from scratch."

Originally, my proposal contemplated simply creating a statewide assessment database but, at the October 11 meeting, good and valid concerns were raised about the idea. I have modified the recommendation to suggest that either an existing or new entity working on treatment courts consider the Washington statewide assessment database model and, if appropriate, recommend Oregon create one as well.

Implementation: OJD / OHA / DAS-IT

Discussion:

Members opined that this would a good topic of study for the recommended Advisory Committee in *Recommendation 2* to see if such a system is advisable for Oregon.

At the October 11 meeting, a treatment provider noted that existing assessments could work for purposes of treatment court eligibility, but not for the treatment plan. Treatment providers do their own assessments. Information, mental health conditions, or circumstances may have changed since the person's last assessment. Uncertainty exists regarding informed consent to share medical information in the future, and whether the information would continue to exist in a criminal database if a criminal charge is dropped or a person's criminal record is expunged. The change to a study of Washington's system addressed these concerns for that treatment provider.

Members discussed a mutual desire to limit trauma to the extent possible. The RANT is an eligibility assessment tool that can help limit trauma, and Oregon is starting to implement it.

Vote Explanation:

Joseph Garcia: I voted Yes because I support the concept. My reservation was related to not having a clear understanding of the entity or entities that would be



responsible for carrying out this recommendation and what the fiscal would be for the work to be conducted.

Matthew Phillips: My reservation centers on how this will integrate with other data collection efforts and SCMS. Collecting and entering data in multiple systems is time consuming for staff.

Recommendation 9: SCMS Ingestion

Sévos/Wig 3.2

Title: SCMS Ingestion

Author:

Kathy Sévos, Chris Wig

Vote:

Yes		No	Excused
Yes	with Reservations		
12	1	0	3
Alderson Behre Garcia Haroldson Keller Nichols Phillips Ruggeri Scroggin Sévos Wig Williams	Sanchagrin		Crow-Martinez Van Meter Wong

Problem Statement:

CJC and treatment court partners highly value accurate, timely data, which is able to be leveraged to improve outcomes for both treatment court participants and the systems that serve them. The current method for inputting data into SCMS is a heavily-manualized, staff-intensive process that does not leverage modern protocols for efficiently sharing data. This severely impairs the availability of near-real time data access and increases the likelihood for incorrect or missing data.

**Detailed Description:**

We recommend that OJD:

- Engage with a technology consultant who can help evaluate system capabilities, explore costs for different options, and make recommendations.
- Survey treatment court partners to determine what primary data platforms are being used for their work (including, but not limited to various platforms for court operations, managing individuals on parole or probation, electronic health records, and case management).
- Explore options and costs for how data from these primary systems can be ingested by SCMS (through secure file transfer or other integrative method/s)
- If recommended, select a pilot project that would minimally include ingestion of EHR data from a treatment provider/s and ingestion of data from parole/probation platform.

Context:

Each treatment court partner (i.e. OJD, treatment providers, attorneys, UA providers, and service providers) already records participant data into platforms that are specifically designed for their fields (i.e. justice system, electronic health records, parole and probation correctional systems, and case management systems). Some of this same data is then manually entered into SCMS. We are proposing to move away from this burdensome, antiquated process for inputting data and leverage technological solutions that provide for the secure transfer and ingestion of data into SCMS.

OJD is in the process of updating SCMS, and we believe this proposal can be aligned with those activities. We also understand that part of the discussion would involve significant upfront investment to support secure file transfer or some other form of integration; however, we believe that a reduced need for individuals manually performing this duplicative data entry will lead to cost savings over time.

Additionally, we believe this proposal will yield improved data accuracy and completeness, as well as timely access to data in near real-time to support quality improvement and decision-making.

Enforcement: Report back from CJC.

Reporting mechanisms: Hire/contract period for proposed consultant, findings relative to the viability of file transfers; post-implementation outcomes could include reduction of administrative time, increased accuracy and completeness of data, and increased timeliness of access to data.



Implementation: OJD and/or CJC.

Discussion:

The risk with delays in treatment data entry is that the court may impose unwarranted sanctions, if based on records that do not accurately reflect when someone attended a group program or completed a urinalysis. A specific example is when a judge ordered jail time as a sanction for not attending treatment when the person had actually attended. Instantaneous treatment data ingestion would support better informed decisions and thus better results of participant success by eliminating error-prone duplicative data entry. *Recommendation 3* requests General Funds for implementing and maintaining any such uniform data entry program recommended by CJC and OJD that can incorporate Electronic Medical Records programs and data entry.

Vote Explanation:

None submitted.

Recommendation 10: SCMS Funding

Rigmaiden 2.3

Title: Fund OJD budget request for SCMS

Author:

Judge Clara Rigmaiden, Chair

Vote:

Yes		No	Excused
Yes	with Reservations		
13	0	0	3
Alderson			Crow-Martinez
Behre			Van Meter
Garcia			Wong
Haroldson			
Keller			
Nichols			
Phillips			
Ruggeri			
Sanchagrin			
Scroggin			
Sévos			



Wig
Williams

Problem Statement:

Improving the current data collection and analysis capacity for the benefit of treatment court function and fidelity to best practices.

Detailed Description:

The legislature should give funding to OJD for the cost of SCMS and its improvement/expansion. Such funding should include making a funding source available to treatment courts that do not currently utilize SCMS. Funding these functions of SCMS operations would avoid the costs of such coming out of SCGP money intended for operational costs of treatment courts.

Enforcement: Direct funding.

Implementation: Legislature.

Discussion:

Historically, SCMS has been funded through drug seizure money, which is diminishing over time. Members expressed a goal of not taking grant money away from specialty court programs. This revised recommendation includes funding for courts to integrate into SCMS that are not already using it, as recommended by *Recommendation 3*.

Vote Explanation:

None submitted.

Recommendation 11: OSCA Staff Positions

Rigmaiden 3.1

Title: General funding of grant funded/limited duration staff on the OSCA Treatment Court Team

Author:

Judge Clara Rigmaiden, Chair

Vote:

Yes	No	Excused
Yes with Reservations		



<p>13</p> <p>Alderson Behre Garcia Haroldson Keller Nichols Phillips Ruggeri Sanchagrin Scroggin Sévos Wig Williams</p>	<p>0</p>	<p>0</p>	<p>3</p> <p>Crow-Martinez Van Meter Wong</p>
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Problem Statement:

Improving stability and staffing on the OSCA Treatment Court Team.

Detailed Description:

The legislature should give general funding for Funding for the grant funded/limited duration staff on the OSCA Treatment Court Team members who are currently grant funded and for limited duration. Appropriate and sufficient staffing is a core function for OSCA’s ability to provide support and training to treatment courts at a variety of levels.

Enforcement: Direct funding.

Implementation: Legislature.

Discussion:

Currently, four Office of the State Court Administrator (OSCA) Treatment Court Team staff are funded solely by limited duration federal grants. These include the statewide Family Treatment Court Coordinator, the statewide Veterans Treatment Court Coordinator, and two analysts assisting to implement the Risk and Needs Triage (RANT) tool statewide. OSCA staff services can help support the Advisory Committee recommended by *Recommendation 2*.

Vote Explanation:

None submitted.



Recommendation 12: OHA Billing Modifier

Sévos/Wig 1.2

Title: OHA Billing modifier that reimburses at an enhanced rate for Specialty court clients

Author:

Kathy Sévos, Chris Wig

Vote:

Yes		No	Excused
Yes	with Reservations		
13	0	0	3
Alderson			Crow-Martinez
Behre			Van Meter
Garcia			Wong
Haroldson			
Keller			
Nichols			
Phillips			
Ruggeri			
Sanchagrin			
Scroggin			
Sévos			
Wig			
Williams			

Problem Statement:

Specialty Court populations require more intensive services to help sustain and maintain their recovery including consistent evidence-based practices, coordination of care, and treatment-adjacent activities. Currently, there is an inconsistent methodology for adequately funding behavioral health providers for their enhanced care and treatment-adjacent services (those that are not currently billable to insurance but are vital to treatment court operations and best practices).

Detailed Description:

We recommend that the legislature approve HCBS Policy Option Package #554 (as referenced by Donald Jardine in his presentation to the Task Force on Specialty Courts on 10.11.2024) authorizing a research study to identify code and modifier options that could be leveraged specific to specialty court participants.

**Context:**

As Judge Moawad expressed in TFSC proposal Moawad 4.1, participation of the treatment provider in the staffing and courtroom activities (as well as providing updated information through reports) is currently a service that is not specifically billable to insurance. Per both the treatment court model and best clinical care practices, these enhanced services and team-based care are required for all clients to actively engage in and maintain their recovery. Therefore, providers should be reimbursed at a higher rate to provide a higher level of service for these targeted populations.

Over the long-term, we are hoping that the proposed research will result in OHA adding a billing modifier/enhanced rate [similar in design to the enhanced rates for Integrated Co-Occurring Disorder (ICOD) and Culturally- and Linguistically Specific Services (CLSS)] to provide uniform, consistent, appropriate funding to support behavioral health providers and the system in successfully delivering and coordinating the necessary enhanced holistic care for specialty court clients

Enforcement: Report from OHA that the modifier/s has been implemented.

Reporting mechanisms: Treatment providers will report appropriate funding to support the complete cost of care for participating as a treatment provider within a specialty court (including but not limited to coordination activities, data gathering and reporting, treatment provider engagement and presence in court, engagement in MDTs, etc.).

Implementation: OHA.

Discussion:

Specialty court participants have higher treatment needs than base rates compensate for, including cultural and linguistic needs, and higher amounts of supervision than persons without criminogenic risk.

Additionally, administrative duties take a lot of personnel time but are not billable. These include assessments of participants before a treatment plan is established, building relationships with specialty court team members, attending court sessions, entering daily treatment updates in SCMS that are duplicative of the entries in treatment records, and time spent making and following up on referrals. If the Legislature funds court liaisons for service providers, as recommended by *Recommendation 14*, that person could absorb certain administrative functions, such as entries in SCMS.



The availability and designation of a Medicaid billing modifier is generally subject to approval by the Center for Medicaid Services.

Vote Explanation:

None submitted.

Recommendation 13: Utilization Management Practices

Sévos/Wig 4.2

Title: Utilization Management Budget Note

Author:

Kathy Sévos, Chris Wig

Vote:

Yes		No	Excused
Yes	with Reservations		
13	0	0	3
Alderson			Crow-Martinez
Behre			Van Meter
Garcia			Wong
Haroldson			
Keller			
Nichols			
Phillips			
Ruggeri			
Sanchagrin			
Scroggin			
Sévos			
Wig			
Williams			

Problem Statement:

Many of the agencies that deliver treatment services for specialty court participants experience significant bureaucracy in working with CCOs to pay for the delivery of services, including denial for payment of substance use and mental treatment services that are identified as necessary by a qualified and certified behavioral health treatment provider.

Detailed Description:



We recommend that the legislature include a budget note instructing CCOs to follow the recommendations of the treatment court’s licensed or certified behavioral health provider/s as it relates to prescribed treatment services including dosage, duration, intensity, and length of stay.

Enforcement: Report back from OHA.

Reporting mechanisms: Report from treatment providers of paid claims for treatment court participants and report of reduced burden for CCO interaction to authorize and pay claims for treatment court participants.

Implementation: OHA and CCOs.

Discussion:

The recommendation includes a revision specifying OHA as the implementing agency. CCOs use utilization managers to minimize payments for treatment, resulting in underfunding of specialty court participants’ intensive treatment needs. “Medical necessity” in the treatment court context means duration and intensity of treatment for the specific needs of the specialty court population, as opposed to the average treatment authorized for non-justice-involved clients. Treatment providers discussed a recent CCO denial for payment of services exceeding averages and expressed that this change will make a big difference.

Vote Explanation:

None submitted.

Recommendation 14: Court Liaisons

Sévos/Wig 5.2

Title: Funding Court Liaisons housed at certified behavioral health treatment agencies.

Author:

Kathy Sévos, Chris Wig

Vote:

Yes		No	Excused
Yes	with Reservations		
11	1	0	4
Alderson	Nichols		Crow-Martinez



Behre Garcia Haroldson Keller Phillips Ruggeri Scroggin Sévos Wig Williams		Sanchagrin Van Meter Wong
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Problem Statement:

The current approach for funding decisions is disparate across treatment court systems and often overlooks essential operations in some jurisdictions.

Detailed Description:

We recommend that the legislature direct funding beginning in the 2025/2027 biennium to certified behavioral health treatment agencies to support the cost of one or more Court Liaison for each specialty court to bridge the flow of information from treatment providers to the courts. This model would replicate that used to fund OJD Court Coordinators.

This short-term funding recommendation would immediately provide stability to treatment courts while medium- and long-term recommendations of funding methodologies are explored.

Enforcement: We envision that it would replicate similar protocols to the administration of the current direct allocation for court coordinators.

Reporting mechanisms: Court partners report out on outcomes such as increased focus on treatment court operations (vs. grant-writing, contracting, etc.), perceived funding stability, continuity of court services over a meaningful period of time.

Discussion:

Members considered whether direct state funding for court liaisons could impact grant funding. The cost study recommended by *Recommendation 7* could inform the funding needs and prioritization. Treatment providers stressed the need for short term solutions to a crisis of underfunded services that has jeopardized the viability of some treatment courts. A judge and a criminal defense attorney expressed that these liaisons are critical components.

Vote Explanation:



None submitted.

Recommendations Not Adopted

The following recommendations received a vote but were not adopted by the Task Force:

Behre 1.2: Treatment Court Admissions

Title: Giving specialty court judges sole discretion to determine who enters their specialty court

Author:

Chris Behre

Vote:

Yes		No	Excused
Yes	with Reservations		
6	1	6	3
Alderson Behre Keller Ruggeri Sévos Williams	Wig	Garcia Haroldson Nichols Phillips Sanchagrin Scroggin	Crow-Martinez Van Meter Wong

Problem Statement:

Ensuring that specialty courts are enrolling participants who are best suited to the program based on objective, evidence-based eligibility standards administered by the court, and expanding specialty court charge eligibility.

Detailed Description:

Currently, many specialty courts require that the district attorney consent to an individual entering a specialty court. This requirement, which exists both in court policy and in the conditional discharge statute (ORS 475.245), strips the court of its discretion to determine which individuals are best suited to enter the court it operates. This often results in lower admissions, as the district attorney can



essentially veto entry, even if the court believes the individual would benefit and be successful in the program.

Enforcement: Revise ORS 475.245 (Conditional Discharge) to remove the following language from subsection (1)(a): 'with the consent of the district attorney.'

Reporting mechanisms: No change in reporting would be needed. Court coordinators would report numbers of applicants and approvals.

Implementation: Treatment court coordinators.

Discussion:

The question is one of ensuring that treatment court eligibility and entry is based on best practices, using objective criteria rather than subjective factors. Conditional discharge is one way that criminal defendants enter a specialty court program.

