

**IDAHO ADULT VETERANS TREATMENT COURT  
STANDARDS & GUIDELINES FOR  
EFFECTIVENESS AND EVALUATION**

Idaho recognizes that veteran treatment courts promote public safety and reduce criminal activity associated with justice involved offenders with substance abuse and mental health disorders and enable them to restore honor, health and to live a productive and law-abiding lifestyle in our community. Nationally, veteran treatment courts utilize a variety of evidence-based practices such as random and frequent drug testing, incentives and sanctions to shape behavior, close and coordinated supervision of offenders, specific substance abuse treatment, mental health and cognitive behavioral treatment and ongoing judicial monitoring. While the major objective of the veteran treatment courts is effective community management and long-term rehabilitation of eligible offenders, community safety is the overarching goal.

**Statement of Policy - The Goals of Drug and Veteran Treatment Courts**

The Idaho Legislature established the following goals for problem solving courts:

- To reduce the overcrowding of jails and prisons
- To reduce alcohol and drug abuse and dependency among criminal and juvenile offenders
- To hold offenders accountable
- To reduce recidivism, and
- To promote effective interaction and use of resources among the courts, justice system personnel and community agencies.

The Drug Court and Mental Health Court Act requires the Idaho Supreme Court to establish a Drug Court and Mental Health Court Coordinating Committee to develop guidelines addressing eligibility, identification and screening, assessment, treatment and treatment providers, case management and supervision and evaluation. It is the intention of the Idaho Supreme Court Drug Court and Mental Health Court Coordinating Committee that Veteran Treatment Court Standards and Guidelines will be useful in:

- assisting Idaho courts in establishing veterans treatment courts that are based on available research-based or widely-accepted best practices
- maintaining consistency of key veteran treatment court operations across the state, and establishing a foundation for valid evaluation of the results and outcomes achieved by Idaho's veteran treatment courts

It is the intention of the Idaho Supreme Court Drug Court and Mental Health Coordinating Committee that treatment standards assure:

- consistent, cost-effective operation
- adherence to legal and evidence-based practices
- effective use of limited public resources, including the human resources of collaborating agencies

## **Standards / Guidelines Description**

The purpose of this document is to set forth both required standards and recommended guidelines to provide a sound and consistent foundation for the operation and the evaluation of Idaho's veteran treatment courts.

These standards and guidelines are not rules of procedure and have no effect of law. They are not the basis of appeal by any veterans treatment court participant and lack of adherence to any standard or guideline is not the basis for withholding any sanction or readmitting a participant who is terminated for any cause.

The standards and guidelines provide a basis for each veterans treatment court to establish written policies and procedures that reflect the standards and guidelines, the needs of participants, and the resources available in the community. The standards and guidelines were developed and refined through input from Idaho veteran treatment court professionals and stakeholders and represent a consensus about appropriate practice guidance.

The *Idaho Drug Court and Mental Health Court Act* states “The district court in each county may establish a drug court which shall include a regimen of graduated sanctions and rewards, substance abuse treatment, close court monitoring and supervision of progress, educational or vocational counseling as appropriate, and other requirements as may be established by the district court, **in accordance with standards developed by the Idaho Supreme Court Drug Court and Mental Health Court Coordinating Committee**”.

In addition, the Idaho Drug Court and Mental Health Court Act states: “The Drug Court and Mental Health Court Coordinating committee shall also develop **guidelines for drug courts addressing eligibility, identification and screening, assessment, treatment and treatment providers, case management and supervision, and evaluation**”.

These standards and guidelines are organized under these statutory headings. In addition, **Coordination of Services** has been added to encompass guidelines related to the establishment and maintenance of the partnerships, also envisioned in the statute, that are so vital to effective and sustainable mental health courts.

**Standards** of effectiveness and evaluation will be designated by showing them in **bold font**. Veteran Treatment Courts will be accountable to the Drug Court and Mental Health Court Coordinating Committee and to the Idaho Supreme Court for operating in compliance with the standards.

Guidelines are shown in normal font and are guidance for operations in ways that are consistent with sound practice but for which local courts will have greater latitude in operation to meet local circumstances.

