

# How to Use Your BeST Results

Using the Best Practice Self-Assessment Tool (BeST) results to benefit your program



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1

## Learning Objectives



- Hear how Ohio's adult specialized dockets are implementing best practices.
- Learn how to use your BeST results to enhance your program.
- Learn how to use the BeST results to demonstrate successes to partners to build support, undergo action planning to address gaps, and request needed resources, training, and technical assistance.

2

## Who Is NPC Research?

A private research and evaluation firm based in Portland, Oregon working in public health, family well-being, treatment education, and community development.

In the past 35 years, NPC has completed over 500 drug court evaluations and research studies nationally

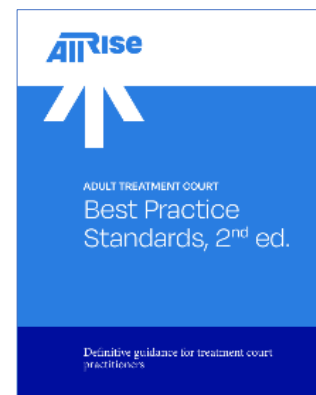


*"Informing Policy and Improving Programs to Enrich Lives"*

3

## What is the Best Practices Self-Assessment Tool (BeST)?

- An online assessment of treatment court policies and procedures.
- Results can be used to:
  - To achieve a basic understanding of how individual treatment courts operate.
  - Measure alignment with research-based best practices (e.g., All Rise, 2024).
  - Help determine technical assistance and training needs.

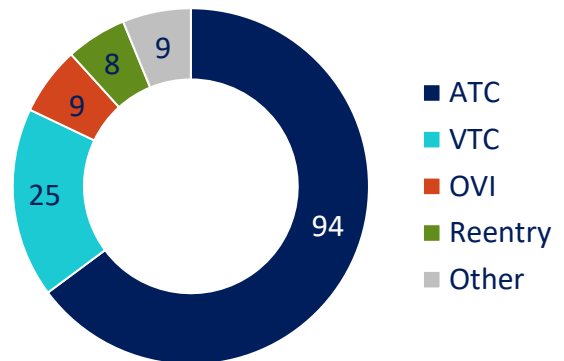


4

## Project Background

- Contracted by the Supreme Court of Ohio to conduct BeST of adult treatment courts
  - Funded by the Bureau of Justice Assistance (BJA)
- 145 specialized dockets completed the BeST (Oct 2023 to Feb 2024)
- Each court received a report with their individual results.
- A statewide report describes trends, including program strengths and priority recommendations.

145 Specialized Dockets Completed the BeST



5

### Ten Key Components of Drug Courts National Association of Drug Court Professionals (NADCP), 1997



#### 1. Collaborate

Drug courts integrate alcohol and other drug treatment services with justice system case processing

#### 2. Due Process

Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights

#### 3. Identify & Enroll

Eligible participants are identified early and promptly placed in the drug court program

#### 4. Treat & Serve

Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services

#### 5. Test

Abstinence is monitored by frequent alcohol and other drug testing



6

6

**Ten Key Components of Drug Courts**  
**National Association of Drug Court Professionals (NADCP), 1997**

**6. Respond**

A coordinated strategy governs responses to participant behavior

**7. Lead**

Ongoing judicial interaction with each drug court participant is essential

**8. Monitor & Evaluate**

Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

**9. Train**

Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations

**10. Sustain**

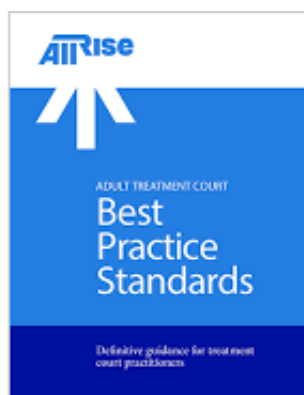
Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness



7

7

## Where Did the BeST Come From?



*Deconstructed the standards into individual best practices*

8

## Sample Report



### ANYTOWN TREATMENT COURT BEST PRACTICE ASSESSMENT RESULTS

#### Adult Treatment Courts

*This report has been created using the results of NPC's treatment court assessment tool. The best practice ratings below are made based on how questions were answered on the assessment.*

#### Treatment Court Background

|  |          |
|--|----------|
| ► Implementation year                        | 2001     |
| ► Current active caseload / current capacity | 71 / 100 |
| ► Graduates (successful completions)         | 2,008    |
| ► Non-graduates (unsuccessful completions)   | 1,000    |

The most commonly used substance(s) among participants is/are Opiates/Heroin (27%)

The treatment court serves high, moderate, and low risk and high and low need participants. The treatment court has separate tracks for participants of different risk/need levels.