A district attorney representative expressed concern that the proposal's impacts would reach beyond treatment courts, because the conditional discharge statute is not limited to cases that could be eligible for drug court. A member discussed uncertainty about how the change would impact an expected increase in diverted or downward departure cases, and how it would affect local jurisdiction agreements. Members did not have information about how often district attorneys refused to consent to a conditional discharge to block treatment court entry.

Some noted that a continuing Chief Justice Advisory Committee on Treatment Courts, as recommended by *Recommendation 2* could further study this and consider how peer review and other tools can support objective decision making.

Vote Explanation:

None submitted.

Alderson 1.1: Peer Review Board

Title: Create a Specialty Court board of review.

Author:

Shane Alderson

Vote:

Yes		No	Excused
Yes	with Reservations		
4	4	5	3



Alderson
Keller
Sévos
Wig

Behre
Phillips
Ruggeri
Williams

Garcia
Haroldson
Nichols
Sanchagrin
Scroggin

Crow-Martinez
Van Meter
Wong

Problem Statement:

Oversight and Accountability of Specialty Courts.

Detailed Description:

The Task Force on Specialty Courts recommends the Oregon State Legislature create a Specialty Court board of review. This Board will comprise Specialty Court administrators and professionals associated with specialty Courts.

The purpose of this board is to provide peer review oversight to ensure that Specialty Courts use best practices and evidence-based guidelines and to support Specialty Courts in meeting the needs of the community they serve.

Implementation: Oregon Judicial Department.

Discussion:

Members generally support peer reviews as a tool to support adherence to best practices over the long-term. The proponent suggested that the proposed peer review board be comprised of Oregon specialty court professionals, and that it could work in conjunction with the continuing Advisory Committee recommended in *Recommendation 7*.

One member opposed the recommendation on technical issues, feeling that the continuing Advisory Committee recommended by the Task Force should set the standards and operation for peer review and ensure that peer reviews are clearly an OJD function.

A couple of members expressed that this recommendation might be perceived as redundant. The Chair noted that the recommended third-party process is a one-time roll out evaluation to get a baseline and peer review could be an ongoing long-term solution to monitoring. OJD has been piloting peer review in select juvenile treatment courts and family treatment courts, with a plan to expand the program to adult treatment courts.

Vote Explanation:

None submitted.



Moawad 1.1: Funding with Accountability

Title: Streamlining Funding through Accountability

Author:

Judge Heidi Moawad

Vote:

Yes		No	Excused
Yes	with Reservations		
5	0	7	4
Behre Keller Sévos Wig Williams		Alderson Garcia Haroldson Nichols Phillips Ruggeri Scroggin	Crow-Martinez Sanchagrin Van Meter Wong

Problem Statement:

The uncertainty of grant funding, burden of too many processes.

Detailed Description:

Although we continue to call ourselves Specialty Courts, in reality, there’s nothing “special” about what we do anymore. The work of meaningfully trying to divert participants from the court system is now business as usual for most judicial districts in Oregon and indeed, around the country.

The notion, then, of these courts not being part of CSL and instead needing to request grant funding every other year seems unnecessary once a court is established and has proven its concept.

Funding at CSL, instead of requiring grants, gives all systems partners assurances that the program will not be at risk of termination and can help those system partners meaningfully invest their own time and resources into a particular court.

A “new” specialty court probably should have to go through two grant funding cycles to prove its concept, and then once the early results show the concept is working, we can switch over to the accreditation model that has been discussed in our task force meetings.



If Grant Funding remains the only way to fund our courts, then we need to figure out a way to meaningfully meld the grant process with the accreditation process: either by requiring only one on opposite years, or by making them the same process altogether.

Implementation: CJC/OJD

Discussion:

Members discussed the intent of the recommendation as acknowledging that specialty courts have become integral to the justice system and established courts should not need to request grant funding every cycle. Some members expressed uncertainty about what incentive system might replace the grant structure. A member suggested it could be part of a larger conversation for a continuing Advisory Committee, as recommended in *Recommendation 2*, and something that could be further informed by a cost study, as recommended in *Recommendation 7*.

Vote Explanation:

None submitted.



Appendices

Appendix A: Oregon Specialty Courts Survey Results

Appendix B: Oregon Treatment Court Programs Survey

Appendix C: Oregon Treatment Court Programs Personnel Questionnaire

Appendix D: Oregon Specialty Court Standards

Appendix E: OJD 2023 Specialty Court Operations Profile (SCOP)

OREGON SPECIALTY COURTS SURVEY RESULTS

November 2024



Table of Contents

About the Survey.....	2
Survey Limitations.....	2
Research Questions.....	3
Survey Participation	3
Specialty Courts.....	3
Specialty Court Personnel	3
Survey Results	4
What are the costs associated with operating a specialty court?.....	4
How are specialty courts funded?.....	6
How is the state helping specialty courts?.....	8
What barriers or challenges should the state address to help specialty courts?	12

About the Survey

The Legislative Policy and Research Office (LPRO) surveyed specialty courts in Oregon to collect information about operating costs, funding sources, and experiences with state support for the 2023-25 biennium. The survey included a separate personnel questionnaire, sent directly to specialty court team members to collect information about salaries/wages, staff time dedicated to specialty courts, and specialty court-related responsibilities. Specialty court survey respondents were asked to distribute the personnel questionnaire and report the number of team members who received it.

Both the survey and questionnaire were developed by LPRO in collaboration with the Oregon Judicial Department and Criminal Justice Commission, with guidance from the Chair of the Task Force on Specialty Courts. Survey data was collected between August 29 through September 18, 2024. Copies of the survey ([link](#)) and questionnaire ([link](#)) are available on OLIS. The results of the survey and questionnaire were shared with the Task Force on September 20 and October 11.¹

Treatment Courts, also referred to as Specialty Courts, are programs in which a person's behavior and progress is overseen by a multidisciplinary team through regular judicial review, community supervision, and treatment, following the evidence-based treatment court model.

Specialty Courts are made up of team members that work for many different entities (such as courts, treatment providers, probation officers, law enforcement, district attorney offices, defense attorney offices, and peer mentors).

Survey Limitations

The survey results are rough estimates based on available information and do not accurately reflect actual operating costs. Furthermore, the surveys are a "point in time" estimate reflecting actual costs; they are not representative of the cost needed to operate a treatment court in compliance with best practice standards. Factors that limit how the survey data can be used and interpreted include the following:

1. Some specialty courts did not respond to the survey.
2. Many specialty court team members did not respond to the questionnaire.
3. Some survey respondents did not have complete access to their specialty court's budget information.
4. Specialty courts might categorize and report their costs and funding differently.
5. The survey's expedited timeline did not allow sufficient time for survey respondents to gather complete and/or accurate information.

¹ Video recordings and presentation materials are available on OLIS. For September 20, see: <https://olis.oregonlegislature.gov/liz/202311/Committees/JTFSC/2024-09-20-13-00/Agenda>. For October 11, see: <https://olis.oregonlegislature.gov/liz/202311/Committees/JTFSC/2024-10-11-13-00/Agenda>

While the survey data is helpful in many ways, it cannot answer some of task force's most pressing questions, such as how much it costs to operate specialty courts or how much funding specialty courts receive.

At the September 20 meeting, the task force discussed these limitations and opportunities for improving data collection and better approaches for estimating costs and funding.

Research Questions

The survey data were used to answer the following questions:

1. What are the costs associated with operating a specialty court?
2. How are specialty courts funded?
3. How is the state supporting specialty courts?
4. What barriers or challenges do specialty courts need the state to address?

Survey Participation

Specialty Courts

The survey was sent to all 67 active specialty courts, and 50 specialty courts completed it, for a response rate of 75 percent. Some categories of specialty courts are better represented in the data than others (Table 1).

Table 1: Survey Response Rates by Specialty Court Type

Court Type	Number of Active Courts	Number Responded	Response Rate
All Specialty Courts	67	50	75%
Adult Drug	21	19	90%
DWI/DUI	2	1	50%
DWI/Drug Hybrid	2	2	100%
Family Treatment	12	9	75%
Juvenile Drug	4	4	100%
Mental Health	20	12	60%
Veterans Treatment	5	3	60%

Source: LPRO Survey of Specialty Courts, September 2024

Specialty Court Team Members

The personnel questionnaire was sent to 686 specialty court team members and 403 responded, for a response rate of 59 percent. Some personnel categories are better represented in the data than others (Table 2). The court coordinator category is over-represented, with a response rate of 118 percent. This might have been caused by an under-reporting of the number surveyed.

Table 2: Personnel Questionnaire Response Rates by Personnel Category

Personnel Category	Number Surveyed	Number Responded	Response Rate
All Personnel	686	403	59%
Case Manager	25	19	76%
Court Coordinator	49	58	118%
Court Operations Staff ²	22	5	23%
Defense Attorney	110	55	50%
DHS Staff	35	17	49%
Judge	42	21	50%
Judicial Clerk	16	4	25%
Law Enforcement	18	8	44%
Peer Mentor	51	24	47%
Probation Officer	59	34	58%
Prosecutor, DOJ Attorney ³	55	32	58%
Treatment Provider	128	79	62%
Trial Court Administrator	27	6	22%
Other	49	41	84%

Source: LPRO Survey of Specialty Courts, September 2024

Survey Results

What are the costs associated with operating a specialty court?

Survey Finding 1.1: Tracking and reporting operating costs is challenging.

Survey respondents reported details of what they included and did not include in their costs. This underscores the difficulty of estimating how much funding is needed to operate high-quality specialty courts. Some specialty courts

- included operating costs that reflect what they can spend based on budget, but not what they need to spend if they had sufficient funds for full program implementation.
- do not have easy access to information about operating costs because they are funded through partner agencies or providers.
- did not include personnel costs that are paid by partner agencies and providers.
- spend a lot of their funds to provide participants basic supports, like bicycles for transportation.

² Court Operations Staff, Judicial Clerks, and Trial Court Administrators are not primary treatment court team members, but they are important for overall program operation.

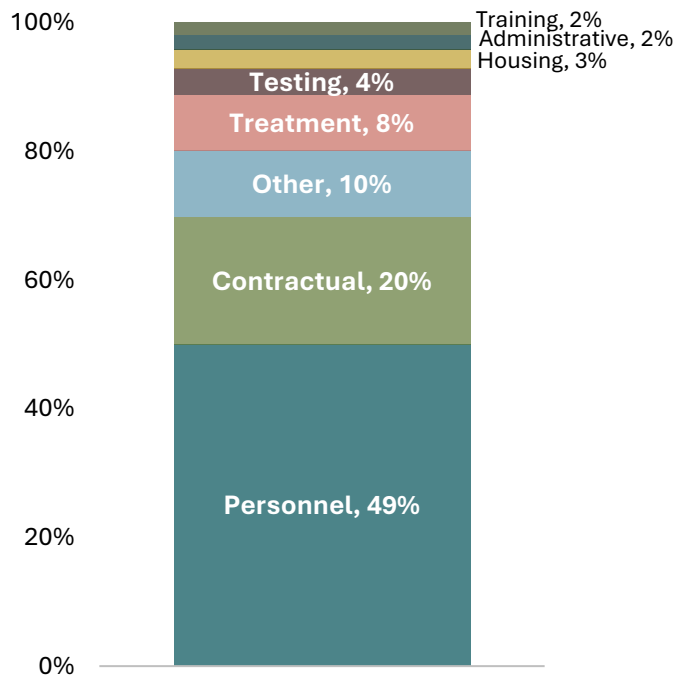
³ Department of Justice (DOJ) attorneys serve in a role similar to the prosecutor for Family Treatment Courts.

- Did not include costs for personnel who are not considered core team members but who still contribute time.
- Did not include in-kind contributions from partner agencies and providers.
- Cannot easily estimate personnel expenses because of the number of team members involved in cases.
- Did not account for administrative costs because they are difficult to estimate.
- Cannot easily estimate costs because of their vast networks of community partners that contribute to their programs.
- Could only estimate for one year because of significant changes to staffing and compensation from year to year in the biennium.

Survey Finding 1.2: Personnel and contractual services are specialty courts’ largest cost factors.

Personnel account for half of the reported specialty courts’ operating costs (Chart 1). Contractual services, which include many types of costs, such as staff time from partner agencies and providers, treatment services, as well as testing/urinalysis services, account for the second largest share of reported costs.

Chart 1: Percent of Reported Operating Costs by Budget Category



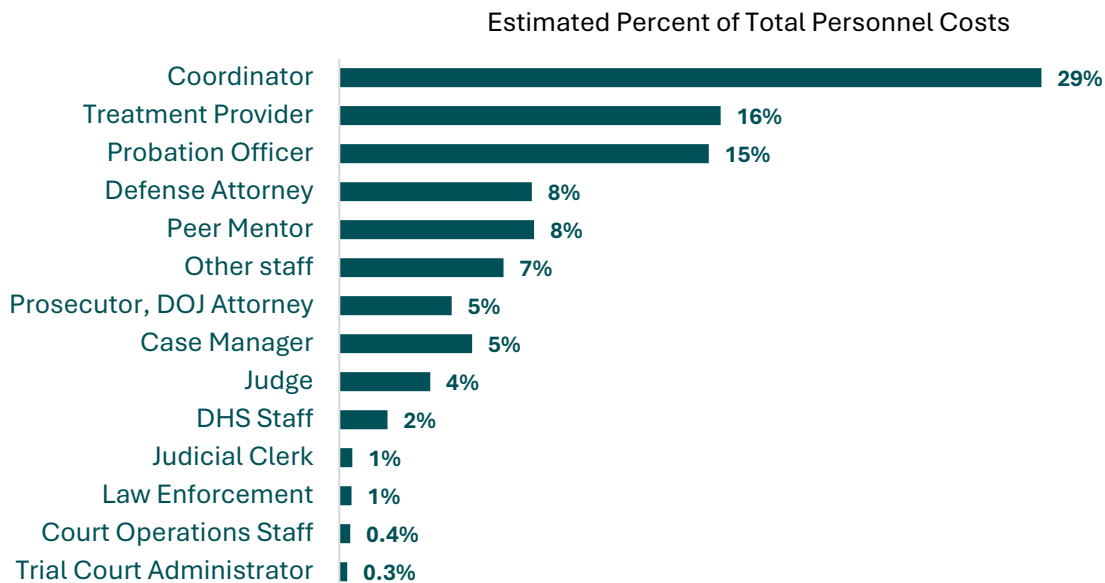
Source: LPRO Survey of Specialty Courts, September 2024

Note: The “other” category includes participant supports (i.e., medical, childcare), software, and data entry

Survey Finding 1.3: Core team members account for the largest share of personnel costs.

Court coordinators, treatment providers, and probation officers combined account for nearly two-thirds of specialty courts' personnel costs, as measured by personnel salaries and the amount of time dedicated to specialty courts and reported in the personnel questionnaire. Court coordinators account for the largest share at 30 percent, though this number may be skewed by an over-representation of court coordinators in the survey data.