## **Compliance Policies**

The intent of Statewide Guidelines and Standards is to assure that scarce public resources are used in ways that assure the greatest positive return on the investment. Research has now clearly shown that certain operational practices are essential to achieve cost-beneficial outcomes and the

Drug Court and Mental Health Court Coordinating Committee has identified such practices as **Standards of Operation**. Because of the variations in communities and their available resources, it is recognized that achieving total compliance with the Standards must be an ongoing process over a reasonable period of time. However, how a court “measures up” to these practices and makes a good faith effort to achieve full compliance will become the foundation for receiving ongoing state funding.

As always, the Supreme Court is committed to providing the guidance and support to enable all veteran treatment courts to become and remain fully compliant with approved Standards.

Courts that are out of compliance with any approved standard must submit a **plan of improvement** that describes:

- What corrective actions will be taken
- What time line is required to implement the planned actions
- How the court will maintain the improvement and resulting compliance
- Any barriers or resource needs the court must address to implement and maintain compliance

The plan of improvement will be reviewed by the Statewide Coordinator and approved by the Statewide Drug Court and Mental Health Court Coordinating Committee and / or its Executive Committee.

Courts would be granted up to one year to fully implement the plan of improvement and to receive a reassessment. Based on demonstrated efforts, an additional six months could be granted to complete the plan of improvement. In addition, in unusual cases, a court could request a time-limited waiver of a standard for good cause, if it can be shown that a proposed alternative practice is likely to achieve similar positive outcomes.

### **Remedies for Non-compliance**

Courts unable or unwilling to substantially comply with the standards after this period would be subject to a Provisional Termination Notice. Such a notice would require that no new admissions be accepted into the court and that a plan for completion of existing participants be submitted to the Statewide Coordinator.

A Court receiving a Provisional Termination Notice would be allowed an opportunity to present a request for continuance of operations to the Executive Committee of the Statewide Drug Court and Mental Health Court Coordinating Committee and this request could include a new plan of improvement or other proposals that would allow continued operation for a specified period of time.

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Each district court shall establish written policies and procedures that describe how the veterans treatment court(s) will implement these statewide guidelines as well as any additional guidelines, policies, and procedures necessary to govern its operations. Due to the absence of applicable research, each court shall evaluate veterans treatment court applicants for eligibility based upon the totality of their circumstances and with consideration for the benefits of participation to the veteran, the court, and the community. We acknowledge that as more research information becomes available, eligibility criteria may become more stringent and better defined.

**Bold = Standards**

**1.0 ELIGIBILITY**

**1.1 No person has a right to be admitted into veterans treatment court. [IC 19-5604]**

**1.2 No person shall be eligible to participate in veterans treatment court if:**

**The person is currently charged with, or has pled or been found guilty of, a felony in which the person committed or attempted to commit, conspired to commit, or intended to commit a sex offense. [IC 19-5604.b.2]**

**1.3 Each veterans treatment court shall establish written criteria defining its target population addressing the following considerations:**

- A. Veterans Treatment Court is not intended for offenders with low criminogenic risk of recidivism. Veterans Treatment Court is intended for offenders with a moderate-high to high risk of recidivism and high level of criminogenic needs in addition to establishing criteria with assessment tools that address the following: has previously not successfully completed probation, or presents with a documented service related trauma, trauma history, traumatic brain injury, or post-traumatic stress disorder, substance use or mental health disorder.**
- B. Offenders with a felony offense who are at risk of incarceration should be given priority for admission.**
- C. Individuals who are failing to comply with conditions of probation because of substance dependence or addiction and who are being or may be charged with a probation violation, with potential incarceration, should be screened and considered for possible veteran treatment court participation.**
- D. Veterans Treatment Courts may consider persons currently charged with, who have pled or have been adjudicated or found guilty of, a felony crime of violence or a felony crime in which the person used either a firearm or a deadly weapon or**

**instrument may be admitted at the discretion of the veterans treatment court team and with the approval of the prosecuting attorney as specified in IC 19-5604, as amended 2011.**

- 1.4 Each veterans treatment court shall establish a written procedure for deciding how individuals will be considered for acceptance into veterans treatment court, the criteria for inclusion and exclusion (established in Guideline 1.3), and the establishment of final control for admittance by the presiding veterans treatment court judge.
- 1.5 Each veterans treatment court shall identify eligible individuals quickly, screen them as soon as possible, educate them about the program and the merits of participating, and place them promptly in the veterans treatment court in order to capitalize on a triggering event, such as an arrest or probation violation, which can persuade or compel participants to enter and remain in treatment.