#### Best Practices by Key Component - Quick Review:

The statistics in this summary table indicate the percent of best practices (BPs) met within each component. The intention is to help identify which components need additional focus and support. Note, some practices are easier to implement than others (e.g., require less time or fewer resources) and some practices are restricted by local and state policies. This summary is not intended as a score or a grade indicating the quality of your program, but rather a navigational tool to aid in guiding your attention in the report to where you can celebrate best practices met and where you may require more assistance.

|  |      |
|--|------|
| KC1. Team Collaboration                      | 70%  |
| KC2. Public Safety & Due Process             | 100% |
| KC3. Participant Eligibility & Program Entry | 90%  |
| KC4a. Treatment Practices                    | 90%  |
| KC4b. Treatment & Auxiliary Services         | 71%  |
| KC5. Drug Testing                            | 88%  |
| KC6. Responses to Participant Behavior       | 50%  |
| KC7. Role of the Judge                       | 80%  |
| KC8. Monitoring & Evaluation                 | 60%  |
| KC9. Team Training                           | 0%   |
| KC10. Program Support and Sustainability     | 0%   |

KC Review Key: Meeting most practices In progress, room for improvement Priority area for discussion



### ANYTOWN TREATMENT COURT BEST PRACTICE ASSESSMENT RESULTS

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## % of practices met

### Best Practices by Key Component - Quick Review:

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KC Review Key: Meeting most practices In progress, room for improvement Priority area for discussion

11

### Key Component 1:

*Treatment courts integrate alcohol and other drug treatment services with justice system case processing*

7 of 10 practices met (70%)

|  | Performing this practice? |
|--|---------------------------|
| 1.1 The treatment court has a Memorandum of Understanding (MOU) in place between the treatment court team members (and/or the associated agencies) | Yes                       |
| i. MOU specifies team member roles   | Yes                       |
| ii. MOU specifies what information will be shared  | Yes                       |
| 1.2 The treatment court has a written policy and procedure manual  | Yes                       |
| 1.3 All key team members <sup>1</sup> attend pre-court team meetings (staffings)   | Yes                       |
| 1.4 All key team members <sup>2</sup> attend court sessions/status review hearings   | Yes                       |

<sup>1</sup> Key team members include the judge, a prosecutor, a defense attorney, a substance use disorder treatment representative, the treatment court coordinator, and a representative from probation. Best practice research currently defines supervision as represented by someone from probation. However, treatment court programs where participants enter pre-plea or pre-conviction may not have a representative from probation on the team. Probation may not have legal authority or jurisdiction over participants in these situations, and the role of supervision monitoring may fall under a case manager or other team member. NPC recognizes that the role of supervision may be met by someone from an agency other than probation, and NPC commends programs who have this role identified and actively engaged in staffings and court sessions.

<sup>2</sup> See previous footnote.

12

## Statewide: Highest Percentage of BPs Met

| Key Component                                | Percent of Best Practices Met |
|--|-------------------------------|
| KC1. Team Collaboration                      | 57%                           |
| KC2. Public Safety & Due Process             | 50%                           |
| KC3. Participant Eligibility & Program Entry | ✓ 89%                         |
| KC4a. Treatment Practices                    | ✓ 84%                         |
| KC4b. Treatment & Auxiliary Services         | ✓ 87%                         |
| KC5. Drug Testing                            | ✓ 82%                         |
| KC6. Responses to Participant Behavior       | ✓ 82%                         |
| KC7. Role of the Judge                       | ✓ 93%                         |
| KC8. Monitoring & Evaluation                 | 58%                           |
| KC9. Team Training                           | 34%                           |
| KC10. Program Support & Sustainability       | 65%                           |

