

Idaho Problem Solving Court Quality Assurance and Improvement Plan

Idaho Supreme Court

January 2018

Statement of Purpose

This quality assurance plan is submitted in an effort to support the advancement of Idaho’s problem solving courts (PSCs). Idaho’s PSCs have long strived to follow evidence-based practices and nationally accepted models of implementation. The Idaho Courts have recognized Standards and/or Guidelines for PSCs since March, 2002. Those Standards and Guidelines are updated periodically and have been expanded to reflect the addition of new types of PSCs.

The purpose of this plan is to establish a structure for supporting these efforts to follow best practices, to facilitate ongoing improvement efforts on the part of PSCs, and to monitor progress towards goals. As such, it is intended as a tool for Idaho’s PSCs and for the Judiciary as a whole. It is expected to maximize the cost-effectiveness of Idaho PSCs and to ensure that PSCs achieve the best possible outcomes.

This document contains a plan to facilitate consistent adherence to evidence-based practices and practical measures to assure consistent, positive outcomes. The plan outlined below includes 8 quality assurance (QA) activities, detailed with the required frequency/timelines, resources needed and the parties responsible for completion.

Standards and Guidelines for Idaho’s Problem Solving Courts

The Idaho Courts have five sets of Standards and/or Guidelines for five different types of PSCs—adult felony drug courts, juvenile drug courts, mental health courts, child protection drug courts, and Veterans treatment courts. These standards and guidelines serve as the foundation for this plan, thus some of the quality assurance activities outlined below apply only to those court types with established standards and guidelines (see Table A).

Drug courts are the most mature and most common type of PSC nationally and are therefore also the most studied. This is the only PSC type for which there are national evidence-based standards as it is the only court type for which there is sufficient rigorous research on which to base standards.¹ Idaho’s own adult felony drug court standards are based upon the national

¹ The national standards are contained in *NADCP Adult Drug Court Best Practice Standards, Volumes I and II*, available at <https://www.nadcp.org/Standards>.

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) recently released the *Juvenile Drug Treatment Court Guidelines*. However, these are not yet considered standards as they need to be further studied and validated.

standards and are firmly grounded in research. The standards and guidelines for other court types are based upon practices that are believed to be associated with positive outcomes based upon some preliminary studies, anecdotal information, or the experiences of those in the field. The Idaho Courts should continue to monitor national efforts to develop evidence-based standards for other court types and should consider adapting Idaho's standards and guidelines to reflect the most current research.

This plan relies on both standards and guidelines, but treats them differently in terms of level of expectation around adherence. For example, the certification process requires compliance with standards only.

Quality Assurance and Improvement Activities

A. Problem Solving Court Certification

Pursuant to I.C.A.R 55(e): (e) Any district court operating a drug court and/or mental health court shall annually review and report back to the Statewide Drug Court and Mental Health Coordinating Committee, through the Administrative District Judge (ADJ) and Trial Court Administrator (TCA), as to how the court is operating in accordance with the Guidelines.²

This requirement will be fulfilled through an annual certification process in which each ADJ and TCA certifies that all problem solving courts in their district are operating in compliance with the relevant standards. A certification form will be provided by the Administrative Office of the Courts for this purpose. The form will be completed and submitted to the AOC's statewide problem solving court manager by June 1st of each year to certify compliance for the following fiscal year. Certification forms will be reviewed by the DCMHCCC Executive Committee. Certification should be preceded by PSC team discussions and should be informed by input from problem solving court teams about levels of compliance with standards.

Problem solving court judges are encouraged to convene an annual meeting with their team(s) to discuss areas where improvements are needed based on the certification process.³ PSCs are encouraged to develop Performance Improvement Plans (PIP) to improve their ability to comply with standards. PSCs may be required to develop a PIP if they are unable to certify compliance with a substantial number of standards. See Section G for more detail about PIP requirements and procedures.

² Currently, ICAR 55 requires compliance with Guidelines. This plan contemplates that the Rule would be revised to require certification of compliance with Standards as well as compliance with this Quality Assurance Plan.

³ See *Adult Drug Court Best Practice Standards Volume II, Monitoring and Evaluation*, available at <https://www.nadcp.org/Standards>.

B. Problem Solving Court Peer Review

Peer review is an important part of the effort to achieve consistent, evidence-based operations of all problem solving courts in Idaho. It is the intent of the peer review process to be, first and foremost, a method of encouraging and assisting courts to achieve positive outcomes for their participants as well as determine their operational compliance with statewide standards and guidelines.