*Comment: Research suggests that admitting participants within 50 days of arrest shows improved outcomes and reduced costs.*

- 1.6 Coerced treatment is as effective or more effective than voluntary treatment. Participants should not be excluded from admission solely because of prior treatment failures or a current lack of demonstrated motivation for treatment. Veterans Treatment Court should implement motivational enhancement strategies to engage participants and keep them in treatment.
- 1.7 Payment of fees, fines, and/or restitution is an important part of a participant's treatment, but no one, who is otherwise eligible, should be denied participation solely because of inability to pay.**

**Courts must establish a clear, regular payment plan with offenders at intake and work closely with offenders throughout veterans treatment court participation to keep fee payments current as well as to address payment of other court related costs including restitution. Agreed upon payments must be closely monitored throughout all phases of veterans treatment court and collection or necessary fee adjustment must be managed on an ongoing basis.**

The practice of allowing large veterans treatment court fee balances to accrue and then deferring graduation until these balances are paid is discouraged because of its impact on veterans treatment court operational costs and the court's ability to admit new participants. Courts should develop procedures for post-graduation collection of unavoidable fee balances, for example filing a civil judgment or other post-graduation collection procedures.

- 1.8 Veterans treatment court participants shall be responsible for payment of the cost of treatment, based on assessed ability to pay and available resources.**

1.9 Cooperation among veterans treatment court is encouraged, within the constraints of available resources, to facilitate transfer of eligible applicants or current participants to the most appropriate problem-solving court approved by the Drug Court and Mental Health Court Coordinating Committee. Such transfers are contingent on meeting the receiving courts' written target population criteria. The receiving court may be transferred jurisdiction in accordance with Idaho Criminal Rule 20.

## **2.0 IDENTIFICATION AND ASSESSMENT**

**2.1 Prospective veterans treatment court participants shall be identified through a structured screening process designed to determine if they meet the veterans treatment court target population eligibility criteria.**

**2.2 Each veterans treatment court candidate shall undergo a substance abuse assessment [IC 19-5604] prior to acceptance into veterans treatment court. Initial assessment procedures shall include, at a minimum, the Global Appraisal of Individual Needs-Short Screener (GAIN-SS). If it can be obtained on a timely basis, and the candidate meets other eligibility criteria, the full GAIN-Initial (GAIN-I) is preferable.**

**2.3 Each veterans treatment court candidate shall undergo a criminogenic risk assessment. [IC 19-5604] prior to acceptance into veterans treatment court. Such assessment procedure shall include, at a minimum the Level of Services Inventory – Revised (LSI-R) prior to acceptance into veterans treatment court. [IC 19-5604]**

2.4 Veterans treatment court shall develop procedures to identify participants with varied treatment needs, to refer them to an available treatment provider for evaluation and treatment, and to seek regular input from that provider regarding these participants.

**2.5 The treatment plan for substance abuse or dependence shall be based on a clinical assessment, performed by a qualified professional, including a GAIN-Interview (GAIN-I) for state funded substance abuse treatment.**

**2.6 Court and treatment personnel will ensure that individuals are suitably matched to appropriate treatment and interventions designed to address their identified criminogenic needs.**

## **3.0 TREATMENT AND TREATMENT PROVIDERS**

**3.1 Treatment paid for by state funds shall be provided in facilities approved by the Idaho Department of Health and Welfare.**

**3.2 Each veterans treatment court shall implement procedures to assure that treatment services are delivered within available financial resources.**

3.3 Information regarding the specific treatment services delivered is essential for veterans treatment court to effectively manage participation in veterans treatment court.

Communication between treatment providers and veterans treatment court team shall take place on a frequent and regular basis.

3.4 Treatment shall address identified, individualized criminogenic needs with the expectation that the treatment program will incorporate, to the extent possible, evidence based practices, delivered with fidelity.