13

## Statewide: Lowest Percentage of BPs Met

| Key Component                                | Percent of Best Practices Met |
|--|-------------------------------|
| KC1. Team Collaboration                      | ⚙️ 57%                        |
| KC2. Public Safety & Due Process             | ⚙️ 50%                        |
| KC3. Participant Eligibility & Program Entry | 89%                           |
| KC4a. Treatment Practices                    | 84%                           |
| KC4b. Treatment & Auxiliary Services         | 87%                           |
| KC5. Drug Testing                            | 82%                           |
| KC6. Responses to Participant Behavior       | 82%                           |
| KC7. Role of the Judge                       | 93%                           |
| KC8. Monitoring & Evaluation                 | ⚙️ 58%                        |
| KC9. Team Training                           | ✖️ 34%                        |
| KC10. Program Support & Sustainability       | ⚙️ 65%                        |

14



## Statewide Summary

| Key Component                                | Percent of Best Practices Met   |     |
|--|---|-----|
| KC1. Team Collaboration                      |  | 57% |
| KC2. Public Safety & Due Process             |  | 50% |
| KC3. Participant Eligibility & Program Entry |  | 89% |
| KC4a. Treatment Practices                    |  | 84% |
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| KC5. Drug Testing                            |  | 82% |
| KC6. Responses to Participant Behavior       |  | 82% |
| KC7. Role of the Judge                       |  | 93% |
| KC8. Monitoring & Evaluation                 |  | 58% |
| KC9. Team Training                           |  | 34% |
| KC10. Program Support & Sustainability       |  | 65% |

15

## Successes in Ohio's Specialized Dockets



16





## *Ohio's specialized dockets reported a 60% graduation rate.*

This is just above the national average of 59% (Marlowe, Hardin & Fox, 2019).

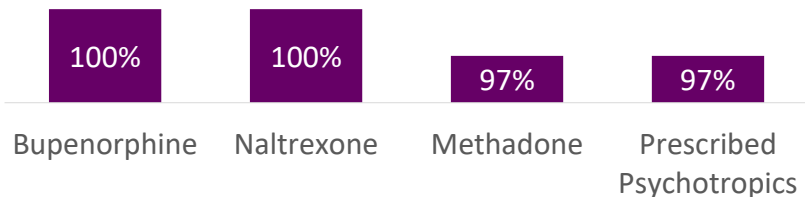
17

### KC 3 - Eligibility & Program Entry



- **Assess** participants for substance use and mental health disorders
- **Identify** eligible participants early using clearly defined and documented criteria
- **Enroll** individuals rapidly in order to improve outcomes and reduce costs

✓ **All courts** accept participants using **Buprenorphine and Naltrexone.**



✓ **92% of Ohio's programs** accept individuals with **serious mental health diagnoses.**

18

## KC 4 - Treatment & Services



- **Provide** access to a continuum of alcohol, drug, and other substance use, mental health, recovery, and wraparound services
- **Assess** participants in order to match the individual to appropriate services

- ✓ **100%** offer **mental health treatment**
- ✓ **100%** coordinate treatment for **co-occurring disorders**
- ✓ **99%** have processes to **ensure the quality of treatment providers**



*Success!*

**100%** reported the use of evidence-based treatments

**100%**

Naltrexone

**99%**

Buprenorphine

**82%**

Methadone

19

## KC #4 – Treatment & Services

**Over 90% of programs** offer:

- ✓ Parenting classes
- ✓ Family/domestic relations counseling
- ✓ Anger management classes
- ✓ Housing assistance
- ✓ Transportation services
- ✓ Trauma-related services
- ✓ Criminal thinking intervention
- ✓ Crisis intervention services
- ✓ Relapse prevention services



20

## KC 7 - Role of the Judge



- **Promote** positive outcomes using judicial leadership and court authority
- **Interact** with participants during regular court sessions to enhance engagement
- **Engage** with and invest time in the program to promote continuity of judicial leadership



**100%** indicated treatment court judges serve **at least 2-year terms, if not indefinite.**



During court sessions, **92% of judges spend 3 minutes** or more with each participant, on average.