Peer review allows both the court that is visited and the peer reviewer to learn from each other and share court innovations and effective practices. Peer review expands the availability of personnel to visit and observe court operations. Two PSC professionals are assigned as reviewers and are trained by the quality assurance manager to travel to a PSC in a neighboring district. The reviewers observe court/staffing, interview team members and participants, and review documents to include P&P manual, participant handbook and online survey. As part of the process, reviewers assess and report on the court's compliance with the relevant standards and guidelines.

Following the review, the court being reviewed receives a report of strengths and weaknesses, which includes recommendations for bringing operations in closer alignment with standards and guidelines (See Appendix B for example). Upon review of the report, the PSC judge in the court that was reviewed convenes a meeting with the PSC team to discuss the findings and develop a plan for implementing improvement efforts.

Currently, peer reviews are only conducted for adult felony drug courts; however the process will be adapted to accommodate other types of PSCs. Because peer reviews are especially resource-intensive, they will be reserved for Idaho's most common PSC types with standards and guidelines—adult felony drug, juvenile drug, mental health, and Veterans treatment courts.⁴

C. Managed Services Contractor Audits

SUD treatment services are provided to PSC participants by Idaho's management services contractor (BPA Health) and the Medicaid services contractor (Optum). Each of these contractors has requirements for service delivery which require compliance to rule. They regularly perform audits to monitor compliance. These audits may be focused on agency billing claims, staff personnel, client charts and evidence based treatment service delivery.

The frequency of the oversight and auditing process from BPA Health is based on a tiered system. It ranges from every six months to every two years depending on how a provider

⁴ Does not include child protection drug courts because there are currently only 2 such courts in Idaho. In the event that additional courts are established in Idaho, this decision will be reconsidered.

scores on previous audits. Set by contract, BPA Health conducts three types of audits: Clinical Supervision, Clinical Chart/EBP, and Recovery Support Services. Additionally, IDHW delegates the renewal of facility approvals to BPA Health. (See Appendix C)

Optum is contracted with IDHW to administer the Idaho Behavioral Health Plan.⁵ Providers are audited at credentialing and re-credentialing every three years, with consideration of audits between these time periods as needed.

Each of Idaho's PSC treatment providers should remain in good standing with contractor requirements. It is the responsibility of the treatment agencies that provide services to problem solving court participants to adhere to the requirements of the audits and contracts.

D. Administrative Office of the Courts (AOC) Staff Site Visits

The AOC supports improvement efforts of Idaho's problem solving courts by ensuring that districts have the information and other resources necessary to succeed. The AOC has a role in distributing information about nationally accepted evidence-based practices as well as Idaho specific data, ensuring training needs are met, and offering guidance to encourage adherence with standards and guidelines. Regular site visits on the part of AOC staff contributes to the overall success and outcomes of Idaho's problem solving courts.

AOC staff will visit new courts approximately 6 months after the court begins. Visits might include court observation, staffing observation, best practice orientation, treatment service observations and participation in PSC team member meetings. The purpose of these visits are to ensure that PSC teams have the training and other resources necessary to be successful and to allow AOC staff to make recommendations based on initial observations of PSC observations.

In addition, site visits may be requested at any time by district court leadership or may be deemed necessary to explore concerns that arise out of any of the quality assurance activities included in this document. All site visits will be coordinated with the ADJ, TCA and district manager.

E. Quality Performance Metrics

Performance metrics provide a means of monitoring processes, outputs, outcomes, and adherence to standards and guidelines on an ongoing basis. Metrics are used by ADJs, TCAs, district managers, and AOC staff to assess PSC operations and outcomes from a district or

⁵ Optum's audit tools are posted on their website at <https://www.optumidaho.com/content/ops-optidaho/idaho/en/providers/guidelines---policies.html>

statewide perspective. They are also used by individuals PSC teams as a tool to inform improvement efforts.

Performance metrics are presented in the form of data dashboards generated by the AOC's Data and Evaluation Dept., which are distributed annually to PSC judges, ADJs, TCAs, and district managers. Dashboards incorporate information from the case management system, utilization reports, participant survey, and peer reviews. They include the following measures: number of participants, demographic variables such as race, gender, and age, average risk levels, drug of choice, charge, and graduation rates by gender, age, and risk level (See Appendix D for an example).