**3.5 Group size for group treatment interventions shall not regularly exceed twelve members unless the fidelity of the specific intervention is based on a different number.**

**3.6 Treatment shall include the following: A cognitive behavioral model, including interventions designed to address criminal thinking patterns.**

A. Techniques to accommodate and address participant stages of change. Members of the veterans treatment court team should work together to engage participants and motivate participation. The consistent use of techniques such as motivational interviewing and motivational enhancement therapy have been found, to reduce client defensiveness, foster engagement, and improve retention.

**B. Family education and / or treatment to address patterns of family interaction that increase the risk of re-offending, to develop family understanding of treatment and recovery, in order to foster family participation and create an improved family support system.**

C. Referral of family members to appropriate community resources to address other identified service needs.

**D. Incorporation of parenting, child support, custody issues, with an emphasis on the needs of children in the participant's family into treatment while addressing these needs through the effective use of community resources.**

**E. Frequent, regular clinical/treatment staffings to review treatment goals, progress, and other clinical issues for each participant.**

**F. The prompt and systematic reporting to the veterans treatment court team of the participant's behavior, participation and progress in treatment; the participant's achievements; the participant's compliance with the veterans treatment court requirements; and any of the participant's behavior that does not reflect a pro-social lifestyle.**

**G. Progressive phases that include the focus and goals described below:**

**(1) The focus of Phase 1 is Orientation, Stabilization and Initial Engagement. During this phase participants are expected to demonstrate initial willingness to participate in treatment activities; become compliant with the conditions of**

**participation in veterans treatment court; establish an initial therapeutic relationship; and commit to a plan for active treatment.**

- (2) The focus of Phase 2 is the provision of Treatment. During this phase participants are expected to demonstrate continued efforts at achieving treatment goals; offender recovery and coping skills, including, relapse prevention; develop an understanding and ability to employ the tools of cognitive restructuring of criminal/risk thinking; develop the use of a recovery support system; and assume or resume socially accepted life roles and behaviors, including education or work and responsible family relations.**
- (3) The focus of Phase 3 is Transition to Community Engagement. During this phase participants are expected to demonstrate competence in using relapse prevention, recovery, and cognitive restructuring skills, in progressively more challenging situations; develop further cognitive skills such as anger management, negotiation, problem- solving and decision making, and financial and time management; connect with other community treatment or rehabilitative services matched to identified criminogenic needs; demonstrate continued use of a community-based support systems; and demonstrate continued effective performance of socially-accepted life roles and behaviors.**
- (4) The focus of Phase 4 is Maintenance of recovery and coping skills. During this phase participants are expected to demonstrate internalized recovery and coping skills with minimal program support; effectively manage medical, psychiatric, and substance use disorder issues, demonstrate ability to identify relapse issues and intervene; contribute to and support the development of others in earlier phases of the veterans treatment court program. Participants are expected to demonstrate and maintain a community support system.**

**3.7 Treatment Phases 1 /2 / 3 shall consist of a minimum of nine months in total. Phase 4 shall consist of a minimum of three months.**

3.8 Movement through the veterans treatment court phases shall be based on an individual participant's progress and demonstrated competencies associated with each phase and not based on arbitrary timeframes in each phase, other than the minimum timelines specified in section 3.7.

3.9 Treatment intensity/phase assignment shall be based on treatment need, and shall not be adjusted as a means of imposing a sanction for non-compliance, unless such non-compliance indicates a clinical need for the change in treatment phase.

3.10 Treatment services should be responsive to disabilities, ethnicity, gender, age, and other relevant characteristics of the participant.

3.11 Approved treatment medications should be utilized in conjunction with treatment services if there is approved need and resources are available.



- 3.12 The treatment provider shall provide detailed written guidelines describing how it will provide any of the treatment activities that are its responsibility, and the veterans treatment court shall have written guidelines describing how the remaining treatment activities will be implemented.
- 3.13 The veterans treatment court has consistent, reliable treatment providers that participate fully in all court staffings and court sessions.