Chart 2: Personnel Categories as a Share of Estimated Total Personnel Costs



Source: LPRO Personnel Questionnaire, September 2024

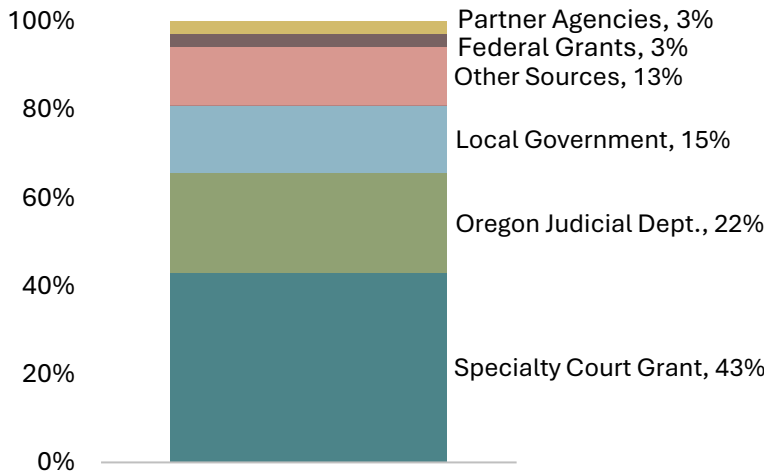
Note: Personnel costs do not include fringe benefits or other compensation beyond salary.

How are specialty courts funded?

Survey Finding 2.1: State funding is the primary source of funding for specialty courts.

State investments account for more than two-thirds of the funding specialty courts receive, as reported in the survey (Chart 3). The category “other sources” includes state investments through the Department of Veterans’ Affairs, and the Measure 57 Grant and Justice Reinvestment Initiative Grant programs. Many specialty courts, especially those in small counties, rely on funding from the state.

Chart 3: Percent of Specialty Court Funds by Funding Source

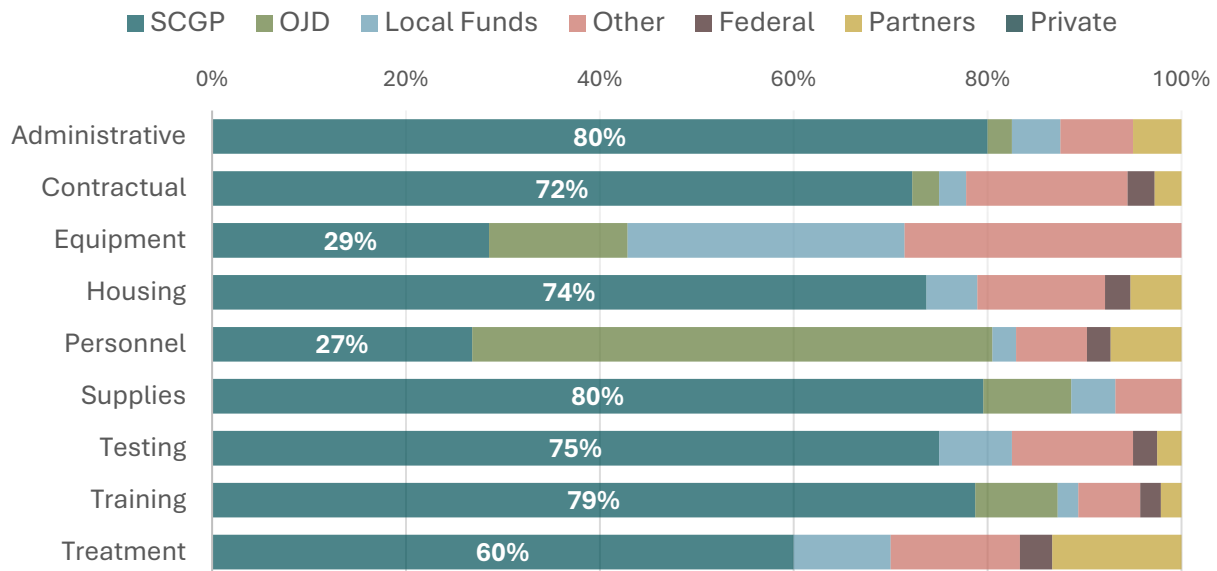


Source: LPRO Survey of Specialty Courts, September 2024

Survey Finding 2.2: The Specialty Court Grant is the primary source of funding for most expense categories.

There is some variation in where specialty courts get their funding for certain expense categories. Chart 4 shows that specialty courts use their specialty court grants to cover administrative costs related to treatment court work (80 percent of specialty courts), contractual services (72 percent), participant housing (74 percent), supplies (80 percent), testing/urinalysis (75 percent), and training (79 percent). Personnel, specifically those employed by OJD, is primarily funded by the Oregon Judicial Department. Local government resources are primarily used to cover some costs of equipment, testing/urinalysis, and treatment for many specialty courts.

Chart 4: Primary Source of Funding by Expense Category.



Source: LPRO Survey of Specialty Courts, September 2024

Survey Finding 2.3: Specialty court funding systems are inconsistent and vary widely.

Survey respondents reported the myriad ways specialty courts are funded:

- Some specialty courts access local funding via tax revenues or county general fund appropriations, but those resources may be restricted for specific uses.
- Some specialty courts are entirely funded through partner agencies or providers.⁴
- Service gaps are often filled by in-kind contributions from partner agencies and providers, but they, too, are strained for resources. This is a challenge, particularly for treatment providers who contribute time and resources not reimbursable under Medicaid.
- For many specialty courts, partner agencies and providers cover their own costs. This includes County staff who support grant and contract administration.
- Some specialty courts collect program fees from participants to help cover expenses such as travel/training costs for team members, rewards for participants, and other expenses not covered but grant funds.
- Some specialty courts receive federal grants, but they are term-limited, and restrict how the funds can be used.
- Some specialty courts receive other state grants through the Department of Corrections (Measure 57), Department of Veterans' Affairs, and the CJC-administered Justice Reinvestment Initiative Grant Program.
- At least one specialty court is in the process of establishing a 501(c)(3) non-profit structure, so they can raise funds to cover program costs that are not or cannot be funded through other sources.

How is the state helping specialty courts?

The survey asked respondents to provide feedback about what the state is doing well to support specialty courts. The results show that the combination of funding, training, and technical assistance from the state has a positive impact on the efficacy of specialty courts.

The Specialty Court Grant (Grant) program and General Fund allocations to the Oregon Judicial Department (OJD) for the provision of court coordinators to each specialty court are the primary funding mechanisms for all specialty courts. The Oregon Judicial Department Office of the State Court Administrator (OSCA) provides essential training opportunities and technical assistance to help courts implement effective specialty courts using best practices, and the Criminal Justice Commission's technical assistance

⁴ Background information about the operational or performance aspects of such programs is not available.

and recent improvements to the Grant application process have made funding more accessible to specialty courts.

Survey respondents believe continued investments in these resources will ensure specialty courts can meet best practice standards and provide effective support for those they serve.

Survey Finding 3.1: State funding is essential to specialty courts.

The survey results showed the Criminal Justice Commission (CJC) administered Specialty Court Grant program is an important source of funding for all specialty courts, and for a few specialty courts the grant is critical to staying operational.

“The Mental Health Court program could not exist without the support through the Criminal Justice Commission grant for treatment services, mental health service, team member positions for Probation Officer, Deputy District Attorney, and Public Defender.”

“The grant funding we receive is what allows the [redacted] County specialty court program to be operational.”

Additionally, the recent passage of HB 5204 allocates state General Funds to the Oregon Judicial Department (OJD) for specialty court coordinator positions. This investment helps ensure all specialty courts have a coordinator, whose role is central to ensuring the specialty court implements best practices and adhering to state standards. Many survey respondents said the investment improves the long-term stability of their specialty court and to helps them address service gaps and other program needs.

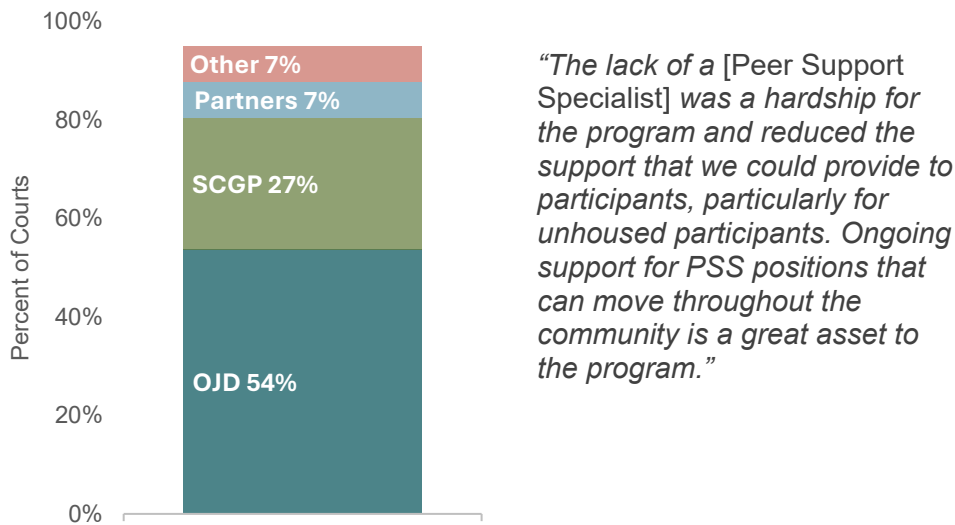
“Funding the court coordinator position for the [Mental Health Court] is essential, as this role is pivotal in ensuring the seamless integration of behavioral health services and legal processes, facilitating effective case management, and enhancing the overall efficiency and impact of the court’s interventions.”

“The Program Coordinator provides an essential connection for the team members [They are] also an ongoing support that provides connection and communication for participants. Having consistent and ongoing support for this role is essential to running the juvenile treatment court program.”

“Fully funding coordinator positions has been huge for the treatment courts. [Redacted] County has made that a priority and has been funding the coordinator position for at least 10 years but not all courts have the resources to do that.”

In addition to funding court coordinators through OJD, state investment through the Specialty Court Grant program funds a portion of key team member time including probation officers, district attorneys, defense attorneys, peer support specialists, and case managers. State funds are the primary source of funding dedicated to personnel for more than 80 percent of specialty courts, as reported in the survey (Chart 5).

Chart 5: Primary Source of Funding for Personnel (Percent of Specialty Courts)



Source: LPRO Survey of Specialty Courts, September 2024

Specialty courts also rely on state funds to provide specialty court team members opportunities for education and training to improve their knowledge and implementation of best practices.

“Training is critical to team cohesiveness and funding for yearly conferences provide information regarding new research, best practices and changes to roles when appropriate.”

State investments through various grant programs, particularly the Specialty Court Grant, have helped specialty courts provide participants with necessary support, including housing and rental assistance, employment services, childcare, personal care items, transportation, and incentives. Specialty courts have also used state grant funds to supplement non-billable treatment services and drug testing costs. Specialty courts depend on the state’s ongoing provision of resources to fund these essential services.

“The additional support for rental assistance funds for approved sober living facilities makes an immeasurable difference for treatment court participants.”

“The funding for treatment costs for uninsured and underinsured participants is very helpful to all of the treatment court programs in our judicial district. This support provides essential support barrier removal for participants and is critical to the success of the program.”

Survey Finding 3.2: The state provides impactful training opportunities and collaborative support to specialty court teams.

Many survey respondents said the Office of the State Court Administrator (OSCA) training within OJD helps new and existing specialty court team members learn necessary information about Oregon’s specialty court systems, best practices for

implementing effective specialty courts, and funding. They appreciate the trainings are readily available and accessible, especially for specialty courts located in remote parts of the state.

“Training opportunities have made a positive difference in the knowledge and tools available to [Specialty] Court teams and their partners. This translates into meeting best practice standards and success for participants. The support has been invaluable.”

“The summit and other learning/collaborating gatherings are always appreciated, especially the role specific ones, so please keep funding those.”

“Being able to have trainings in our part of the state where the OSCA team comes to us has been positive.”

Survey respondents also said they valued the opportunities to routinely connect with and learn from other specialty court teams through the quarterly coordinators meetings and open office hours for assistance with the Specialty Court Case Management System (SCMS) hosted by OSCA.

“The virtual SCMS office hours and Coordinator office hours have been a great way for coordinators and team members to ask questions and gain new insight and ideas for their treatment courts.”

“The SCMS open office hours and coordinator quarterly meetings help improve our local treatment court by strengthening our knowledge on best practices and how we should be implementing them into our local program. These trainings have been especially helpful over this past year as our court has hired on two new coordinators.”

Survey Finding 3.3: The state provides timely and effective technical assistance to support specialty court implementation and funding access.

Survey respondents said that specialty courts benefit from the quality, availability, and timeliness of technical assistance offered by OSCA/OJD statewide coordinators and analysts to support program implementation.

“When we have a question or issue within our treatment court the OCSA treatment team is quick to respond and help us resolve issues in a timely manner.”

“The state specialty court support team is also an excellent source of support for the programs.”

“Response time from OSCA is incredible.”

“The expansion of the Statewide Treatment Court Team has been very beneficial to local programs. We have two newer programs [that] have been frequent utilizers of the technical assistance.”

Similarly, technical assistance provided by the Criminal Justice Commission has helped many specialty courts navigate the Specialty Court Grant application process.

“It is great to have access to the CJC staff who can help facilitate feedback on this process when questions arise. So far, the flexibility of the CJC in approving reallocation requests has been helpful to ensure funding is spent in ways that support specialty court participants rather than being given back to the State when initial plans for funding use does not work as expected.”

“I really appreciated the new grant process even though it was daunting. Continued transparency from CJC and the state is crucial and helpful.”

“The grant process is much smoother and easier to navigate. The CJC has been stellar in supporting us and our questions/work.”

What barriers or challenges should the state address to help specialty courts?

The survey asked respondents to provide feedback about the barriers or challenges the state should address to support successful implementation of specialty courts. The results show that unstable funding, staffing constraints, and insufficient resources to provide specialty court participants necessary services and supports are limiting the impact of specialty courts.

Survey respondents believe that dedicated, targeted funding from the state could address service gaps and improve specialty courts' long-term stability and growth.

Survey Finding 4.1: Participant supports are under-resourced.

Many survey respondents shared that specialty courts often have to fill service gaps by helping specialty court participants with basic supports such as housing, phones, clothes, hygiene products, transportation, employment services, childcare and other supports that provide stability for participants but are not funded or available through other means. However, they do not have sufficient funds to provide the level of support that is needed. Other funding sources limit or restrict the use of funds for such supports, so specialty courts depend on state funding to fulfill some of the need.

“The State is beginning to recognize how much support the treatments courts provide for participants, but I don't know if they understand how much it costs to stabilize someone coming out of jail into a mental health court program in a rural community. ... It is crucial for us to be able to assist with housing, clothing, hygiene items, transportation and with phones so we can get them as stable as quickly as possible. Realistically, it takes at least 90 days to fully stabilize our participants once they are released from jail.”

“[Redacted] County is a frontier county, and resources are limited. The participant supports purchased with [Specialty Court Grant] funds cannot be obtained from other sources. These supports and services are an

important means of eliminating barriers that participants face in achieving successful rehabilitation.”