PSC judges and district managers are encouraged to utilize the data dashboards during PSC team meeting to inform discussions around process improvement. In addition, the Data and Evaluation team will regularly report to the DCMHCCC with trends, finding, and recommendations.

F. Outcome and Process Evaluations

Outcome evaluations assess the effectiveness of PSCs in achieving intended outcomes. They are designed to assess the impact of PSCs on recidivism and other outcomes of interest as compared to other interventions or "business as usual." Outcomes of interest vary somewhat by court type.

Process evaluation is a way of evaluating program operations, assessing implementation of standards and guidelines, and identifying opportunities for program improvement. They can be used to assess levels of adherence to evidence-based practices and models and to evaluate the impact of specific practices on program outcomes.

This plan contemplates two types of process evaluation. The first will be conducted in conjunction with statewide outcomes evaluations and will be for a specific type of PSC (e.g. felony drug courts, mental health courts, etc.). These evaluations will utilize data from the certification process and will quantify adherence to standards and guidelines at a high level to assess the impact of adherence on outcomes in Idaho's PSC. The second type of process evaluation will be more in depth, will be quantitative and qualitative in nature, and will target a specific problem solving court(s). These evaluations may be conducted as part of for-cause reviews requested by district court leadership or in response to concerns raised by other quality assurance activities, such as when a court consistently exhibits low levels of adherence to standards and guidelines or exhibits poor outcomes.

Because outcome and process evaluations are especially resource-intensive, regular evaluations will only be conducted for Idaho's most common PSCs with standards and guidelines—adult

felony drug, juvenile drug, mental health, and Veterans treatment courts.⁶ Depending on priorities and the availability of resources, evaluations will either be conducted by the AOC's Data and Evaluation team or by an external evaluator, depending on the availability of resources.

G. Performance Improvement Plans

Idaho's PSCs are encouraged to develop regular Performance Improvement Plans (PIPs) as part of a continuous quality improvement effort. Each of the quality assurance activities described above is intended to provide PSC teams and district court leadership useful information to inform that effort. PIPs lend structure to process improvement initiatives, enabling the team to establish mutually agreed upon goals, identify and address implementation barriers, and track progress. PIPs could include a variety of improvement efforts, including policy amendments, procedural corrections, or training issues related to noncompliance with certain standards.

PSCs may be required to develop a PIP based on the results of any of the above quality assurance activities. For example, PSCs that fail to comply with a substantial number of standards, fail to pass managed services audits, or demonstrate poor outcomes based upon the results of an outcome evaluation may be required to submit a PIP. In these cases, the ADJ, TCA, and district manager will be notified of the requirement and will be given 30 days to submit a PIP to the AOC's quality assurance manager. The PIP should contain the following:

- a. What issues and concerns the PIP will address
- b. What corrective actions will be taken to address the concerns
- c. The timeline for implementing the corrective actions
- d. Barriers or resource needs that the court will address in order to implement and maintain the corrective action and ensure continued compliance with standards.

PIPs will be reviewed by the executive committee of the DCMHCCC within 30 days of being received and either approved or returned to the district for revision. AOC staff will follow up approximately one year after a PIP has been approved to assess progress. Follow up activities may include a site visit, interviews with key stakeholders, a review of relevant performance metrics, an assessment of outcomes for the court in question, and/or a process evaluation.

Districts that fail to submit a required PIP or that demonstrate willful non-compliance with standards risk losing some or all state funding.

⁶ Does not include child protection drug courts because there are currently only 2 such courts in Idaho. In the event that additional courts are established in Idaho, this decision will be reconsidered.