#### **4.0 CASE MANAGEMENT AND SUPERVISION**

##### **4.1 Judicial assignment should be made on the basis of interest in the problem-solving court model and should be expected to last for a minimum of three years.**

*Comments: Research has demonstrated that frequent rotations or short-term assignments of judges adversely affect outcome.*

##### **4.2 In Phases 1 and 2 participants shall regularly appear before the judge in court at least twice a month or more frequently if the participant is not in compliance with veterans treatment court requirements.**

*Comment: Research shows that participants with a higher criminogenic risk have better outcomes if they appear in court regularly rather than "as needed", based on non-compliance. Both weekly and bi-weekly frequencies of court status hearings have shown positive outcomes.*

##### **4.3 The frequency of court appearances shall ordinarily decrease as the participant progresses through the phases of treatment. In Phases 3 of veterans treatment court, the client shall appear before the judge in court at least once per month. In Phase 4, court appearances before the judge may be determined by the individual veterans treatment court.**

##### **4.4 The veterans treatment court team shall include, at a minimum, the judge, prosecutor, defense counsel, probation/community supervision officer, treatment provider, law enforcement representative, mentor coordinator, Veteran Justice Outreach Specialist/Coordinator, and coordinator. The team may also include other members such as mental health providers, health providers, drug testing personnel, veteran service officer, and vocational services personnel.**

##### **4.5 Veterans treatment court team members shall meet at least 2 times per month if not every week for veterans treatment court staffings to consider participant acceptance into veterans treatment court, to monitor participant progress, and to discuss sanctions/ rewards and Phase movement or graduation.**

*Comment: Optimally, participation in staffings should be in person but communications technology may be utilized (examples: webinar, conference calls, streaming video, and web-cam). While the staffing need not be cancelled in the absence of a team member, every*

*effort should be made for all veterans treatment court team members to attend all staffings. Consult Idaho Code of Judicial Conduct: Canon 3 (B)(7)*

**4.6 Staffings shall include the active participation of:**

- (a) Judge**
- (b) Coordinator**
- (c) Probation officer**
- (d) Prosecutor**
- (e) Defense Counsel**
- (f) Treatment Provider**
- (g) Law Enforcement Representative**
- (h) Veterans Justice Outreach Specialist/Coordinator**

*Comment: Research has clearly demonstrated that the active participation of all team members is directly tied to positive outcome and cost-effectiveness. Staffings may also include the Veterans Service Officer and Veteran Mentor Coordinator based upon availability and appropriateness. The Team Roles and Responsibilities are attached as Appendix B.*

**4.7 Veterans Treatment Court sessions/hearings shall be conducted on the record and attended by:**

- (a) Judge**
- (b) Defense Counsel**
- (c) Prosecutor**
- (d) Coordinator**
- (e) Probation officer**
- (f) Treatment Provider**

*Comments: Research has shown that the attendance of all team members shows better outcomes. As with court proceedings, the legal counsel representing the state of Idaho and the counsel representing the participant/defendant is essential. Consult Idaho Court Administrative Rule 27.*

**4.8 All veterans treatment court team members shall be identified by position or agency in the “consent(s) for disclosure of confidential information”, signed by each participant.**

**4.9 The judge shall serve as the leader of the veterans treatment court team, and shall maintain an active role in the veterans treatment court processes, including veterans treatment court staffing, conducting regular status hearings, imposing behavioral rewards, incentives and sanctions, and seeking development of consensus-based problem solving and planning. While the judge should seek consensus of the team, the judge is charged by operation of law with ultimate decision making authority**

- 4.10 Community supervision / probation shall play a significant role in the veterans treatment court. Each veterans treatment court shall work with the Department of Correction and/or misdemeanor probation to coordinate home visits and other community supervision activities and regular communication as determined by the veterans treatment court team.

It is understood that supervision in the veterans treatment court setting will be individualized to the needs of participants as determined by the veterans treatment court team.