**94% of programs report that treatment court judges are assigned to the program on a voluntary basis.**

21

## Challenges for Ohio's Specialized Dockets



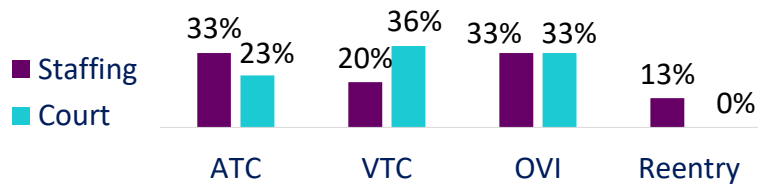
22

## KC 1 - Team Collaboration



- **Integrate** alcohol and other drug treatment services with justice system case processing
- **Include** representation across all participating agencies
- **Participate** in team activities, including staffing meetings and court sessions

### All Courts Need Increased Attendance By All Core Members

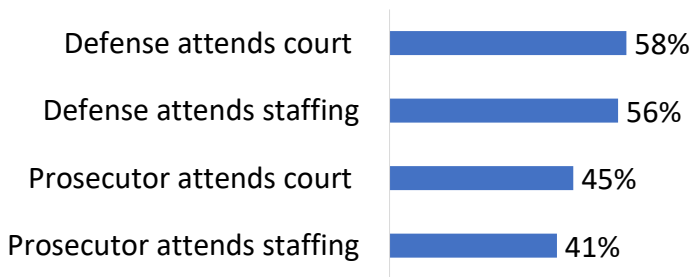


23

## KC 2 - Public Safety & Due Process



- **Reorient** prosecuting and defense attorneys to a collaborative approach
- **Protect** participants' due process rights
- **Promote** public safety



**Treatment courts with prosecutors and defense attorneys who participate in both staffing and court tend to have better outcomes (lower recidivism and higher cost savings).**

24

## KC 8 - Monitor & Evaluate



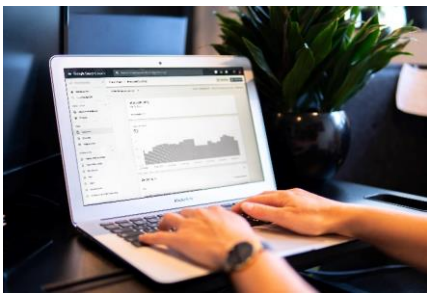
- **Monitor** program operations through electronic data collection
- **Evaluate** participant performance and program effectiveness
- **Achieve** better outcomes through ongoing adjustments and regular feedback



**74%** maintain data in an electronic database

**50%** monitor their data and use results

**36%** use the results of program evaluations to modify operations



**Treatment courts that regularly monitor their own data and modify their program practices have greater reductions in recidivism and higher cost savings (Carey et al., 2008; 2012).**

25

## KC 9 - Team Training



- **Educate** new and existing team members to promote effective practices
- **Update** the team on new procedures and practices
- **Share** knowledge and lessons to continue learning



**Many programs should prioritize training as an area for improvement**

Training for New Hires **45%**

Training in TC Model **30%**

Cultural Competency Training **32%**

Substance Use Disorder Training **36%**

Mental Health Training **28%**

26

## KC 10 - Program Sustainability



- **Forge** partnerships among public agencies and community-based organizations to generate local support and enhance program effectiveness
- **Sustain and Develop** current partnerships with criminal justice and service agencies through regular, collaborative, and advisory policy or steering committees

Programs should have a policy committee that meets regularly to review policies and procedures. These committees are intended to ensure that program policies are regularly reviewed (and modified if needed) and to ensure that new policies are officially agreed upon and documented.