Table A: QA and CQI Activities – Schedule and Timelines

Activity	Court Types	Timeline	Responsible Party(ies)
Certification	All	Annually, due June, 1	ADJ/TCA/PSC Dist. Mgr.
Peer Review	Felony Drug Court, Juvenile Drug Courts, Mental Health, and Veterans Treatment Courts	Each court participates every 5 years (approximately 14 per year)	PSC Teams; QA Mgr. to facilitate
Managed Services Contract Audit	All	Set by contract	Currently BPA and Optum
AOC Staff Site Visits	All	Six months after the start of a new court and subsequently as requested by district court personnel	Justice Services Division Director, PSC Statewide Manager, and/or Behavioral Health & QA Manager
Quality Performance Metrics	Felony Drug Court, Juvenile Drug Court, Mental Health, and Veterans Treatment Courts	Annually	Data & Evaluation Team
Outcomes Evaluations	Felony Drug Court, Juvenile Drug Court, Mental Health, and Veterans Treatment Courts	Every 4 years; rotational by court type	Data & Evaluation Team or External Evaluator
Process Evaluations	Felony Drug Court, Juvenile Drug Court, Mental Health, and Veterans Treatment	Every 4 years, in conjunction with outcomes evaluation, or as needed to assess concerns raised by other QA activities	Data & Evaluation Team or External Evaluator
Performance Improvement Plans		As desired by district court leadership or as required as the result of QA activities	ADJ/TCA/PSC Dist. Mgr.

Appendix A: Excerpt from Sample Certification Form

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

C. Target Population

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

A. Objective Eligibility and Exclusion Criteria

Eligibility and exclusion criteria are defined objectively, specified in writing, and communicated to potential referral sources including judges, law enforcement, defense attorneys, prosecutors, treatment professionals, and community supervision officers. The Drug Court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. No one, who is otherwise eligible, should be denied participation solely because of inability to pay. No person has a right to be admitted into drug court according to Idaho statute.

A. Certification Requirement: Detail evidence of eligibility and exclusion criteria defined, documented, and communicated.

Does your court meet this requirement? Yes No

Is there an attachment(s) to support this requirement? Yes No

Title(s) of the attachment(s) _____

Relevant page number(s) _____

Appendix B: Peer Review Summary Report

Name of Court Program: D7 YAC

Date of peer review visit: 11/13/17 to 11/14/17

Name of Peer Reviewers: Judge Eric Wildman, Israel Enriquez

Summary of Best Practices:

Reviewer, please list five (5) standard practices that follow the Idaho Standards and Guidelines and have been implemented by this program. These can be found in the PSC-Peer Review Survey/checklist, from Staffing or Court hearing observation or from the Interviews. Congratulations on the program's achievements in these areas.

1. Standard 1.3. YAC has a written criteria defining their target population.
2. Standard 2.1. YAC has a structured screening process to determine eligibility.
3. Standard 4.18. The YAC team members communicate frequently and timely with one another about participants and their progress.
4. Standard 4.13. Drug testing is available to YAC participants on weekends and holidays.
5. Standard 5.10 The YAC court collects participant feedback from participants.

Priority Recommendations:

The following section lists several areas that are not currently aligned with Idaho Standards and Guidelines. These are areas that could benefit from changes and will transfer over to the Recommendations and Action Plan form. There is a guide to help you craft these items in the *Suggested Recommendations for Completing Peer Review Summary Report*.

1. Standard 4.5 & 4.6 There is not a Law Enforcement liaison on the YAC team.
2. Standard 6.6. The YAC Judge does not convene meetings to provide cross disciplinary and team development training for all team members.
3. Standard 4.14. The participant handbook does not describe information on urinalysis testing location, times, or process.
4. NPC standard. New members of the drug court team do not complete a formal training or orientation.
5. NPC standard. The participants did not spend at least 3 minutes interacting with the judge.

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 participants. Here is a summary of their feedback.

Participants most like and appreciate the following parts of the program: *Participants stated that they enjoyed that counselors were open minded and non-judgmental when discussing their struggles. Participants also stated that they felt supported throughout the program and enjoyed being pushed towards adulthood and gaining their independence.*

Participants reported that the following parts of the program are most challenging for them:
Participants reported that early on- they found it difficult to attend treatment sessions at 6:30 AM.
Participants did note that the treatment times have since been moved to 7:00 AM.

Participants offered the following suggestions for the program to consider: *Participants requested more trauma therapy in order to help them cope with their issues. Participants also requested an option of afternoon testing in the event that scheduling conflicts occur.*

Additional Observations and Narrative: (to include innovative practices, positive highlights, concerns, questions or technical assistance requests)

YAC team members collectively asked for cross-disciplinary training in order to help them better understand team member roles. Team members also asked for more training on discipline specific team member roles as well as the opportunity to conduct site visits on other drug courts throughout the state.

The D7 Young Adult Court was unique in that a probation and treatment liaison stood at the bench along with the participant when addressing the court as opposed to the judge and participant. Although, participants that were interviewed reported that they enjoy having probation and treatment at the bench alongside them because they are made to feel fully supported. However, the lack of acoustics in the court room made it difficult to hear the entire conversation between court staff and the participant which may have been a missed opportunity for fellow participants to learn from the encounter.