Specialty courts also need resources to reward and incentivize participant progress. Some respondents said Measure 57 grants were the only funding source that allowed funds to be used for incentives, but those grants have been decreasing.

“Contingency management is an evidence-based treatment that provides motivational incentives to reinforce positive behavior changes in individuals living with substance use disorders. The [redacted] Family Treatment Court utilizes a variety of positive reinforcements, from verbal praise to certificates of accolades to tangible incentives. Because FTC is about family, we would like to purchase a series of gift cards that would allow parents to engage in activities with their children ... and contribute to their child even while their child is in state care”

“It would be helpful if the state would look at best practices and how to address incentives as a whole in supporting all treatment court programs.”

“The Department of Corrections Measure 57 grant is currently the only funding source that allows the program to purchase incentives for program participants. The Mental Health Court program currently provides \$10 gift cards to participants if they complete their obligations, and they win the drawing in court that day. The program would like to continue this practice and possibly add additional incentives, but there is limited funding available.”

Resources to support housing and residential services for specialty court participants is another critical need cited by many survey respondents. Recent cuts to housing supports through the Specialty Court Grant exacerbated this issue for many specialty courts that already experienced challenges with housing inventory and affordability in their communities.

“Housing is woefully underfunded. [It] is a crucial component to the recovery process and without it, the odds of being unsuccessful with their sobriety and court compliance greatly increase.”

“There is no sober housing in our community and most participants face homelessness at some point. ... Participants have been forced to choose between remaining in Specialty Court or terminating from the program so they can move to neighboring counties where sober housing resources are available. The across the board 80% reduction in the Housing category made by the CJC Grant Review Committee (GRC) was devastating and has hindered our ability to adequately support our participants.”

“We always have problems with housing- either finding it or paying for it. Adequate funding for housing is imperative.”

“Housing is a critical need for long term sobriety and successful reintegration. Having funding available for several months of rent in sober housing would be very beneficial.”

Survey Finding 4.2: Treatment services are not fully covered by Medicaid, further straining specialty court resources.

Medicaid typically covers the cost of treatment services, but there are many costs associated with treatment that are considered non-billable and have to be paid through other funding sources. Many specialty courts reported having insufficient resources to pay for these non-billable treatment needs, which include peer mentors, testing/urinalysis, and treatment staff time spent in necessary specialty court functions like case-management meetings. There is a need to expand the types of treatment services and supports that are billable under Medicaid, and a need to increase state resources to help specialty courts cover treatment costs.

“There are a lot of services provided, specifically in peer support and case management that are not easily billed for and should be covered. One major issue that our provider struggles with are the requirements ... to be in court and to be available for staffing and meetings because that is not time they can really bill for conveniently. We need providers to be present so there needs to be some mechanism developed to allow for billing for these services.”

“Best practice standards [require partners] to commit personnel and resources to the program. ... for treatment providers, these services are frequently non-billable under Medicaid... A review of Medicaid billable activities specifically related to treatment providers for specialty court programs would be highly recommended.”

“Peer mentors provide an invaluable service to the program and if Medicaid could generally fund peer support mentors ... this may help with enrollment rates, engagement, and community engagement.”

Frequent and random testing for substance use is a critical part of the treatment court model, but specialty courts are strained to cover the costs that are not billable under Medicaid.

“[Urinalysis] monitoring ... is another aspect of treatment that is necessary to help support accountability and tracking of abstinence for the participants. Since court often lasts longer than treatment, there is still a monitoring period in which the participants provide urine samples for testing. These are unfunded through insurance since treatment is no longer being recommended ... having access to CJC grant funding to provide these samples is important.”

“Having a statewide contract with labs could [help] reduce the administrative burden on the County as well as obtaining lower rates due to volume.”

Some survey respondents said a lot of the funds they spend for treatment is to help participants who are not qualified for Medicaid and so have to pay out-of-pocket, yet specialty courts do not have sufficient funds to provide the level of support needed.

“If courts received some funding from the state to run our programs or had benefits for people in treatment courts so they didn’t have to pay out of pocket, this would help immensely. As a lot of the treatment dollars get spent on those who don’t qualify for OHP.”

Survey Finding 4.3: Funding through the Specialty Court Grant program is unstable and contributes to uncertainty in specialty court program implementation.

Many survey respondents believe state funding should be distributed via direct allocation, rather than a grant program. Instability in how funds are distributed through the Specialty Court Grant contributes to uncertainty for some specialty courts about whether they will get sufficient funding to implement their specialty court or even stay operational. The unpredictability inherent to grant programs makes planning for staff levels and other specialty court needs difficult.

“A challenge our program and other treatment court programs face is that the programs funding is not guaranteed. Each grant cycle we must apply for the grant and hope it is awarded in order to continue operating our programs. This creates a great deal of uncertainty on whether our program will be able to continue to provide services to our participants.”

“Funding for nearly all program operating costs is obtained through federal and state grant awards, which is unstable and causes significant program upheaval when awards are not secured. Please consider ways to create dedicated funding sources for specialty court program operations, including contractual personnel supports.”

“The process of applying to CJC creates challenges with program continuation. Having stable funding for all positions would increase job security for partners ... [and] help solidify these programs in communities.

Overall, funding is not sufficient for implementing best practices and reaching all the participants who would benefit from specialty courts. Specialty courts are further hindered in what their programs can offer because of restrictions on how funds could be used.

“We are limited in programing. We stick to the basics and utilize both the [Justice Reinvestment Program] and SCGP to fund our program. We would like to begin Dual Diagnosis for Treatment Court, but that costs and we can't afford to bring on more programming with our current costs.”

“The costs for delivering clinical care is often able to be recovered by billing Medicaid and other insurance. However, the costs unique to participating in a specialty court (such as court staffing, reporting, coordination, etc.) are essential to smooth operations, but are not billable

to other funding resources. To an external party, these functions may appear to be “administrative” in nature, but they are vital to operations.”

For some specialty courts, the Specialty Court Grant application process could improve to better align specialty court budget cycles or other critical budget timelines, address challenges some specialty courts experience with community partnerships, and ensure local context is considered when evaluating applications.

“It would also be highly beneficial to align the application and award process with other budget cycles so that all funding sources and amounts are known ahead of proposed budgets and final submission”

“Would it be possible to offer grants for a longer period of time (with the caveat that awards for future years are contingent upon available funds)?”

“Having to have a community partner to administer the grant is challenging in the more rural areas. The whole grant process can be a little overwhelming at times and having to rely on a community partner has proven to make the process more hectic.”

“Since the County is not participating in the program, the Court is unable to apply for and secure CJC funding.”

“It is crucial to evaluate the needs of each county and their courts individually when making funding decisions.”

Survey Finding 4.4: Specialty courts are not sustainable without appropriate staffing levels.

Many specialty courts believe the state could improve the sustainability of specialty courts by ensuring full funding for key specialty court personnel, including judges and courtroom staff, attorneys, peer support specialists, mentors, treatment providers, and probation officers.

“The Judge and Courtroom staff are not currently funded through the grants. The Mental Health Treatment Court program population continues to increase, partially as a result of budget cuts to the State Aid and Assistance programs. The program needs additional docket time along with the increase in Judge and Courtroom staff resource time. This is an area of the program that would benefit from dedicated funding.”

“It is difficult to expand/enhance your programs and maintain best practices if you don't have the staff to do that.”

“The probation officers and treatment providers need to be funded 100% so they can dedicate that time to participants, rather than having to split their focus.”



PLEASE READ BEFORE PROCEEDING.

Earlier this year, the Oregon Legislature enacted [House Bill 4001 \(2024\)](#), which established the Task Force on Specialty Courts to study pressing issues concerning Oregon’s treatment court programs, including funding mechanisms and the state’s role in providing funding and administrative support. **To assist this study, the Task Force is surveying all of Oregon’s treatment court programs to collect information about operating costs, funding sources, and experiences with support from the state.**

To assist with collecting information about personnel expenses, the Task Force has created a separate questionnaire for you to share with individual treatment court team members. The questionnaire asks about the time they dedicate to treatment court programs and their salary/wages.

Both surveys are administered by the [Legislative Policy and Research Office \(LPRO\)](#), a nonpartisan office that provides staffing and research support to task forces and policy committees in the Oregon Legislature. The results of this survey and the personnel questionnaire will be used to inform a report that will be shared with the Oregon Legislature later this year. *The information you and other court team members share will be summarized with other responses and no individual identifying information will be used in the report.*

Instructions:

- **Submit completed surveys by Wednesday, September 11th.**
- Complete one survey per treatment court program, if you support multiple programs.
- Send a [link to the personnel questionnaire](#) to treatment court team members.
- You can stop and return to the survey without losing your responses as long as you use the same computer.
- The survey should take about 30 minutes to complete, but you might need more or less time depending on your ability to access information and how you answer the questions.
- Access the survey online with this link: [Oregon Treatment Court Programs Survey](#)

If you have any questions about this work or if you want to complete the survey in a different format (e.g., Word document, phone/video interview), contact Monica Cox, LPRO Research Analyst, via email at monica.cox@oregonlegislature.gov, or by phone at (503) 986-1517.

First, tell us about the treatment court program you are responding for.

1. Which type of treatment court program is it?

- Adult Drug Court
- Mental Health Court
- Veteran Treatment Court
- DUII Court
- Juvenile Drug Treatment Court
- Family Treatment Court

2. Which Judicial District does the program serve?

3. Comments about the treatment court program:

Your responses to the next few questions about the treatment court program's budget will help the Task Force estimate the statewide cost of operating treatment court programs and identify funding sources for the 2023-25 biennium.

4. What is the total amount of the program's operating expenses for the 2023-25 biennium? *Estimates are okay. Use the dollar format (e.g., \$500,000.00).*

Total Operating Expenses	\$
---------------------------------	----

5. What are the program's operating expenses and funding sources by budget category for the 2023-25 biennium? *Estimates are okay. If you do not have access to the information, please indicate so in the comments column.*

Budget Category	Estimated Expenses (\$)	Primary Funding Source	Comments
Personnel	\$		
Treatment (non-billable)	\$		
Testing/Lab expenses	\$		
Housing	\$		
Contractual Services	\$		
Supplies	\$		
Training/Travel	\$		
Equipment	\$		
Administrative Expenses	\$		
Other	\$		

Funding Source options are: Local Government, Specialty Court Grant, OJD, Federal, Partner Agency, Private Foundation/Donations, and Other.

6. Additional comments about the program's operating expenses:

7. What is the total amount of funding allocated/awarded to the program for the 2023-25 biennium? *Estimates are okay. Use the dollar format (e.g., \$500,000.00).*

Total Funding Awarded/Allocated	\$
--	----

8. What are the program's funding sources for the 2023-25 biennium? *Estimates are okay. If you do not have access to the information, please indicate so in the comments column.*

Funding Category	Estimated Award/Allocation	Comments
Local Government	\$	
Specialty Court Grant	\$	
Oregon Judicial Department	\$	
Federal Funds (e.g., BJA, SAMSHA)	\$	
Private Foundations or Donations	\$	
Partner Agency Contributions	\$	
Other Funds	\$	
Unfunded	\$	

9. Additional comments about the program's funding:

Your responses to the next questions will help the Task Force understand the state's role providing funding and administrative support to treatment court programs.

10. What is working well that the state should continue or do more of regarding funding and administrative support?

11. What are the barriers or challenges treatment court programs are experiencing regarding funding and administrative support from the state? How might they be addressed?

12. Finally, please share the number of treatment court program team members who will be given the personnel questionnaire. This will help us track response rates. No individual identifying information is collected nor tracked.

Personnel Category	How many will receive the personnel questionnaire?
Case manager	
Coordinator	
Court Operations Staff	
Defense Attorney	
DHS Staff	
Judge	
Judicial Clerk	
Law Enforcement	
Peer Mentor	
Probation Officer	
Prosecutor, DOJ Attorney	
Treatment Provider	
Trial Court Administrator	
Other	



PLEASE READ BEFORE PROCEEDING.

Earlier this year, the Oregon Legislature enacted [House Bill 4001 \(2024\)](#), which established the Task Force on Specialty Courts to study pressing issues concerning Oregon’s treatment court programs, including funding mechanisms and the state's role in providing funding and administrative support. To assist this study, the Task Force is surveying all of Oregon's treatment court programs to collect information about operating costs, funding sources, and experiences with support from the state. **This questionnaire is a part of the survey for individual treatment court team members to complete with information about the time and expenses associated with your position.**

Both surveys are administered by the [Legislative Policy and Research Office \(LPRO\)](#), a nonpartisan office that provides staffing and research support to task forces and policy committees in the Oregon Legislature. The results of this survey and the personnel questionnaire will be used to inform a report that will be shared with the Oregon Legislature later this year. *The information you and other court team members share will be summarized with other responses and no individual identifying information will be used in the report.*

Instructions:

- **Submit a completed questionnaire by Wednesday, September 11th.**
- Complete one questionnaire, even if you support multiple programs.
- You can stop and return to the questionnaire without losing your responses as long as you use the same computer.
- The questionnaire should take about 10 minutes to complete, but you might need more or less time depending on how you answer the questions.
- Access the questionnaire online using this link: [Oregon Treatment Court Programs Personnel Questionnaire](#)

If you have any questions about this work or if you want to complete the questionnaire in a different format (e.g., Word document, phone/video interview), contact Monica Cox, LPRO Research Analyst, via email at monica.cox@oregonlegislature.gov, or by phone at (503) 986-1517.

Oregon Treatment Court Programs Personnel Questionnaire

1. Which Judicial District is served by the treatment court program(s) you support?

2. Which treatment court program(s) do you support? *Select all that apply.*

- Adult Drug Court
- Mental Health Court
- Veteran Treatment Court
- DUI Court
- Juvenile Drug Treatment Court
- Family Treatment Court

3. Which category best describes your role in the treatment court program(s)?

- | | |
|---|--|
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Coordinator | <input type="checkbox"/> Peer Mentor |
| <input type="checkbox"/> Court Operations Staff | <input type="checkbox"/> Probation Officer |
| <input type="checkbox"/> Defense Attorney | <input type="checkbox"/> Prosecutor, DOJ Attorney |
| <input type="checkbox"/> DHS Staff | <input type="checkbox"/> Treatment Provider |
| <input type="checkbox"/> Judge | <input type="checkbox"/> Trial Court Administrator |
| <input type="checkbox"/> Judicial Clerk | <input type="checkbox"/> Other |

4. What is your position title?

Oregon Treatment Court Programs Personnel Questionnaire

Your responses to the next questions about your salary/wages and the time you dedicate to treatment court programs will help the Task Force estimate the cost of operating treatment court programs during the 2023-25 biennium.