**53%** report having an active policy or steering committee.



27

## Using Your Results



28

## Your BeST Results Can be Used for Many Purposes



- ✓ Improving program structure and practices for better outcomes
- ✓ Preparing grant applications to demonstrate program needs or illustrate the program's capabilities
- ✓ Requesting resources from potential state or private funders or other local groups
- ✓ Requesting training and technical assistance from the state or other technical assistance providers

29








## Recommended Next Steps

- **Distribute copies of the report** to all team members and other key partners
- **Set a meeting** with your team and key partners to discuss the report's strengths and priority areas for discussion
- Ask everyone to:
  - **Review the report** before the meeting
  - **Bring priority areas for discussion and ideas**
- Assign someone (typically the coordinator) to **facilitate the meeting to prioritize goals and next steps.**

30






## Meeting Process

| Key Component                                | Best Practices Met (%)   |
|--|--|
| KC1. Team Collaboration                      |  50%  |
| KC2. Public Safety & Due Process             |  100% |
| KC3. Participant Eligibility & Program Entry |  78%  |
| KC4a. Treatment Practices                    |  80%  |
| KC4b. Treatment & Auxiliary Services         |  38%  |
| KC5. Drug Testing                            |  100% |
| KC6. Responses to Participant Behavior       |  67%  |
| KC7. Role of the Judge                       |  86%  |
| KC8. Monitoring & Evaluation                 |  20%  |
| KC9. Team Training                           |  20%  |
| KC10. Program Support & Sustainability       |  50%  |

During the meeting, review each practice within components denoted as:

- “In progress, room for improvement”
- “Priority area for discussion”

**KC Review Key:**  Meeting most practices  In progress, room for improvement  Priority area for discussion

31

## Meeting Process

### Key Component 8:

*Monitoring and evaluation measure the achievement of treatment court goals and gauge effectiveness*

 **1 out of 5 practices met (20%)**

|     |  |     |
|-----|--|-----|
| 8.1 | The results of program evaluations have led to modifications in treatment court operations   | Yes |
| 8.2 | The treatment court's review of its own data and/or regular reporting of program statistics has led to modifications in treatment court operations | No  |
| 8.3 | The treatment court maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files)              | No  |
| 8.4 | The treatment court monitors data to assess whether there are disparities (e.g., gender, racial, etc.) in who <i>enters</i> the program            | No  |
| 8.5 | The treatment court monitors data to assess whether there are disparities (e.g., gender, racial, etc.) in who <i>graduates</i> from the program    | No  |

**For the 'No' results, discuss:**

- What are the barriers and challenges?
- Which can be realistically addressed, and how?
- Which practices are a priority to address?
- What resources, training, or technical assistance are needed?
- Who can you request resources from?

32

## Sample: “No” for most training practices

### Key Component 9:

*Continuing interdisciplinary education promotes effective treatment court planning, implementation, and operations*

✖ **1 out of 5 practices met (20%)**

|   | Performing this practice? |
|---|---------------------------|
| 9.1 All new hires to the treatment court complete a formal training or orientation                  | No                        |
| 9.2 All members of the treatment court team are provided with training in the treatment court model | Yes <sup>3</sup>          |
| 9.3 All members of the treatment court team receive ongoing cultural competency training            | No                        |
| 9.4 All members of the treatment court team receive education in substance use disorders            | No                        |
| 9.5 All members of the treatment court team receive education in mental health disorders            | No                        |

33

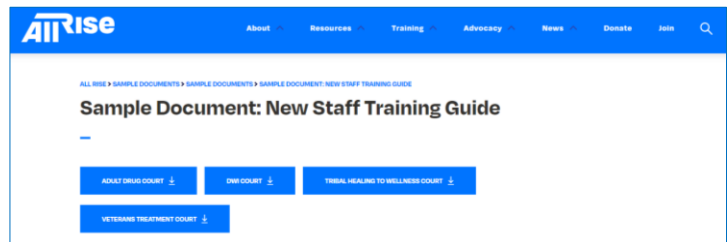
## Sample: “No” for most training practices

- **Barriers and challenges:**
  - Little funding for attending conferences.
  - Lack of time
  - Some team members are resistant to completing training. Why?
- **Which can be realistically addressed?**
  - There are many free online high-quality trainings offered by All Rise, SAMHSA, Treatment Courts Online, and other groups (e.g., Justice for Vets).
  - Carve out time to complete training as a team, which also builds community.
  - Problem-solve solutions to barriers.
    - Can you incentivize training completion for team members (e.g., providing recognition or small tangible incentives)?
    - Designate some trainings as required versus recommended?

