BLUE TEXT INDICATES AREAS FOR THE PEER TO FILL IN.

RED TEXT INDICATES INSTRUCTIONS FOR THE PEER.

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

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

**Background and Overview:**

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

**Summary of Best Practices:**

The following practices that follow Idaho Standards have been implemented by this program. They are based on research demonstrating that programs with these practices have more positive outcomes than other programs. Congratulations on your program’s achievements in these areas!

A full set of practices that is utilized by this program is included at the end of this report. [ATTACH COMPLETED PEER REVIEW CHECKLIST AT THE END OF THIS REPORT IN THE SPOT INDICATED]

[KEEP ANY PRACTICES IN THE LIST BELOW {items that are bold on the checklist} THAT ARE SCORED “YES” FROM THE CHECKLIST; MOVE THE OTHERS TO THE RECOMMENDATIONS LIST. IF ANY ITEMS ARE MOVED, REPLACE THEM (BELOW) WITH OTHER “YES” ITEMS FROM THE CHECKLIST, TO MAINTAIN A LIST OF 16 HERE WHENEVER POSSIBLE.]

1. Drug court treatment is intended for chemically addicted/dependent and moderate to high criminogenic risk. [3.4]
2. Treatment is intended to address risk and is evidence-based. [3.5]
3. Treatment services include a cognitive, behavioral model and addresses criminal thinking. [3.7]
4. The minimum length of this program is 12 months (Phases 1-3 = 9 months, phase 4 = 3 months). [3.8]
5. Two or fewer treatment providers are used. [3.14]
6. A treatment representative attends staffing and drug court sessions. [3.15]
7. In phases 1 & 2, participants appear before the judge at least twice per month. [4.2]
8. The drug court team includes (at minimum) a judge, prosecutor, defense counsel, probation/ community supervision, treatment provider, law enforcement representative, and coordinator. [4.4]
9. Staffings occur and involve the judge, coordinator, prosecutor, defense counsel, probation officer, treatment provider, and law enforcement representative. [4.5]
10. Random, observed UA/testing occurs a minimum of 2 times per week or 10 times per month. [4.11]
11. Drug test results are available within 48 hours. [4.12]
12. Graduation criteria include: [4.17]

* Successful completion of substance abuse treatment
* Successful completion of cognitive restructuring program
* 6 months continued abstinence from alcohol/other drugs
* Maintenance of responsible vocational/educational status
* Demonstrated effective use of community-based recovery support
* Payment of fees or agreed upon payment plan
* Acceptable written relapse prevention plan

1. All members of the team maintain frequent, ongoing communication about participants to ensure certain, swift, coordinated responses. [4.18]
2. Client feedback is obtained twice per year using the statewide format; the data are used by the team to consider changes in court operations. [5.10]
3. Evaluation results/recommendations reviewed and implemented, used to make program modifications. [5.12]
4. Coordinator convenes team meeting at least 2 times per year for addressing program issues (e.g., policy, quality assurance, communication, problem-solving). [6.5]

**Priority Recommendations:**

The following section lists several areas that are not currently aligned with Idaho Standards. These are areas that could benefit from changes. A full set of practices that are not yet utilized by this program are attached. Additional recommendations are listed at the end. [CREATE A LIST OF RECOMMENDATIONS FOR ANY PRACTICE CODED AS “NO” IN THE CHECKLIST THAT IS NOT INCLUDED BELOW. ATTACH THAT LIST AT THE END OF THIS REPORT.]

[INCLUDE RECOMMENDATIONS RELATED TO ANY OF THE 16 PRACTICES FROM THE LIST ABOVE THAT WERE MOVED BECAUSE THEY WERE “NO” IN THE CHECKLIST. IF THERE ARE FEWER THAN 4 PRACTICES CODED “NO” IN THE LIST ABOVE, INCLUDE ANY OTHER RECOMMENDATIONS FROM THE CHECKLIST WHERE QUESTIONS WERE ANSWERED “NO” UP TO 4 ITEMS TOTAL {TO ALLOW THE PROGRAM TO FOCUS ON KEY RECOMMENDATIONS}. IF THERE ARE MORE THAN 4 PRACTICES FROM THE LIST ABOVE THAT ARE CODED “NO,” SELECT THE 4 THAT SPAN THE WIDEST RANGE OF KEY COMPONENTS/TOPICS, OR THAT ARE OF GREATEST CONCERN TO THE PROGRAM OR TO YOU. RECORD ANY ADDITIONAL RECOMMENDATIONS AT THE END OF THIS REPORT. CONSULT STATE STAFF IF YOU NEED ASSISTANCE PRIORITIZING.]

1. (RECOMMENDATION)

2. (RECOMMENDATION)

3. (RECOMMENDATION)

4. (RECOMMENDATION)

**Practices Based on New Research Findings:**

These are best and promising practices based on national research completed in 2012 that your program is already doing. Keep up the good work!

[KEEP ANY PRACTICES IN THE FOLOWING LIST THAT ARE SCORED “YES” FROM LAST SECTION OF THE CHECKLIST; MOVE THE OTHERS (THOSE MARKED “NO) TO THE “ITEMS TO CONSIDER” LIST IN THE NEXT SECTION.]