5. What percentage of a full-time schedule are you dedicating to the program(s) you support during the 2023-25 biennium? *Estimates are okay.*

Program	Percentage of time dedicated to the program
Adult Drug Court	%
Mental Health Court	%
Veteran Treatment Court	%
DUII Court	%
Juvenile Drug Treatment Court	%
Family Treatment Court	%

6. What is your annual salary or hourly wage? *Estimates are okay. You do not have to disclose this information if you don't want to; however, it will help the task force estimate the amount of funding treatment court programs need for positions like yours. Your responses will be summarized with others and no individual identifying information will be used in reporting.*

Annual Salary	\$
Hour Wage	\$

7. Comments about your time or annual salary/wages:

Oregon Treatment Court Programs Personnel Questionnaire

8. How do you support treatment court programs? *Select (put an “x” in the box) all that apply for each program you support.*

	Adult Drug Court	Mental Health Court	Veteran Treatment Court	DUII Court	Juvenile Drug Treatment Court	Family Treatment Court
Fill responsibilities of traditional role as related to the treatment court						
Attend staffing						
Attend review hearings						
Attend training						
Attend team meetings						
Enter data into SCMS						
Coordinate and communicate with the team as needed						
Other (please describe)						

9. Additional comments about your position:

Your responses to the next questions will help the Task Force understand the state's role providing funding and administrative support to treatment court programs.

10. What is working well that the state should continue or do more of regarding funding and administrative support?

11. What are the barriers or challenges treatment court programs are experiencing regarding funding and administrative support from the state? How might they be addressed?



OREGON SPECIALTY COURT STANDARDS

Adult Drug, Mental Health, Family,
Veterans, Juvenile, and DUII

January 2018

TABLE OF CONTENTS

Note: The 10 key components identified below quote directly from the National Association of Drug Court Professionals (NADCP) document and use the term “drug court.”¹ Oregon’s Specialty Court Standards (Standards) are a collaborative effort to provide statewide guidance, further defining best and promising practices by which the specialty courts can be held accountable in a manner to achieve the outcomes promised by each component. The Standards have been developed to be applicable to all specialty courts regardless of type (such as adult, mental health, family, juvenile, veteran, and DUII). Throughout the document, items that have special notes based on population or program type are indicated by a MH (Mental Health), FDC (Family), V (Veterans), JDTC (Juvenile), or DUII (Driving While Intoxicated), and corresponding information is included for each standard.

TABLE OF CONTENTS	2
INTRODUCTION	3
Key component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing. ...	4
Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.	6
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.	8
Key Component #4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.....	10
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.	15
Key Component #6: A coordinated strategy governs drug court response to participants’ compliance.....	16
Key Component #7: Ongoing judicial interaction with each drug court participant is essential.	19
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.	20
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation and operations.	21
Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.	23
ACKNOWLEDGEMENTS	24

¹ Bureau of Justice Assistance. (2004) *Defining Drug Courts: The Key Components*. Accessed August 2017 from https://www.ndci.org/wp-content/uploads/Key_Components.pdf

INTRODUCTION

The Oregon Criminal Justice Commission's (CJC) purpose is to improve the legitimacy, efficiency, and effectiveness of state and local criminal justice systems by providing a centralized and impartial forum for statewide policy development and planning. CJC is charged with developing a long-range public safety plan for Oregon that 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 provides grants 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.

In 2013, the Oregon Legislative Assembly's adoption of HB 3194 expanded the CJC's charge to include serving as a "clearinghouse and information center for the collection, preparation, analysis and dissemination of the best practices applicable to specialty courts" (ORS 137.680). This clearinghouse function includes coordinating research and distributing research results; coordinating specialty court-specific trainings; and supporting the implementation of programs and evidence-based practices. CJC is also required to develop evidence-based standards for specialty courts with the goal of reducing recidivism and targeting medium to high-risk offenders, in consultation with the Oregon Judicial Department.

The 10 key components are the core framework for specialty courts. These broad principles are defined in the Standards through appropriate practices which provide guidance on how to operationalize these guidelines. The Standards are intended to create consistent practices and provide guidance to all types of specialty courts, including adult drug, mental health, juvenile drug, family dependency, veteran, and DUII (also known as DWI). As written, the Standards are intended to serve as ideal expectations and CJC encourages specialty courts to adopt these recommendations, with a focus on continuous improvement. CJC recognizes that different types of specialty courts (also known as treatment courts and problem-solving courts) may have unique practices that may not be found in these Standards. Caution shall be exercised when deviating from the Standards, although exceptions may be necessary due to local circumstances, resource challenges, and the target population's specific needs.

The Standards describe best practices associated with a successful specialty court program and align with:

- The 10 Key Components of Drug Courts²
- Adult Drug Court Best Practice Standards Volume I³ and II⁴
- Guiding Principles of DUII Courts⁵
- Juvenile Drug Court Strategies in Practice⁶ and Juvenile Drug Treatment Court Guidelines⁷
- Recommendations for Developing Family Drug Court Guidelines⁸
- The Essential Elements of a Mental Health Court⁹

² Bureau of Justice Assistance. (2004) *Defining Drug Courts: The Key Components*. Available from https://www.ndci.org/wp-content/uploads/Key_Components.pdf (last accessed August 2017)

³ National Association of Drug Court Professionals. (2013) *Adult Drug Court Best Practice Standards Volume I*. Available from <http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf> (last accessed August 2017)

⁴ National Association of Drug Court Professionals. (2014) *Adult Drug Court Best Practice Standards Volume II*. Available from <https://ndcrc.org/resource/nadcp-adult-drug-court-best-practice-standards-volume-ii> (last accessed August 2017)

⁵ National Center for DWI Courts. *The Guiding Principles*. Available from <http://www.dwicourts.org/uncategorized/guiding-principles> (last accessed August 2017)

⁶ Bureau of Justice Assistance (2003) *Juvenile Drug Courts: Strategies in Practice*. Available from <http://www.ncjfcj.org/sites/default/files/16%20strategies.pdf> (last accessed August 2017)

⁷ Office of Juvenile Justice and Delinquency Prevention. (2016) *Juvenile Drug Treatment Court Guidelines*. Available from <https://www.ojjdp.gov/pubs/250368.pdf> (last accessed August 2017)

⁸ Office of Juvenile Justice and Delinquency Prevention. (2015) *Guidance to States: Recommendations for Developing Family Drug Court Guidelines*. Available from <http://www.cffutures.org/files/publications/FDC-Guidelines.pdf> (last accessed August 2017)

⁹ Bureau of Justice Assistance. (2007) *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court*. Available from

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

1-1 The specialty court team shall integrate alcohol and other substance use disorder services and/or mental health services with justice-system case processing by establishing a specialty court “team.” The 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 shall be added to the team (such as child welfare professionals or housing providers).

MH: The team also includes mental health providers and substance use disorder treatment providers.

FDC: The team shall include a child’s attorney or guardian ad litem, a parent’s attorney, *and* a child-welfare case manager. It may also be appropriate to include Court Appointed Special Advocates (CASA), a domestic violence advocate/service provider, and a mental health provider.

JDTC: The team includes a school representative, to help overcome educational barriers, and a representative from child welfare.

1-2 The specialty court team shall develop, review, and agree on program processes that demonstrate a commitment to evidence-based practice (such as mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, and program structure guidelines). The team shall create a program policy manual and update it annually. In addition, each program is expected to establish a Policy Committee and an Advisory Committee.¹⁰

MH: Information concerning a defendant’s referral to mental health court shall be closely guarded and there shall be no public discussions about a defendant’s mental illness while that person is being considered for mental health court or after a decision is made. Discussion of diagnosis and medication can be conducted in closed staff meetings but shall not be discussed in “open court.” Clinical documents shall be maintained separately from criminal files, to prevent medical information from becoming part of the public record.

FDC: The team must agree on who is viewed as the primary client and determine the availability of treatment/services for children and parents.

The program shall comply with the Indian Child Welfare Act (ICWA) in applicable cases. The federal ICWA establishes standards and procedures to protect the right of an Indian child to live with an Indian family, and to foster tribal sovereignty.¹¹

www.bja.gov/Publications/MHC_Essential_Elements.pdf (last accessed August 2017)

¹⁰ For additional information about these groups, see Key Component #10.

¹¹ National Indian Law Library. *ICWA Guide Online/Introduction*. Available from <http://www.narf.org/nill/documents/icwa/ch1.html> (last accessed August 2017)

OREGON SPECIALTY COURT STANDARDS

1-3 The specialty court team shall develop a written agreement (a Memorandum of Understanding) among all participating parties, identifying the roles and responsibilities (duties and tasks) of all parties, as well as the information to be shared among team members (confidentiality and communication guidelines). The MOU shall be reviewed annually.

MH: Clinical information shall be discussed in closed pre-court staff meetings and not in open court status hearings.

FDC: Program prioritizes access to substance use treatment for those defendants who are pregnant and using substances.

Agreements and information sharing policies address the needs of children, such as visitation for children with incarcerated parents and confidentiality provisions of child welfare, substance use disorder treatment, and the dependency court.

1-4 All specialty court team members are expected to attend and participate in every scheduled pre-court staff meeting and status hearing. At a minimum, a pre-court staff meeting shall occur prior to each scheduled court status hearing.

1-5 Treatment providers shall communicate with the specialty court team and report on defendant progress and/or concerns in treatment prior to status hearings.

1-6 The specialty court team ensures that specialty court defendants from groups that have historically experienced sustained discrimination or reduced social opportunities receive equal access to program admission, treatment, and availability of incentives and sanctions.

1-7 The specialty court has a written consent and/or release of information form. Defendants provide voluntary and informed consent about what information is shared among team members.

MH: Defendants shall be allowed to review the form with the advice of defense counsel, treatment providers, or both. The mental health court shall develop guidelines to identify and expeditiously resolve competency concerns. Defendants shall not be asked to sign release of information forms until competency issues have been resolved.

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

Note: With respect to family drug courts, for any of the standards in this section, references to “counsel” include the child’s attorney or guardian ad litem, when appropriate, and the parent’s attorney, in addition to or in lieu of the prosecutor or defense attorney.

2-1 The prosecutor and defense counsel shall be members of the specialty 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 coordinate their efforts in pursuit of achieving a shared goal allowing for the pursuit of justice, protection of public safety, and the preservation of the constitutional rights of the defendant.

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

2-4 The prosecutor shall review cases and determine whether a defendant is eligible for entry into the specialty court program; file all required legal documents; stipulate that a positive drug test or open-court admission of substance use shall 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 a defendant’s 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 specialty 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 shall affect the defendant’s interests; provide a list of and explain all rights that the defendant shall temporarily or permanently relinquish; advise the defendant on alternative options; explain that the prosecution has agreed that a positive drug test or admission to drug use in open court shall not lead to additional charges - and therefore encourage truthfulness with the judge and treatment staff; and inform the defendant that he or she shall 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 working collaboratively with the team to decide on the team's response to the defendant's behavior, including incentives, sanctions, and when or whether termination from the program is warranted.

2-6 Both the prosecution and the defense attorney shall perform their tasks as part of the program eligibility and admission process as expeditiously as possible, including working with stakeholders in the legal system to eliminate undue delay in admission into the specialty court.

FDC: It is the responsibility of the child welfare agency to perform its initial investigations swiftly to allow an efficient program-entry process.

2-7 The specialty court structure can allow defendants with non-drug charges and different levels of criminal charges (misdemeanor or felony) to participate, and does not automatically disqualify individuals with a current charge or criminal history associated with drug dealing or violence. The program shall disqualify individuals based on a current or prior offense only if empirical evidence from the clinical assessment and available treatment services suggest that they cannot be safely and/or effectively managed in the specialty court program. With regard to specialty court eligibility, assessed risk and need levels are more important than charges.

FDC: Eligibility may be based on child welfare allegations rather than criminal charges. Programs are encouraged to allow parents who also have criminal charges to participate, and to coordinate the cases and court requirements whenever possible.

2-8 The defense counsel shall ensure that all defendants receive a participant handbook upon accepting the terms of participation and entering the program.

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

3-1 Defendant eligibility criteria for identifying potential participants shall be defined by the specialty court team, documented, and communicated to potential referral sources.

MH: Clinical eligibility criteria shall be well defined and consider the availability of community-based treatment.

JDTC: Defendants are 14 years and older.

3-2 The specialty court may be designed to admit eligible defendants pre-plea, post-plea, or may operate with a combination of pre- and post-plea defendants.

FDC: Although accessing services as early as possible is desirable, programs may be designed to admit eligible defendants at any time throughout the adjudication process. Having a formal process to review petitions for substance use as a factor is suggested. Motivational elements shall be implemented during intake to promote program acceptance.

3-3 The specialty court shall use standardized, objective, validated risk and need screening and assessment tools (such as LSI-R, LS-CMI, or PSC) to assess the risk and need of the potential specialty court candidates. Screening and assessment results shall be used to determine program eligibility and to determine level and type of care and supervision. The specialty court shall use validated clinical assessments for service planning and to identify treatment and complementary service needs. When working with members of historically disadvantaged groups, programs have a responsibility to use tools validated for those individuals whenever available. The specialty court assesses multiple areas of strength and need for primary defendants as well as family members.

FDC: Caseworker or other staff asks if the parent identifies as native or is a tribal member, to ensure compliance with ICWA (see Standard 1-2).

3-4 The specialty court shall target individuals classified as moderate-risk/moderate-need to high-risk/high-need.¹² These individuals are appropriate for the intensive interventions (treatment and supervision) that specialty courts provide. Low-risk, low-need individuals shall be diverted from the specialty court. If they are included in the program, separate service tracks must be developed to meet their needs and not increase the risk of recidivism.

3-5 Defendants are screened for program eligibility by designated members of the specialty court team as identified by program policies and procedures.

MH: Program eligibility screening shall include a prosecutor, defense counsel, and a licensed clinician. When competency determination is necessary, it shall be expedited.

FDC: Child welfare representatives may have a role in determining program eligibility.

¹² “High risk” means someone is assessed as being at substantial risk for reoffending or failing to complete a less-intensive disposition, such as standard probation or pretrial supervision. “High need” means someone is assessed as having a compulsion to use or an inability to abstain from alcohol or other drugs, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behavior and interpersonal relationships, and a dysfunctional emotional response. (Adult Drug Court Best Practice Standards, Vol. I, p. 5). For mental health specialty courts, “high need” refers to individuals with serious mental illness.

3-6 As soon as defendants are being considered for specialty court, they shall be promptly advised about the program by a designated team member per program policy and procedures. This advice shall include a description of program requirements, scope and potential benefits, effects on their case, and consequences of noncompliance with their program case plan.

MH: The specific terms that apply to each defendant shall be provided to the defendant in writing. Before opting into the mental health court, defendants shall be given the opportunity to review these terms with the advice of counsel.

3-7 Program staff shall strive to have eligible defendants begin the program within 50 days of the arrest or incident that resulted in them being evaluated and considered for participation in the specialty court.

3-8 Trained and qualified professionals shall conduct assessments for substance use disorders and other treatment needs.

MH: Appropriately trained and qualified professionals shall conduct mental health assessments.

3-9 If appropriate services are available, the specialty court shall accept individuals with serious disorders, co-occurring disorders, and medical conditions. The specialty court may gather information from trained medical professionals and consider accepting individuals who have valid prescriptions for psychotropic or addictive medication, such as narcotics for pain.