It was my observation that the D7 YAC team takes every opportunity to incentivize good behavior by offering gift cards for the person of the week, the best dressed, as well as the A list. It appears as though the positive outcomes from the D7 YAC program are self-evident in that the participants are encouraged to seek out their own independence without the assistance of drugs and/or alcohol.

Recommended Next Steps

1. Written Summary Report is sent to the State contact for edit and review within 30 days of peer review visit.
2. Written Summary Report will be sent back to the reviewer for finalization and distribution to the receiving court with 30 days.
3. The Recommendations and Action Plan is due to the State contact from the receiving peer reviewed court within 60 days.

Appendix C: BPA Health Audit Plan for SUD Network

Contractually, BPA Health conducts three types of audits: Clinical Supervision, Clinical Chart and Recovery Support Services. In addition, IDHW delegates the renewal of facility approvals to BPA Health.

Clinical Supervision

Each agency is required to employ or contract with a Clinical Supervisor who meets the education and experience requirements set by BPA Health (previously prescribed by IDAPA.) Effective July 1, 2016, providers are allowed to submit their own Clinical Supervision model that best fits their agency. BPA Health will review the models and approve those that are nationally recognized and allow a foundation for audit. Providers that do not want to research and adopt a new model, can continue to use the Clinical Supervision “How To” Manual.

Elements verified in the Audit:

- Existence of Clinical Supervision model;
- Appropriate licensure/experience for all clinicians and clinical supervisors;
- Performance Development Plans for each clinician;
- Documentation of supervision with frequency based on competency of the clinician.

Clinical Chart/ Evidence-based Programs and Practices Audit

The intent of this audit is to ensure documentation through treatment plans and notes are clinically sound and moving the client towards successful completion of treatment. In addition, documentation of the EBPP utilized by the agency must be present. The EBPP Audit was combined with the clinical chart audit last fiscal year.

Elements verified in the Audit:

A review of 5% of client charts from the last audit by population (not to exceed a total of 10) per the contract:

- Client Rights Form Signed
- Confidentiality Agreement
- Release of Information
- Evidence of communication with the PO for CJ clients
- Assessment completed
- Progress notes for each billable date of service

Service / Discharge plan review

- Completed in a timely fashion

- Updated and reviewed by client
- Collaboration existing
- Referrals to appropriate RSS
- Measurable Goals
- Discharge Plan completed

Recovery Support Services

In the contract beginning October 2013, BPA Health assumed auditing Recovery Support Services for the first time.

Elements verified in the Audit:

- Review each personnel file for background checks and any specific qualifications
- Review release and client right statements;

Specific RSS Audit Elements:

- Case Management – review client files for plan and progress notes;
- Drug Testing – review files to ensure results sent to funding agency;
- Child Care – children in care are documented and registered.
- Life Skills – part of treatment plan and billable service is documented.
- Safe and Sober House – review process for documenting and billing clients in the facility.

Facility Renewal

In addition, BPA Health renews the 3 year Facility Approvals for treatment providers on behalf of IDHW.

Tiered Audit Process Proposal

The new IDAPA process and the Division of Behavioral Health’s focus on lifting restrictive requirements allowed an opportunity to partner and develop an audit process based on performance.

The new process will have a four tiered structure. The first tier are those agencies that have made the investment to pursue national accreditation through CARF. Those agencies will not have an annual audit requirement.

The second tier are agencies who have scored 90% or above for two consecutive audits. These agencies will be placed on a two year audit schedule. This structure is applied retroactively.

The third and fourth tier are not changing from the current process. Those agencies that score below 90% will have an annual audit and below 80% will need to provide a corrective action plan and prepare for a 90 day follow up audit.

Tier	Agency Status	Audit Frequency
One	CARF Accredited	No annual audit
Two	90% + on 2 audits	Two year
Three	89% or below	Annual
Four	Below 80%	Quarterly CAP

There may be cause to conduct an audit more frequently than this tiered structure. If there is staff turnover, complaints or critical incidents or concerns from a funding agency, we will conduct a more frequent audit to assist the provider in addressing the underlying issue or concern.

Also, the evidence-based practice group observation and client/clinician interview will continue to be conducted on an annual basis.

Appendix D: Example of a PSC Data Dashboard