- 4.11 Each veterans treatment court shall have a written drug testing policy and protocol describing how the testing will be administered, standards for observation to ensure reliable specimen collection and chain of custody, how quickly results will be available to the team, the laboratory to be used, procedures for confirmation, and process for reporting and acting on results.**
- 4.12 Monitoring of abstinence through truly random, observed urinalysis or other approved drug testing methodology shall occur no less often than an average of twice weekly or ten times per month throughout veterans treatment court participation. More frequent drug testing may be required for randomization but is not evidence-based nor cost-effective. Except in the case of alcohol testing which may be necessary on a more frequent basis and utilizing effective methodology for alcohol detection.**
- 4.13 Veterans treatment court staff shall routinely have drug test results within 48 hours.**
- 4.14 Drug testing shall be available on weekends and holidays.**
- 4.15 The veterans treatment court shall give each participant a handbook and/or written documentation setting forth the expectations and requirements of participation including:**
- (a) Clear written guidelines identifying possible sanctions and incentives and how those sanctions and incentives will be utilized.**
  - (b) Court contact information with dates, times and court locations**
  - (c) Drug testing locations, times and process**
  - (d) Treatment contact information, location(s) and expectations**
  - (e) Probation contact information**
  - (f) Coordinator contact information**
  - (g) Fees and costs of participation**
  - (h) Mentor program information**
  - (i) Veterans Service Officer contact information**
  - (j) Veterans Justice Outreach Specialist/Coordinator contact information**
  - (k) Graduation/Termination criteria**
- 4.16 Research has shown that for sanctions to be effective, they must be, in order of importance: (a) certain, (b) swift, (c) perceived as fair, and (d) appropriate in magnitude. While sanctions for noncompliance should generally be consistent, they may need to be

individualized as necessary to increase effectiveness for particular participants. When a sanction is individualized, the reason for doing so should be communicated to the participant to lessen the chance that he or she, or his or her peers, will perceive the sanction as unfair.

Research has shown that successive sanctions imposed on a participant should be graduated to increase their effectiveness.

Increased treatment intensity shall be based upon clinical need and not imposed as a sanction for noncompliance as specified in Section 3.9

*Comment: It is important that the judge convey to the participant that any sanction for noncompliance is separate from any change in treatment intensity.*

**4.17 Positive responses, incentives, or rewards to acknowledge desired participant behavior shall be emphasized over negative sanctions or punishment.**

*Comment: Research shows that at least four positive reinforcements to each punishment are most effective.*

**4.18 Graduation Criteria shall include at a minimum:**

- (a) Successful completion of all recommended treatment**
- (b) Successful completion of the chosen cognitive restructuring program (e.g. MRT, CSC)**
- (c) 6 months of continuous abstinence from alcohol or other drugs immediately preceding graduation**
- (d) Maintenance of responsible vocational, educational, housing, and financial status for a reasonable period of time**
- (e) Demonstrated effective use of a community-based recovery support system**
- (f) Payment of fees or an agreed upon payment plan for any outstanding balance**
- (g) Acceptable written long term recovery plan**

**4.19 All members of the veterans treatment court team shall maintain frequent, ongoing communication of accurate and timely information about participants to ensure that responses to compliance and noncompliance are certain, swift and coordinated.**

**4.20 The veterans treatment court shall have a written policy and procedure for adhering to appropriate and legal confidentiality requirements and should provide all team members with an orientation regarding the confidentiality requirements of 42 USC 290dd-2, 42 CFR Part 2.**

**4.21 Participants shall sign the statewide uniform consent for disclosure of confidential information and other consent forms required upon application for entry into veterans treatment court.**

*Comment: The statewide uniform Consent for Disclosure is attached as Appendix A.*

**4.22 Care shall be taken to prevent the unauthorized disclosure of information regarding participants. Progress reports, drug testing results, and other information regarding a participant and disseminated to the veterans treatment court team, shall not be placed in a court file that is open to examination by members of the public. Information regarding one participant shall not be placed in another participant's file such as duplicate copies of group progress notes describing progress or participation of all group members.**

## **5.0 EVALUATION**

**5.1 Specific and measurable criteria marking progress should be established and recorded in a centralized data system for each veterans treatment court participant (i.e. drug testing results, compliance with program requirements, sanctions and incentives, participation in treatment, payment of fees, etc.).**

5.2 Specific and measurable goals for the overall veterans treatment court should be established and used as parameters for data collection and information management.

**5.3 Veterans treatment courts shall utilize the problem solving court module in the centralized data system to record participant information and information on participation, phase movement and graduation.**

5.4 A wide variety of timely and useful reports shall be available from the centralized data system for review by veterans treatment court team members but will not include information that identifies individual participants.

**5.5 Veterans treatment courts shall provide utilization data to the Idaho Supreme Court promptly by the 10th of the month. The utilization report provides at a minimum, the number of participants active in veterans treatment court at the start of the month, the number of new admissions to veterans treatment court during the month, the number of unsuccessful terminations and graduates during the month, and the number of participants enrolled on the last day of the month.**

5.6 Data to assess whether the veterans treatment court is functioning as intended, should be collected throughout the course of the program, particularly in the early stages of implementation.