1. Treatment communicates with program via e-mail
2. Estimated time between arrest and referral is 50 days or less
3. Program offers mental health treatment
4. Program offers gender-specific services
5. Program offers residential treatment
6. Program offers anger management classes
7. Program offers health care
8. Program offers dental care
9. Program caseload (individuals served at one time) is less than 125
10. Drug court has guidelines on the frequency of individual treatment sessions that a participant must receive
11. Participants spend a minimum of 3 minutes with the judge per court appearance on average
12. Team members are given a copy of the guidelines for sanctions
13. In order to graduate, participants must have a sober housing environment
14. New possession arrest does not automatically lead to termination
15. New hires to the drug court receive formal training/orientation

This section of the report offers areas that you may want to consider implementing in your program in the future.

[INCLUDE RECOMMENDATIONS RELATED TO ANY OF THE 15 PRACTICES FROM THE LIST ABOVE THAT WERE MOVED BECAUSE THEY WERE “NO” IN THE CHECKLIST. IF THERE ARE MORE THAN 2 PRACTICES FROM THE LIST ABOVE THAT ARE CODED “NO,” SELECT THE 2 THAT YOU BELIEVE ARE MOST ACHIEVABLE BY THIS PROGRAM. ADD THE RECOMMENDATIONS FOR ANY OTHER PRACTICE (IF THERE ARE MORE THAN 2 CODED “NO”) AT THE END OF THIS REPORT. CONSULT STATE STAFF IF YOU NEED ASSISTANCE.]

1. (RECOMMENDATION)

2. (RECOMMENDATION)

**Participant Feedback:**

An important part of the peer review process was to hear from program participants about their experiences with the program. During the visit, we spoke with (ADD NUMBER) participants. Here is a summary of their feedback.

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

Participants most like and appreciate the following parts of the program: (ADD WHAT PARTICIPANTS LIKE – QUESTION 1 AND ANYTHING POSITIVE FROM QUESTIONS 3 & 4)

* (STRENGTH)
* (STRENGTH)
* (STRENGTH)
* (STRENGTH)

Participants reported that the following parts of the program are most challenging for them: (ADD WHAT PARTICIPANTS DISLIKE – QUESTION 2 & 5 AND ANY CONCERNS FROM QUESTIONS 3 & 4)

* (CHALLENGE)

Participants offered the following suggestions for the program to consider: (ADD WHAT PARTICIPANTS SUGGESTED – QUESTION 6)

* (SUGGESTION)
* (SUGGESTION)

**Additional Observations:**

[ADD ANY ADDITIONAL INFORMATION HERE THAT IS IMPORTANT BUT HASN’T BEEN INCLUDED YET, INCLUDING:

* **INNOVATIVE PRACTICES** THAT THIS COURT HAS IMPLEMENTED
* **OTHER POSITIVES OR HIGHLIGHTS**
* ANY **CONCERNS** THAT YOU WANT TO SHARE THAT ARE NOT INCLUDED ELSEWHERE
* ANY GENERAL **SUCCESSES OR ACCOMPLISHMENTS** THAT YOU WANT TO HIGHLIGHT
* **QUESTIONS** THAT WERE RAISED BY THE PROGRAM THAT YOU DON’T KNOW THE ANSWER TO OR THAT REQUIRE RESEARCH – STATE STAFF WILL RESPOND TO THE PROGRAM
* **TECHNICAL ASSISTANCE OR TRAINING NEEDS OR REQUESTS** – STATE STAFF WILL RESPOND TO THE PROGRAM]

**Recommended Next Steps**

The results of this assessment can be used for many purposes, including 1) improvement of program structure and practices for better participant outcomes (the primary purpose), 2) grant applications to demonstrate program needs or illustrate the program’s capabilities, and 3) requesting resources from boards of county commissioners or other local groups.

* **Distribute copies of the report** to all members of your team, advisory group, and other key individuals involved with your program.
* **Set up a meeting** with your team and steering committee, etc., to discuss the report’s findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. Identify who will **facilitate** the meeting (bring in a person from outside the core group if all group members would like to be actively involved in the discussion).
* **Contact your peer reviewer or staff at the state office** if you would like outside staff to be available by phone to answer questions.
* During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and **summarize the discussion, any decisions, and next steps [assign someone to take notes]**. You can use the format on the following page or develop your own.

**Recommendation Review Form:**

Please complete the following table for each recommendation. For any recommendation there may be multiple tasks in the action plan.

[PLEASE INSERT THE KEY RECOMMENDATIONS FROM THIS REPORT UNDER THE “RECOMMENDATION” COLUMNS BELOW]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Recommendation** | **Responsible individual, group, or agency** | **Action plan** | **Target dates** | **TA or training needed?** |
| 1. (RECOMMENDATION) |  |  |  |  |
| 2. (RECOMMENDATION) |  |  |  |  |
| 3. (RECOMMENDATION) |  |  |  |  |
| 4. (RECOMMENDATION) |  |  |  |  |
| 5. (RECOMMENDATION) |  |  |  |  |
| 6. (RECOMMENDATION) |  |  |  |  |

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

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

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

**Target dates:** Indicate the date that each task will be accomplished.Add task deadlines to the agendas of future steering committee meetings, to ensure they will be reviewed, or select a date for a follow-up review (in 3 or 6 months, for example), to discuss progress and challenges, and to establish new next steps, task lists, and review dates.

**TA or training needed:** Add a check mark in this column if training or technical assistance is needed to help address this recommendation.

**Send this completed form to the State Office. State staff will discuss any needed training and technical assistance and how to obtain them.**

**Checklist of Guidelines and Standards:**

**INSERT COMPLETED CHECKLIST HERE**

**Additional Recommendations:**

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