34

## Sample: “No” for most training practices

- **Which practices are a priority to address?**
  - Your team collectively decides to prioritize developing a formal training plan for all new team members.
- **What resources, training, or technical assistance are needed?**
  - Review relevant content in *Adult Treatment Court Best Practice Standards*.
  - Consult with Specialized Docket staff.
    - Contracted with NPC to provide training to Dockets.
  - Look for existing resources:



35

## Using Your Results: Action Planning



36

## Action Planning

| Practice Implementation | Responsible individual, group, or agency | Action plan | Target dates | Resources, TA, or training needed |
|-------------------------|--|-------------|--------------|-----------------------------------|
| 1. (Practice)           |  |             |              |                                   |
| 2. (Practice)           |  |             |              |                                   |
| 3. (Practice)           |  |             |              |                                   |
| 4. (Practice)           |  |             |              |                                   |

Based on your meeting discussions, identify the best practices your team will prioritize implementing, and specify:

- **Responsible individual, group, or agency:** Identify who will focus on the practice implementation, and who has the authority to make related changes.

37

## Action Planning

| Practice Implementation | Responsible individual, group, or agency | Action plan | Target dates | Resources, TA, or training needed |
|-------------------------|--|-------------|--------------|-----------------------------------|
| 1. (Practice)           |  |             |              |                                   |
| 2. (Practice)           |  |             |              |                                   |
| 3. (Practice)           |  |             |              |                                   |
| 4. (Practice)           |  |             |              |                                   |

- **Action plan:** Describe each task needed for implementation. For each task, identify:
  - Person responsible
  - Task (should be specific, measurable, and attainable)
  - Deadline or review date (some may be soon, but dates for longer-term goals may be further in the future)
  - Person or group who will review (e.g., advisory board)
- **Resources, TA, or training needed:** What is needed for implementation?

38

# Using Your Results: Requesting Resources



39

## Demonstrate Program Successes

- Demonstrate program strengths and adherence to best practices in funding applications (e.g., BJA treatment court expansion grant) or requests (e.g., private funders, local groups)
- Cite your strengths in BPs in fact sheets (1-2 page summary of positives) or executive summaries



- Supplement with other available content (e.g., participant quotes or program performance metrics, such as graduation rate and/or recidivism rate)
- Use within community outreach materials to generate community support and visibility to promote program sustainability

40

## Demonstrate Gaps

- Demonstrate areas for needed improvements within applications and requests for funding, resources, technical assistance, and training
  - What are your training topic needs (e.g., behavior modification, alternatives to the use of jail)?
  - Why do you need additional funding, and for what areas (e.g., drug testing, data system)?
  - Motivate buy-in for required changes for alignment with best practices (e.g., everyone needs to attend training)
  - Create accountability



41

## Training and TA Resources



### Ohio Specialized Dockets

- Can request training from NPC Research

NPC Dashboard (free!) if you do not have an existing case management system.



42

## NPC DASHBOARD

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### **Key Features**

- Available for FREE to adult treatment courts through funding from BJA & All Rise
- Tracks key program performance metrics
- Updates in real-time so you can stay up to speed on your program's trends and performance
- Visual representation of program progress can help you more easily understand your progress
- Data validation and drop-downs to make data entry easier



43

43

## NPC DASHBOARD

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### **Benefits**

- Allows for quick program performance review and adjustments
- Useful for evaluations, funding, and team meetings
- Simplifies BJA reporting

### **Disclaimers**

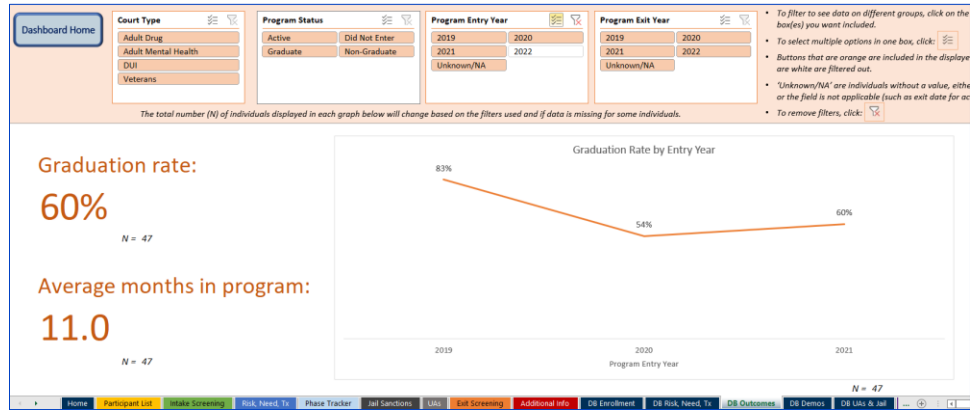
- Not a case management system
- Does not replace a full evaluation
  - Longer-term outcomes/costs
  - Matched comparison