5.7 Outcome evaluations using comparison groups should be implemented to determine long-term effects of the veterans treatment court.

**5.8 Initial veterans treatment court intake information must be obtained for each participant assessed for entry into veterans treatment court. Complete intake information must be obtained for all participants who enter veterans treatment court. This data must be entered into the centralized data system for the veterans treatment**

**court module. This information is essential to evaluate the effectiveness of the Idaho veterans treatment courts.**

- 5.9 The district court of each county which has implemented veterans treatment court(s) shall annually evaluate the program's effectiveness and provide a report to the Supreme Court, if requested.
- 5.10 **A client feedback evaluation should be conducted twice-per-year by each veterans treatment court.**
- 5.11 **An annual report, *The Effectiveness of Idaho Courts* will be presented to the Governor and the Legislature by the *Idaho Drug Court and Mental Health Court Coordinating Committee*, no later than the first day of the Legislative session.**
- 5.12 **Evaluation results/ recommendations should be reviewed and implemented on at least an annual basis and be used to analyze operations, modify program procedures, gauge effectiveness, change therapeutic interventions, measure and refine program goals, and make decisions about continuing or expanding the program.**
- 5.13 Evaluation results should be shared widely.

## **6.0 PARTNERSHIPS / COORDINATION OF SERVICES**

- 6.1 **A formal written agreement, updated as needed, shall provide the foundation for collaboration, working relationships, and operating policies and procedures at the statewide level, between the Idaho Supreme Court, the Idaho Department of Health and Welfare, the Division of Veterans Services, the Department of Veterans Affairs, and the Idaho Department of Correction.**
- 6.2 **Each veterans treatment court shall have a formal written agreement (e.g. MOU) to provide the foundation for collaboration, working relationships, and operating policies and procedures at the local level, among the key agencies responsible for the operation of each local veterans treatment court. The agreement will be signed by the executive authority for each key agency, including at a minimum, the judicial district, the prosecutor, public defender, probation agency, treatment provider and County Commission, updated as needed.**
- 6.3 Each veterans treatment court should work to establish partnerships with additional public and private agencies and community-based organizations in order to generate local support and enhance veterans treatment court program effectiveness. Such partnerships foster a complete continuum of diversion and intervention opportunities (sequential intercept model) in the community.
- 6.4 The Trial Court Administrator and Administrative District Judge in each District should convene a meeting on an annual basis engaging the executive authority of each stakeholder

agency or organization to identify and address district-wide issues affecting the operations and outcomes of the district's problem-solving courts.

**6.5 The Coordinator for each veterans treatment court shall convene a team meeting for addressing program issues such as program evaluation results, policy changes, program development, quality assurance, communication, and problem-solving at least twice a year.**

**6.6 The Judge for each veterans treatment court shall convene meetings at least twice a year to provide for cross-disciplinary and team development training for all members. The Judge, as team leader, is responsible for assuring participation. The Veterans Treatment Court Coordinator is responsible for assessing training needs and arranging training.** Local, state, or national training and conferences, as well as various distance learning opportunities such as video presentations or webinars

6.7 A local coordinating committee of representatives from organizations and agencies including the court, law enforcement, corrections, treatment and rehabilitation providers, educators, health and social service agencies, community organizations and faith community should meet regularly to provide feedback and input to the veterans treatment court program and aid in the acquisition and distribution of resources related to the veterans treatment court.

6.8 A state or regional training conference for veterans treatment court teams should be held annually, budget funds permitting.

6.9 Information on national and regional veterans treatment court training opportunities as well as available training resources will be disseminated to all veterans treatment courts, by the Statewide Coordinator.

## CONCLUSION

Idaho's Courts can use these Standards and Guidelines as a foundation for creating new veterans treatment courts and for maintaining and evaluating existing veterans treatment courts. These Standards and Guidelines will assure appropriate consistency while still enabling flexibility to shape veterans treatment courts to meet regional needs. The result will be a strong, consistent, statewide veterans treatment court system that will produce positive and cost effective outcomes for offenders and the community.