3-10 The specialty court shall maintain an appropriate caseload/census based on their capacity to effectively serve all defendants in compliance with the Standards. Any specialty court serving more than 125 defendants with a single judge shall ensure the capacity—both services and staff time available—to adhere to the Standards.

3-11 The specialty court shall accept defendants who are taking, or intend to take, medication prescribed by a licensed health care practitioner for the treatment of substance abuse or dependency. The specialty court shall have policies specific to medication-assisted treatment (MAT) and MOUs in place to ensure proper coordination with treatment and medical providers for all programmatic phases.

JDTC: Programs are not required to have policies related to MAT.

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

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

FDC: Residential placements shall allow children to live with their parents whenever possible.

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

4-3 The specialty court shall provide treatment-readiness programs (such as Curriculum-Based Motivational Group, Motivational Enhancement Therapy, and Motivational Interviewing) for participants who are on waiting lists for comprehensive treatment services.

4-4 The specialty court shall provide participants sufficient duration and dosage of treatment based on their risks and needs as determined by validated standardized assessments. High-need participants ordinarily receive 6-10 hours per week during the initial phase and 200 hours of counseling over 9-12 months, though flexibility to accommodate individual responses to treatment is allowable.

4-5 The specialty court shall incorporate a programmatic phase structure with after care/continuing care emphasized as the last phase/level.

4-6 The participants shall receive treatment programming that includes all of the following:

- Standardized;
- Manualized;
- Cognitive-behavioral or behavioral;
- Evidence-based;
- Implemented with fidelity and maintained with continuous supervision of the treatment providers; and
- Adopted by the specialty court to ensure quality and effectiveness of services and to guide practice.

4-7 The specialty court shall offer a comprehensive range of treatment appropriate for the court type. The program shall adopt guidelines directing the frequency of each service a participant must receive based on assessed need. These services may include, but are not limited to the following:

- Group counseling
- Individual counseling
- Family counseling
- Alcohol and other drug counseling
- Gender-specific counseling
- Culturally competent and linguistically appropriate services
- Domestic violence counseling
- Anger management
- “Criminal thinking” interventions
- Health screening
- Brief evidence-based educational curriculum to prevent behavior that poses health risks (such as 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
- Transition plan (for the participant’s recovery following court supervision)

MH: Additional treatment modalities include the following:

- Assertive community treatment;
- Psychotropic medications; and
- Illness self-management.

FDC: Treatment services shall use a family-centered approach (including in-home treatment that integrates children’s mental health interventions for participants who are parenting infants and toddlers).

- Services include visitation, while assuring the child’s safety, to promote attachment for families who have children in foster care.
- Services must be available for participant’s children, including developmental screening and assessment; services to address prenatal and postnatal exposure to substances; trauma-related services; and prevention, early intervention, and treatment services for substance use disorders.
- Services for children must be coordinated with those of the parent and help the parent understand the needs of the child.
- Services for children under age 3 involve the parent as an active participant. Children in out-of-home care retain a single placement (to avoid additional trauma).

JDTC: Additional treatment modalities include the following:

- Assertive continuing care;
- Focus on behavioral health treatment and family intervention; and
- Motivational enhancement therapy.

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

- Employment counseling and assistance (beginning in a later phase of the program);
- Assistance in applying for public assistance benefits;
- Parenting education;
- Child care;
- Education and job training;
- Medical and dental care;
- Assistance in applying for health insurance;
- Transportation;
- Housing;
- Mentoring and alumni groups; and
- Aftercare.

MH: Additional services include the following:

- Supported employment;
- Crisis intervention services; and
- Intensive case management.

FDC: Additional services include the following:

- Court Appointed Special Advocates (CASA);
- Family systems approach;
- Monitoring the number of referrals made to other programs and services and tracking the number of participants who initiate and complete clinical and supportive services needed by families;
- Providing financial coaching and financial supports; and
- “Warm handoff” or in-person connection between person making the referral and provider.

4-9 The specialty court policy and procedures manual shall define guidelines for level of treatment, ancillary, and specialized services. The participant shall be screened and provided adequate services to meet their needs.

MH: Placements may include supportive living residences. Participants who have co-occurring substance use disorders shall receive coordinated treatment (for both mental health and substance use disorders).

FDC: Substance use disorder treatment providers routinely ask about the status of children in the families they serve and coordinate their treatment plan with a child welfare case plan. Providers have standard protocols for responding to child safety risks. All treatment services (such as for substance use, mental health, or trauma) are coordinated.

4-10 Specialty 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 supportive family member, friend, or daily acquaintance is enlisted to provide information to staff about a participant's conduct outside of the program, to help a participant arrive on time for appointments, and to help a participant satisfy other reporting obligations in the program.

JDTC: Programs deliberately engage parents or guardians throughout the court process, including active participation in court hearings, supervision and discipline of children in the home and community, and treatment programs. JDTCs address any barriers to parents/guardian's full engagement.

Programs provide court certified, qualified or licensed on-site interpreters for parents or guardians with limited English proficiency and for those with a hearing deficiency. All documents shall be translated into the native language of non-English-speaking youth and their parents/guardians

4-12 The treatment/case-management plan shall be individualized for each participant based on the results of the initial assessment and ongoing assessments. The specialty court shall reassess each participant at a frequency determined by the specialty court. An individual's treatment plan may be modified based on the results of reassessment.

MH: The plan shall incorporate the goals of participant abstinence from any substances that could interfere with their required medications.

4-13 The specialty court shall establish quality-assurance processes to ensure that treatment providers adhere to the drug court model. A treatment provider shall incorporate services and staff training consistent with best practices, such as:

- Evidence-based practices;
- Culturally appropriate approaches;
- Cognitive behavioral therapy;
- Manualized treatment;
- Use of trained/licensed professionals;
- Fidelity to treatment models; and
- Matching individuals appropriately to services based on assessed needs

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

FDC: Treatment providers serving family court participants have experience working with child welfare-involved families, training on treating people who have experienced trauma and violence, and familiarity with the legal needs of parents and children in a family court setting.

4-15 The specialty court shall include in their plan those relapse prevention and aftercare services that encourage participation in community-based supports, such as alumni groups, peer mentors and/or peer support groups.

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 medications as needed by a treating physician with relevant expertise.

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

FDC: Provides support/recovery groups that include a special focus on child welfare and child safety issues.

OREGON SPECIALTY COURT STANDARDS

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

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

4-21 The specialty court provides referrals to services for participants' children.

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

5-1 The specialty court shall implement a standardized system of drug testing for participants. Testing shall be administered randomly no less than twice per week. Drug testing shall occur on weekdays, weekends, and holidays. Testing shall continue until the participant has shown significant progress in meeting target behaviors including relapse prevention skills, even as treatment dosage and supervision are reduced.

MH: Any individual who enters with a positive drug screen or whose assessment demonstrates a substance use disorder participates in comprehensive testing. Participants who do not have a co-occurring substance use disorder shall be tested on a random, periodic basis. All participants shall be monitored weekly to ensure that they are taking prescribed and approved medications appropriately.

5-2 Specialty courts shall use 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; patches; and electronic monitoring.

5-3 Sample collection for drug testing shall be directly observed by a trained and experienced staff person whose gender is the same as the gender identity of the participant.

5-4 Results of drug testing shall be provided to the specialty court team as soon as possible, but no more than 48 hours after the sample is collected. If the participant fails to submit a sample or attempts to falsify a sample, this information shall be communicated to the specialty court team immediately. Participants who provide a dilute sample shall be educated about what can cause a dilute sample and how to avoid one in the future. Subsequent dilute samples, or altered samples, shall be considered dishonesty and subject the participant to a possible sanction. The team shall consider the reason for failing to submit a sample, or submitting an altered or dilute sample, on a case-by-case basis to determine whether a sanction or other response is warranted.

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

5-6 To graduate, the participant must demonstrate sobriety for 90 days.¹³

¹³ “Sobriety” refers to abstinence from alcohol and all other non-prescribed drugs. (Journal of Substance Abuse Treatment)

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

6-1 The specialty court shall include in the program's policies and procedures manual a formal system of graduated responses to participant behavior regarding incentives/rewards, sanctions, and therapeutic responses. Information shared about the participant among team members and partners includes positive and negative performance, as well as areas warranting attention. The specialty court provides the response for behavior guidelines to team members for use in pre-court staff meetings.

6-2 The specialty court places as much emphasis on providing incentives for productive behavior as it does on sanctions for criminal behavior, substance use, and other infractions. Criteria for program advancement and graduation include objective evidence that a participant is engaged in productive activities such as employment, job training, education, attendance in peer-support groups, or engagement in pro-social activities.

JDTC: Programs use a number of incentives equal to or greater than the number of sanctions.

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

6-4 If adequate treatment is not available, specialty court participants shall receive credit for their efforts in the program and shall not receive an enhanced sentence or disposition.

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 specialty court allows participants to communicate with defense counsel prior to the imposition of a jail sanction. Jail shall be used as a sanction only if the facility allows the participant to continue to take any needed psychiatric or other necessary medications.

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

6-7 Responses to participant behavior shall be selected from the continuum of graduated options—from least to most severe—to be applied in a consistent and appropriate manner to match a participant's conduct and level of adherence to program requirements. The program's system of responses to behavior must also incorporate an individual's ability to understand the program's expectations.

6-8 No single set of responses is effective for everyone. Incentives/rewards, sanctions, and therapeutic responses shall be tailored to the individual participant, using information obtained during the assessment process, through information shared 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 the specialty court team to coordinate an appropriate response.

6-10 Responses to participant noncompliance shall occur as soon as possible, but no later than one week, after the targeted noncompliance behavior.

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

6-12 Consequences are imposed for the use of any intoxicating or addictive substance that is not medically indicated (including alcohol, cannabis/marijuana, and prescription medications), regardless of its licit or illicit status. The specialty court team relies on medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether non-addictive, non-intoxicating, and medically safe alternative treatments are available.

6-13 Therapeutic interventions—*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 are implemented so that the participant understands the consequence of noncompliance with program rules as therapeutic and not punitive. Participants shall be told what behavior the team expects and how the team can help encourage it, rather than just being told what behavior to avoid. Sanctions are to be delivered without expression of anger, ridicule, foul or abusive language, or shame.

6-15 The specialty court team shall come to an agreement on incentives/rewards, sanctions, and therapeutic responses for each individual. Pre-court staff meetings provide the team an opportunity to coordinate the appropriate sanction, incentive/reward, or therapeutic response based on the participant's resources and ability (proximal and distal considerations.¹⁴)

6-16 Participants are expected to pay fees and restitution 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 program fee (for example, monthly). Fees may be reduced as an incentive for positive behavior, or, if allowed, converted to community service credits. Programs must work with each individual to establish a payment plan and monitor progress to ensure that lack of payment does not become a barrier to graduation.

6-17 Programs must use jail sanctions sparingly with the intent of positively modifying participant behavior. Jail sanctions longer than six consecutive days are contrary to best practices.

FDC: If jail is an available sanction, programs shall have agreed-upon protocols regarding due process and the impact of jail and other sanctions on children (such as the trauma associated with forced separation), other family members, employment, and other activities.

JDTC: Detention shall be considered after other graduated sanctions have been utilized and only when youth pose a danger to themselves or the community, or may abscond. Detention sanctions shall be infrequent and brief, typically 48 hours or less. Programs shall not use detention as a sanction for a positive drug test.

6-18 To graduate participants must have either paid all required court-ordered fines and fees or have a court-approved waiver or a post-graduation payment plan.

6-19 To graduate, participants must have a job, be in school, or be involved in some other qualifying positive activity.

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

6-21 A new charge does not automatically prompt termination. A new charge prompts an appropriate response,

¹⁴ NDCI National Drug Court Institute. *Behavior Modification 101 for Drug Courts: Making the Most of Incentives and Sanctions*. Available from https://jpo.wrlc.org/bitstream/handle/11204/1076/Behavior%20Modification%20101%20for%20Drug%20Courts_Making%20the%20Most%20of%20Incentives%20and%20Sanctions.pdf?sequence=3 (last accessed September 2017)

OREGON SPECIALTY COURT STANDARDS

discussed collaboratively by the specialty court team, based on proximal and distal considerations.

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

7-1 The specialty court judge shall preside over the specialty court for at least two years and preferably for a longer term.¹⁵ Consistency of the judge correlates with better outcomes for participants. Routine rotation or alternating of judges shall be avoided (with the exception of having a second trained judge; see Standard 7-5 below).

7-2 The specialty court judge shall be knowledgeable of the drug court model, addiction, treatment methods, drug screening, the impacts of trauma and violence, and other related issues.

MH: Judge shall be knowledgeable about appropriate use of psychiatric medications.

FDC: Judge shall be knowledgeable about ways to avoid re-traumatizing participants and their children.

7-3 The specialty court judge offers supportive comments to participants, stresses the importance of their commitment to treatment and other program requirements, and expresses optimism about their ability 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 perspective concerning factual controversies, sanctions, incentives, and therapeutic adjustments.

FDC: The judge shall inquire about the participants' children (if any) and what services might be helpful in caring for them, such as child care, parenting services, mental health treatment, and other services.

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

7-5 A second judge shall be trained in the specialty court philosophy and protocols to cover hearings during the absence of the primary judge.

7-6 The specialty court judge shall attend all pre-court staff meetings. At a minimum, these meetings shall occur prior to, and with the same frequency, as scheduled status hearings.

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

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

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

7-10 The specialty court judge spends at least three minutes with each participant during a status hearing and acknowledges and encourages the participant regardless of performance.

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

¹⁵ 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.

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

8-1 The specialty court team shall develop shared goals and performance measures. The team must be aware of its program's outcomes and the program impact on the criminal justice system locally and statewide. Participant progress, success, and satisfaction shall 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.

8-2 The specialty court shall monitor its adherence to best practice standards on at least an annual basis. The program shall develop an action plan and timetable to rectify deficiencies and examines the success of the remedial actions.

8-3 Participant data shall be monitored and analyzed on a regular basis to evaluate the specialty court's effectiveness. This information is used to modify program procedures, requirements, and services.

FDC: The program monitors the number of referrals made to other programs and services; the number of participants who initiate and complete clinical and supportive services; barriers that prevent access to these services and the points at which participants drop out of the program.

JDTC: The programs collect data on family-related factors, such as family cohesion, home functioning, and communication; involvement in prosocial activities; and youth-peer associations.

8-4 A process and outcome evaluation shall be conducted by an independent evaluator within three years of the implementation of a specialty court program, and in regular intervals of not more than five years thereafter.

FDC: The program compares project data regularly with system-wide data on outcomes in the child welfare and substance use disorder treatment systems. This work may require the expertise of an external evaluator.

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

JDTC: The program solicits feedback from parents/guardians, as well as participants.

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

8-7 The specialty court shall use the statewide case management program in the interest of systematic collection of program performance data.

8-8 To ensure reliable data entry, the specialty court team shall record information within 48 hours of all relevant events, including the provision of services and participant outcomes.

8-9 The specialty court team shall cooperate with the CJC to conduct cost-benefit analysis of the specialty court program.