44



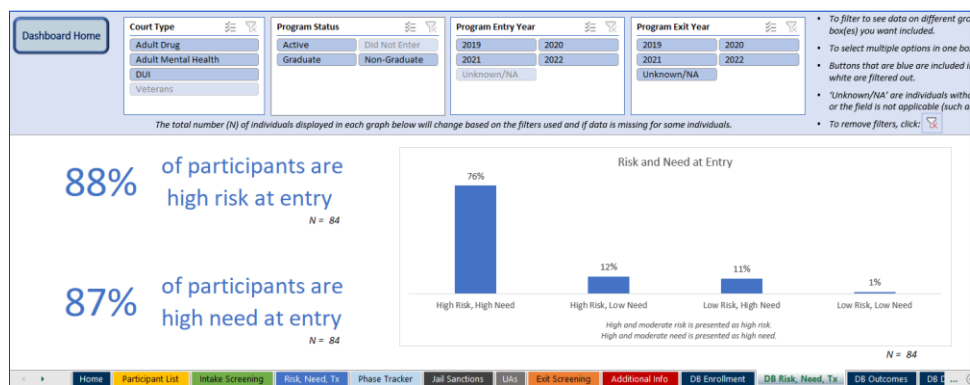
## NPC DASHBOARD SAMPLE



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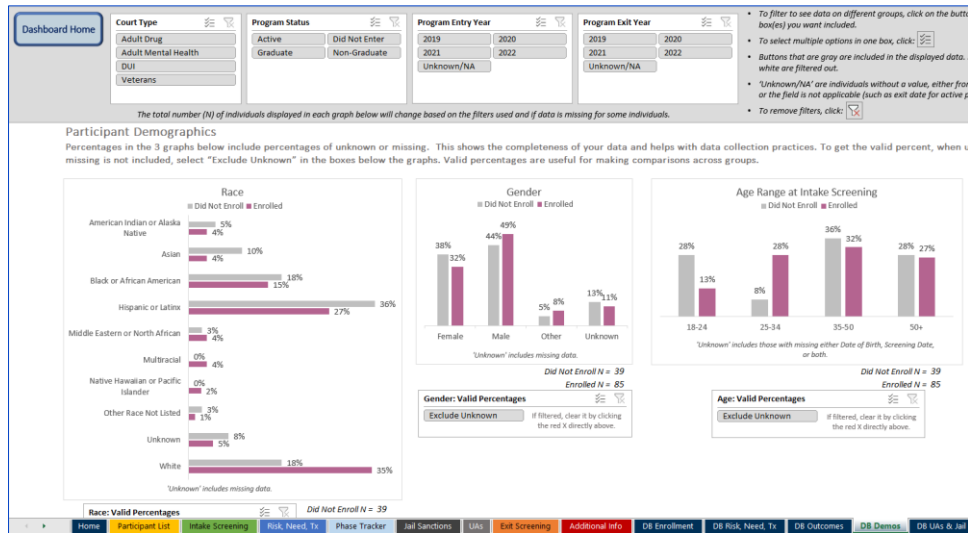
## NPC DASHBOARD SAMPLE



46

46

## NPC DASHBOARD SAMPLE



47

47

## NPC DASHBOARD

- If you don't have a web-based case management system, you can request the Excel dashboard.
- Email [dashboard@NPCresearch.com](mailto:dashboard@NPCresearch.com) to request the dashboard.



48

48

## Questions?

*Contact:*

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