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

9-1 The specialty court's policy and procedure manual shall address staff training and continuing education requirements. Recommended training shall align with best practice standards.

9-2 The specialty court team shall be educated across disciplines for professional development, cultural responsiveness, and team building. Training and education shall address the following:

- The drug court model
- Best practices
- Substance use disorder and mental health treatment
- Managing co-occurring disorders
- Use of effective behavior management strategies, including incentives and sanctions
- Drug testing standards and protocols
- Confidentiality and ethics
- Trauma-informed care
- Recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups
- Proficiency in working with people of diverse races, cultures, ethnicities, disabilities, genders and gender identities, and sexual orientations

MH: Training shall address mental health issues/disorders.

FDC: Training shall address the following:

- Impacts of trauma (including historical trauma)
- How courts can avoid re-traumatization
- Effective trauma interventions
- The use of engagement and motivation strategies
- The effect of substance use disorders on family relationships
- Understanding the effects of one's own response to participants on enabling addictive behavior and supporting recovery
- Self-care and avoiding burnout
- Understanding the needs and experiences of families in the child welfare system that are affected by substance use disorders and effective strategies for working with them
- Child development
- Parenting
- The effects of prenatal and postnatal substance exposure on children and meeting their needs across the developmental stages
- Responsibilities and mandates of child welfare workers, including Adoption and Safe Families Act timelines
- Rules pertaining to the Indian Child Welfare Act

9-2 Continued—The specialty court team shall be educated across disciplines for professional development, cultural responsiveness, and team building.

JDTC: Training shall address the following:

- Adolescent development
- Engaging families
- Case management
- Screening and assessment

9-3 The specialty court team shall attend, not less than every other year, comprehensive training as provided by state or national drug court organizations (such as the National Association of Drug Court Professionals, National Drug Court Institute, and the Oregon Association of Drug Court Professionals).

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

9-5 The specialty court judge shall receive specialized training in legal and constitutional issues, judicial ethics, behavior modification, best practices, and community supervision. The specialty court judge shall attend annual specialty court training conferences and workshops.

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 specialty court program shall establish a policy committee to oversee the operations of the court and to establish a written continuity plan. The plan shall address the following:

- The program’s goals of participant abstinence from alcohol, cannabis, and illicit drugs and the promotion of law-abiding behavior in the interest of public safety
- Implementation tasks and time frames to ensure compliance with the Standards
- Resources
- Information management
- Involvement in peer review
- External independent evaluation
- Sustainability of the specialty court’s operation

10-2 The policy committee shall meet quarterly. The committee shall include the specialty court team, as well as individuals from the partner agencies who have decision-making authority in areas related to operation of the program. Recommended members include representatives from the district attorney’s office, the public defender’s office, a community corrections agency, the court, law enforcement, child welfare professionals, and treatment providers.

10-3 The specialty court policy committee 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, the faith community, crime victims, housing organizations, consumers, family members, and other community groups. The advisory committee shall meet at least annually and shall provide guidance to the policy committee on fund-raising and resource development to address participants’ unmet needs and other program challenges.

FDC: Family courts may want to include on their advisory committee a child welfare representative; child-serving agencies, such as respite and other child-care providers; therapeutic resources, such as child therapists and social workers; and programs that provide recreational, arts, and/or sports activities for children.

Family courts gather feedback from program alumni and youth, including former foster children.

10-4 The advisory committee shall consider forming an independent 501(c) (3) organization for fund-raising purposes for specialty court incentives and other assistance (such as transportation, housing, or counseling).

10-5 Criminal justice officials shall work with mental health and substance use disorder treatment providers to improve the quality and quantity of available services.

FDC: Child welfare leadership shall work with court and treatment professionals to increase the quality and quantity of available services, such as conducting a needs assessment of program participants; using community mapping to identify existing services and service gaps; and establishing relationships, MOUs, linkage agreements, and procedures with providers of support services.

ACKNOWLEDGEMENTS

These Oregon Specialty Court Standards are the result of the efforts of individuals from the following organizations:



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:

Criminal Justice Commission

885 Summer St NE

Salem OR 97301

Phone: 503-378-4830

Email: cjcgrants@oregon.gov



Specialty Court Operations Profile (SCOP) – 2023

The **operations profile** is used to guide and identify the specialty court programs adoption of the Key Components of Drug Courts¹ and best practices identified by court type. The 10 key components are intended to create consistent practices and provide guidance to all types of specialty courts, including adult drug, mental health, juvenile drug, family dependency, veteran, and DUII (also known as DWI). [Oregon's Specialty Court Standards](#)² are aligned with these nationally recognized documents and account for state statutory guidelines. The Standards are referenced for the program to access the requirement (Std x-x). The Standards describe best practices associated with a successful specialty court program and align with:

- Defining Drug Courts: The Key Components³
- Adult Drug Court Best Practice Standards Volume I⁴ and II⁵
- Guiding Principles of DUII Courts⁶
- Juvenile Drug Court Strategies in Practice⁷ and Juvenile Drug Treatment Court Guidelines⁸
- Family Treatment Court Best Practice Standards⁹
- Essential Elements of a Mental Health Court¹⁰

¹ Bureau of Justice Assistance. (2004) *Defining Drug Courts: The Key Components*. Available from https://www.ndci.org/wp-content/uploads/Key_Components.pdf (last accessed July 2020)

² Oregon Criminal Justice Commission (2018) *Oregon Specialty Court Standards*. Available from <https://www.oregon.gov/cjc/sc/Documents/OregonSpecialtyCourtStandards.pdf> (last accessed July 2020)

³ Bureau of Justice Assistance. (2004) *Defining Drug Courts: The Key Components*. Available from https://www.ndci.org/wp-content/uploads/Key_Components.pdf (last accessed July 2020)

⁴ National Association of Drug Court Professionals. (2013) *Adult Drug Court Best Practice Standards Volume I*. Available from <http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf> (last accessed July 2020)

⁵ National Association of Drug Court Professionals. (2014) *Adult Drug Court Best Practice Standards Volume II*. Available from <https://ndcpc.org/resource/nadcp-adult-drug-court-best-practice-standards-volume-ii> (last accessed July 2020)

⁶ National Center for DWI Courts. *The Guiding Principles*. Available from <http://www.dwicourts.org/uncategorized/guiding-principles> (last accessed July 2020)

⁷ Bureau of Justice Assistance (2003) *Juvenile Drug Courts: Strategies in Practice*. Available from <http://www.ncjfcj.org/sites/default/files/16%20strategies.pdf> (last accessed July 2020)

⁸ Office of Juvenile Justice and Delinquency Prevention. (2016) *Juvenile Drug Treatment Court Guidelines*. Available from <https://www.ojjdp.gov/pubs/250368.pdf> (last accessed July 2020)

⁹ Center for Children and Family Futures, National and National Association of Drug Court Professionals (2019). *FTC Best Practice Standards*. Retrieved at <https://www.cffutures.org/home-page/ftc-best-practice-standards-2019/>

¹⁰ Bureau of Justice Assistance. (2007) *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court*. Available from www.bja.gov/Publications/MHC_Essential_Elements.pdf (last accessed July 2020)

Program Intro

Please select what program type you are filling out the SCOP for.

- Adult Drug Court
- DUII Court
- Family Treatment Court
- Juvenile Drug Treatment Court
- Mental Health Court
- Veterans Health Court

What Judicial District does your program serve?

Who is completing the SCOP? (please enter your name and email)

How long has your program been operating?

- 0 - 2 years
- 3 - 5 years
- 6 - 10 years
- 11 - 15 years
- Over 15 years

Does the specialty court program intend to apply for CJC funding for the '23-'25 biennium?

- Yes
- No
- Maybe

Staffing Meetings and Court Hearings

Report on the frequency of the specialty court staffing meetings and court hearings: (Std 1-4;2-3;7-7;7-8;7-9)

How often are Staff Meetings and Court Hearings held?

	Twice per week	Weekly	Twice per month	Once per Month	Never
Staffing Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court Hearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who Attends? (If attendance is the same in Staff Meetings and Court Hearings, select "Attends All..."; otherwise please individually select your choices.)

	Attends All (Staffing and Court Hearings)	Staffing Meetings Only	Court Hearings Only	Attends Some Staffing and Court	Does not attend
Judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defense Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriber (MOUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DHS Child Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DHS Self-Sufficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ART Team Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CASA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal Representative/Counsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Justice Officer (VJO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Team Members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do team members provide the program feedback on participant progress? (Select primary) (Std 1-5)

SCMS Staffing Report	<input type="checkbox"/>
Weekly progress reports sent via email (Not SCMS)	<input type="checkbox"/>
Weekly progress reports given verbally at staffing	<input type="checkbox"/>
Notes / data entered directly into SCMS but does not use SCMS Staffing report	<input type="checkbox"/>
Monthly attendance and treatment compliance notes only	<input type="checkbox"/>
Treatment provider/team members do not provide regular feedback (only ad hoc, upon request)	<input type="checkbox"/>
Other (please explain):	<input type="checkbox"/>

Capacity and Referrals

What is the program's monthly capacity? (Std 3-10) _____

NOTE: *Capacity means the maximum number of participants program can serve at one time - regardless of Phase. Therefore, if the specialty court can serve 10 persons in Phase I, 10 in Phase II, 20 in Phase III, and 20 in Phase IV, your court capacity is 60 people.*

What factors does the program consider when determining capacity? (Std 3-10; 4-19,20) (Select ALL that apply)

Amount of court time available	<input type="checkbox"/>
Number of probation officers available to the court	<input type="checkbox"/>
Number of treatment providers available to the court	<input type="checkbox"/>
Number of case managers available to the court	<input type="checkbox"/>
Group Treatment availability with selected provider	<input type="checkbox"/>
Availability of slots in other barrier removal programming	<input type="checkbox"/>
Part-time status of program coordinator	<input type="checkbox"/>
Tele treatment/medicine availability	<input type="checkbox"/>
Other Remote Services	<input type="checkbox"/>
Other In-person Services (please specify)	<input type="checkbox"/>

If the program has experienced any barriers to maintaining capacity over the previous calendar year, please select from the list below: (Select ALL that apply)

Lack of referral from prosecutor	<input type="checkbox"/>
Lack of referral from law enforcement / jail	<input type="checkbox"/>
Lack of referral from public defender / defense counsel	<input type="checkbox"/>
Too many of the referred participants were not clinically appropriate for the program	<input type="checkbox"/>
Too many of the referred participants did not meet eligibility requirements	<input type="checkbox"/>
Program offerings did not meet the needs of referrals	<input type="checkbox"/>

Lack of participants from target population	<input type="checkbox"/>
Treatment slot capacity	<input type="checkbox"/>
Group treatment slot capacity	<input type="checkbox"/>
Competing demands on judicial calendar	<input type="checkbox"/>
Treatment provider caseload	<input type="checkbox"/>
Case manager caseload	<input type="checkbox"/>
Transportation issues for participants	<input type="checkbox"/>
Housing issues for participants	<input type="checkbox"/>
Probation officer capacity	<input type="checkbox"/>
Funding shortage	<input type="checkbox"/>
Changes in team members / staff	<input type="checkbox"/>
Program support (advocate or willingness to recommend) from public defender / defense counsel	<input type="checkbox"/>
No issues meeting capacity	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Does the program have objective, written eligibility criteria that is communicated with referral sources? (3-1)

- Yes
- No

How does the specialty court determine eligibility criteria? (select all that apply) (3-1)

- Age
- Risk
- Need (SUD and/or Mental Health)
- Ability to access critical services (court, probation, treatment)
- Charge
- Child Welfare allegations
- Other (please specify)

Do any of the following offenses automatically preclude eligibility? (2-7)

	Charged in Current Case	Previously Charged	Neither
Any sex offense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any serious violent or violent offense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any M11 crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manufacturing of a substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of a substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting prostitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allegations of intentional discharge of a firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence offenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violations of no contact orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of gang affiliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violent traffic offenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Felony DUII	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the court have any disqualifiers from allowing participants into the program? (Select ALL that apply) (2-7)

- Medication for Opioid Use Disorder (MOUD)
- Prescribed medication

- Violent charges
- Severe mental health disorders
- Participant preferred language is not English
- Limited transportation
- Unable to pay program fees
- No, the court does not have disqualifiers

Risk and Treatment Assessment

Does your program currently use a screening tool to determine participant's level of risk and need prior to acceptance into the program? (3-3)

Yes

No

1. If yes, which tool do you currently use (select all that apply)?

ORAS	<input type="checkbox"/>
Oregon-JCP	<input type="checkbox"/>
C-CAT	<input type="checkbox"/>
Public Safety Checklist (PSC)	<input type="checkbox"/>
RANT	<input type="checkbox"/>
DUII-RANT	<input type="checkbox"/>
Other: (fill in)	<input type="checkbox"/>

2. Which team member conducts the screening and/or administers the screening tool?

Coordinator	<input type="checkbox"/>
Pretrial Release Assistance Officer	<input type="checkbox"/>
Defense attorney	<input type="checkbox"/>
Treatment Provider	<input type="checkbox"/>
Probation Officer	<input type="checkbox"/>
Case Manager	<input type="checkbox"/>
DHS Staff	<input type="checkbox"/>
Other (Please specify)	<input type="checkbox"/>

What validated risk assessment tools are used to assess the risk and need of potential participants and to build case plans? (check all that apply) (Std 3-3)

COMPAS	<input type="checkbox"/>
Impaired Driving Assessment (IDA)	<input type="checkbox"/>
LS/CMI	<input type="checkbox"/>
ODARA	<input type="checkbox"/>
ORAS	<input type="checkbox"/>
Oregon-JCP	<input type="checkbox"/>
VRAG-R	<input type="checkbox"/>
WRNA	<input type="checkbox"/>
Other: (fill in)	<input type="checkbox"/>

Who administers the validated risk and need assessment tool? (Std 3-3; 3-8)

Treatment Provider	<input type="checkbox"/>
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Coordinator	<input type="checkbox"/>
Probation Officer	<input type="checkbox"/>
Case Manager	<input type="checkbox"/>
Other	<input type="checkbox"/>

At what point are potential participants assessed using a validated risk and need assessment tool?
(Select primary) (Std 3-3)

At referral to assist in determining eligibility	<input type="checkbox"/>
After acceptance	<input type="checkbox"/>
Both (sometimes at referral and sometimes after acceptance)	<input type="checkbox"/>
Other: (fill in)	<input type="checkbox"/>

When are participants assessed for Substance Use Disorder (SUD) and/or Mental Illness? *(Select primary) (Std 3-3)*

At referral to assist in determining eligibility	<input type="checkbox"/>
After acceptance	<input type="checkbox"/>
Both (sometimes at referral and sometimes after acceptance)	<input type="checkbox"/>
Other: (fill in)	<input type="checkbox"/>

Are the participants screened for Opioid Use Disorder (OUD)?

- Yes**
- No**
- Unsure**

Program Phase Movement

NOTE: For the purposes of this document, "tracks" means that offenders may be classified by risk level, population characteristics, or other factors which dictate different treatment options or rigor. For example, your Adult Drug Court may have a high risk and low risk offender track. Or, your court may have a track for veterans, which provides access to different services, even though the core program is a Mental Health Court.

Does the program have multiple tracks with different requirements? (Std 3-4)

- Yes
- No

If YES, what kinds of "tracks" does the program offer? (Select ALL that apply)

Low Risk Track	<input type="checkbox"/>
Co-occurring Disorder Track (Mental Health)	<input type="checkbox"/>
Juvenile Track	<input type="checkbox"/>
Veteran Status Track	<input type="checkbox"/>
Probation Violations Track	<input type="checkbox"/>
Four quadrant Track	<input type="checkbox"/>
Domestic Violence Track	<input type="checkbox"/>
Family Dependency Track (no criminal charges)	<input type="checkbox"/>
Medication for Opioid Use Disorder (MOUD) Track	<input type="checkbox"/>
Gender Specific Track	<input type="checkbox"/>

What is the minimum length (in months) of the program? (4-4)

- 7-9 months
- 10-12 months
- 13-18 months
- 19-24 months
- No minimum, when a participant completes all requirements
- Other (please specify)

How frequently does the specialty court hold graduations?

- Monthly
- Quarterly
- Annually
- When participant is eligible

Do participants have to be employed, in school, or volunteering to graduate? (Select all that apply) (Std 6-19)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Only employed	<input type="checkbox"/>
Only in school	<input type="checkbox"/>
If disabled/social security – volunteerism requirement	<input type="checkbox"/>
Other: Explain	<input type="checkbox"/>

Must participants have a sober and sustainable housing environment to graduate? (Std 6-20)

- Yes
- No
- Unsure

Evidence-based Programs, Treatment, and Supportive Services

Select the source(s) the treatment provider receives or accepts funds / payment from to serve the participants. (Select all that apply)

Medicaid (OHP)	<input type="checkbox"/>
Medicare	<input type="checkbox"/>
Private Insurance	<input type="checkbox"/>
Grant funding	<input type="checkbox"/>
Other state resource	<input type="checkbox"/>

Is an individual treatment plan created for each participant? (Std. 4-4; 4-9)

- Yes
- No
- Unsure

1. If yes, is the treatment plan shared with the team?

- Yes
- No
- Unsure

Select the treatment related services the program refers the participants to. (Std 4-7) (Select ALL that apply)

Addictive Disease Support Services	<input type="checkbox"/>
Assertive community treatment (ACT)	<input type="checkbox"/>
Anger Management	<input type="checkbox"/>
Culturally responsive and linguistically appropriate services	<input type="checkbox"/>
Criminal Thinking Interventions	<input type="checkbox"/>
Crisis Intervention	<input type="checkbox"/>
Dental Services	<input type="checkbox"/>
Detoxification	<input type="checkbox"/>
Diagnostic Assessment	<input type="checkbox"/>
Domestic Violence treatment	<input type="checkbox"/>
Family Therapy Services	<input type="checkbox"/>
Gender Specific Services	<input type="checkbox"/>
Group Outpatient Services	<input type="checkbox"/>
Health Services/ Brief evidence-based educational curriculum to prevent behavior that poses health risks (e.g., STIs; other diseases)	<input type="checkbox"/>
Individual Counseling	<input type="checkbox"/>
Intensive Outpatient (SUD)	<input type="checkbox"/>
Legal Skills – Forensics / Competency	<input type="checkbox"/>
Medication Management	<input type="checkbox"/>
Medication for Opioid Use Disorder (MOUD)	<input type="checkbox"/>
Mental Health Counseling and treatment	<input type="checkbox"/>
Motivational enhancement therapy (MET)	<input type="checkbox"/>
Nursing Assessment & Health Services	<input type="checkbox"/>
Opioid Maintenance Treatment	<input type="checkbox"/>
Peer Support Specialist/ Certified Recovery Mentors	<input type="checkbox"/>
Pharmacy & Lab Services Individual Outpatient Services	<input type="checkbox"/>
Psychological Testing	<input type="checkbox"/>
Psychiatric Treatment	<input type="checkbox"/>
Residential treatment	<input type="checkbox"/>

Services for participant's children, including developmental screening and assessment; services to address prenatal and postnatal exposure to substances; trauma-related services; prevention, early intervention, and treatment services for substance use disorders	<input type="checkbox"/>
Sober living	<input type="checkbox"/>
Telehealth/telemedicine	<input type="checkbox"/>
Transitional Housing	<input type="checkbox"/>
Trauma-informed care, including trauma-related services	<input type="checkbox"/>
Other	<input type="checkbox"/>

What services are available to participants in their preferred language, other than English? **(Select all that apply)** (Std 4-7)

	Service Provided
Court hearing	<input type="checkbox"/>
Treatment	<input type="checkbox"/>
Probation	<input type="checkbox"/>
Drug Testing	<input type="checkbox"/>
Other: (please specify)	<input type="checkbox"/>

From the list below, please select all supportive services the program offers: (Select ALL that apply) (Std 4-8)

Recovery housing	<input type="checkbox"/>
Peer Support Specialist / Certified Recovery Mentors	<input type="checkbox"/>
Parent mentors	
Transitional housing	<input type="checkbox"/>
Employment counseling	<input type="checkbox"/>
Assistance applying for public assistance benefits	<input type="checkbox"/>
Parenting education	<input type="checkbox"/>
Childcare	<input type="checkbox"/>
Education and job training	<input type="checkbox"/>
Medical and dental care	<input type="checkbox"/>
Assistance in applying for health insurance	<input type="checkbox"/>
Transportation	<input type="checkbox"/>
Housing	<input type="checkbox"/>
Alumni services	<input type="checkbox"/>
Aftercare resources	<input type="checkbox"/>
Crisis intervention services	<input type="checkbox"/>
Intensive case management	<input type="checkbox"/>
Vocational Training	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Does the program use incarceration to achieve clinical or social service objectives, such as obtaining detoxification services or sober living quarters? (Std 4-16)

Yes

No

Occasionally

Drug Testing

What method does the program use for random drug testing? (Select all that apply) (Std 5-1)

	Service Provided
Urine	<input type="checkbox"/>
Sweat Patch	<input type="checkbox"/>
Continuous electronic monitoring	<input type="checkbox"/>
Alcohol Monitoring	<input type="checkbox"/>
Oral fluid	<input type="checkbox"/>

What is the average number of drug tests required per week? (5-1)

- 0
- 1
- 2
- 3
- 4

Does the program offer weekend and holiday drug testing? (Std 5-1)

- Yes
- No
- Other (please specify)

How many days does a participant have to be free of positive drug screens before being eligible to graduate? (Std 5-6)

What method does the program use for randomizing drug testing? (Select ALL that apply) (Std 5-1)

Redwood Toxicology/Alere ToxAccess	<input type="checkbox"/>
Reconnect	<input type="checkbox"/>
External system randomly generates numbers or names	<input type="checkbox"/>
We do not have a method for randomly generating numbers	<input type="checkbox"/>
Other Method: Explain	<input type="checkbox"/>

For which of the drugs below does the program routinely screen participants? (Select ALL that apply)

Alcohol	<input type="checkbox"/>
Amphetamine	<input type="checkbox"/>
Barbiturate	<input type="checkbox"/>
Benzodiazepine	<input type="checkbox"/>
Cannabis	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>
ETG/ETS	<input type="checkbox"/>
Fentanyl	<input type="checkbox"/>
Hallucinogens (other than cannabis)	<input type="checkbox"/>
Heroin	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>
Kratom	<input type="checkbox"/>
Medication for Opioid Use Disorder (MOUD)	<input type="checkbox"/>
MDMA	<input type="checkbox"/>

Mental Health Medications	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>
Morphine	<input type="checkbox"/>
NPS (e.g. Ketamine, Bath Salts)	<input type="checkbox"/>
OTC Drugs	<input type="checkbox"/>
Prescription Drugs	<input type="checkbox"/>
Prescription Opioids	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

What percentage of the program's urine screens are observed? (Std 5-3)

- Up to 50%
- Up to 75%
- Up to 90%
- 90%–100%
- 100%

Have all the individuals observing urine screens received training on how to observe drug testing? (Std 5-3)

- All
- Some
- None
- Unsure

Is the person who observes urine screens the same gender as the participant identifies? (Std 5-3)

- Yes
- No
- Unsure

What percentage of the program's drug screens are entered in SCMS within 48 hours? (Std 5-4)

- Up to 50%
- Up to 75%
- Up to 90%
- 90%–100%
- 100%
- Drug screen results are not entered into SCMS

Which of the following does the program consider a positive screen? (Select ALL that apply) (Std 5-4)

Creatinine Violations	<input type="checkbox"/>
Missed Screens	<input type="checkbox"/>
Did not provide	<input type="checkbox"/>
Dilute	<input type="checkbox"/>

Does the program use alcohol monitoring equipment for participants? (Std 5-2)

- Yes (*explain below*)
- No
- Unsure

If YES, what kind of monitoring equipment does the program use? (Select ALL that apply) (Std 5-2)

Continuous Alcohol Monitoring Devices	<input type="checkbox"/>
Remote Breathalyzer Testing	<input type="checkbox"/>
Electronic Ankle Monitoring	<input type="checkbox"/>
Other, please specify	<input type="checkbox"/>

Sanctions and Interventions

What behavior responses does the program offer (sanctions or therapeutic interventions) when a participant is struggling to meet programs expectations or treatment goals? Use the list below to identify what responses the program uses. (Select ALL that apply) (Std 6-7, 6-8, 6-13)

Community Service	<input type="checkbox"/>
Curfew	<input type="checkbox"/>
Daily Activity Log	<input type="checkbox"/>
Daily Reporting	<input type="checkbox"/>
Electronic Surveillance	<input type="checkbox"/>
Essay Assignment	<input type="checkbox"/>
Guardian Imposed	<input type="checkbox"/>
Holding Cell	<input type="checkbox"/>
Home Detention	<input type="checkbox"/>
Increased Community Restriction	<input type="checkbox"/>
Increased Supervision Requirement	<input type="checkbox"/>
Jail	<input type="checkbox"/>
Journaling	<input type="checkbox"/>
Letter of Apology	<input type="checkbox"/>
Life Skills Assignment	<input type="checkbox"/>
Point Reduction	<input type="checkbox"/>
Probation Revocation	<input type="checkbox"/>
Sit Sanction	<input type="checkbox"/>
Team Round Table	<input type="checkbox"/>
Technology Confiscated	<input type="checkbox"/>
Termination	<input type="checkbox"/>
Verbal Admonishment	<input type="checkbox"/>
Warning Tour	<input type="checkbox"/>
Work Crew	<input type="checkbox"/>
Other: (please specify)	<input type="checkbox"/>

Does the program require a program fee (different than fines and restitution)? (std 6-16)

Yes

No

- If Yes, how much? \$_____

What legal benefits do participants receive for graduation/successful completion? (Select ALL that apply) (Std 6-6)

Early termination of probation	<input type="checkbox"/>
Prison diversion	<input type="checkbox"/>
Case dismissal (conditional discharge)	<input type="checkbox"/>
Charge reduction	<input type="checkbox"/>
(FTCs) Prevention of removal or maintenance of child in home while dependency case is pending	<input type="checkbox"/>
Other	<input type="checkbox"/>
None	<input type="checkbox"/>

At what point in case processing can a person enter the program? (Select ALL that apply)

Pre-disposition (conditional discharge, pre-plea)	<input type="checkbox"/>
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At disposition [sentencing]	<input type="checkbox"/>
Probation violation	<input type="checkbox"/>
Probation Referral	<input type="checkbox"/>
(FTCs) Pre-filing	<input type="checkbox"/>
(FTCs) Pre-adjudication	<input type="checkbox"/>
(FTCs) Post-adjudication but pre-disposition	<input type="checkbox"/>
(FTCs) Post-adjudication/post-disposition	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

Training

Select the type(s) of training the specialty court team has received within the last year. (Select ALL that apply) (Std 9-2)

	Coordinator Only	Some team members	All team members	No training received
SCMS through OSCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCMS through the local Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty court model foundational training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use disorder and mental health treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing co-occurring disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of effective behavior management strategies, including incentives and sanctions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug testing standards and protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality and ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trauma-informed care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizing implicit cultural biases and correcting disparate impacts for members of historically disadvantaged groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency in working with people of diverse races, cultures, ethnicities, disabilities, genders and gender identities, and sexual orientations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Assisted Treatment (MAT/MOUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing co-occurring disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivational Interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impacts of trauma (including historical trauma)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How court programs can avoid re-traumatization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective trauma interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care and avoiding burnout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding the needs and experiences of families in the child welfare system that are affected by substance use disorders and effective strategies for working with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The effects of prenatal and postnatal substance exposure on children and meeting their needs across the developmental stages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibilities and mandates of child welfare workers, including Adoption and Safe Families Act timelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rules pertaining to the Indian Child Welfare Act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RNR Training (Risk, Need, Responsivity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategies to promote equity and inclusion (RED Tool training, Equity and Inclusion training resources)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do new team members receive an orientation within 60 days of joining the team? (Std 9-4)

- Yes
- No

- **If yes, what does the orientation include? (Check all that apply)**

- Webinars/trainings on best practices
- Overview of Oregon Specialty Court Standards
- Overview of program documents (handbook, manual, MOU)
- Observe staffing/court before taking on assignment
- Train with their predecessor before taking on their role
- Other (please specify)

Policy and Advisory Committee

Did the Policy Committee meet during the quarter? (Std 10-2; 10-3)

- Yes
- No

Has the Advisory Committee met in the past year? (Std 10-2; 10-3)

- Yes
- No

How frequently does the Policy Committee meet to discuss the program’s operation or policy issues that are not related to individual participants? (Std 10-2)

- Monthly
- Quarterly
- Semi-Annually
- Annually
- As Needed
- The program does not have a policy committee

How frequently does the Advisory Committee meet to discuss resource development, program challenges, and fundraising needs? (Std 10-3)

- Monthly
- Quarterly
- Semi-Annually
- Annually
- As Needed
- The program does not have an advisory committee

FTC-Specific Questions (FTCs Only)

How would you describe the judicial structure of your FTC program?

- The judge presiding over the FTC is the same judge that is assigned to the juvenile dependency case (Integrated structure)
- The judge presiding over the FTC is NOT the same judge that is assigned to the juvenile dependency case (Parallel structure)
- Other – please explain

Which of the following people/agencies refer potential participants to the FTC?

Role	Can Refer	Do Refer	Do not refer
Court Coordinator/Judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DHS Caseworker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ART Team representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defense/child's counsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CASA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Probation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: [specify]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is your estimate of the typical length of time between the filing of the dependency petition and the referral to the treatment court program?

- 0 to 15 days
- 16 to 30 days
- 31 to 50 days
- 51+ days

Do you provide or make referrals to any services for children of participants in your FTC?

- Yes
- No

Does your phasing structure include parenting skills objectives?

- Yes
- No

Does your FTC serve families whose primary plan is not reunification?

- Yes
- No