



## Quality Treatment Provider Assessment Basic Questions for Courts

*The following is intended for the judiciary as an introduction to the characteristics needed to be considered a quality treatment provider. It was created without regard to state-specific requirements.*

### LEVEL OF CARE

Each state will have their own designations as to provider types and licenses that need to be considered. Each state needs to determine the provider types needed on their list based on licensure standards for the specific level of care as well as for oversight that is already in place. In addition, if states only choose licensed providers of a certain type, and licensure rules mandate the use of certain types of clinical assessments or the type of licensed providers that must be used, for example – then many of the questions that follow are unnecessary. Becoming familiar with your state’s requirements will assist in your understanding of what is minimally required.

1. What levels of care does the program provide?
2. What criteria are used to determine the appropriate levels of care?

### PROGRAM DESIGN AND TREATMENT INTERVENTIONS

Some of these questions can be eliminated by determining the provider types (levels of care) that should be considered. For example, if states only choose licensed providers of a certain type and your licensure rules mandate the use of certain types of clinical assessments or the type of licensed providers that must be used – then many of the questions in this section are unnecessary. However, at a minimum the decision points should consider:

3. Does the design utilize evidence-based treatments? If so, how?
4. Are clinical assessments conducted by licensed and certified professionals? If so, what are the licensure and certifications of the professionals conducting the assessments?
5. How frequently are clients reassessed and have their treatment plan updated?
6. Are clients screened and assessed for both mental and substance use disorders? Are standardized instruments used to screen and assess for each type of disorder? Are the instruments intended to be used with a justice-involved population?
7. What experience does the program have in providing services to justice-involved populations?

### PROGRAM OPERATIONS

While on-site testing is optimal – many state funded programs and Medicaid programs cannot provide this in a cost-effective manner and must subcontract for these services. Not all states have case management imbedded in levels of care and not all states allow for alcohol and drug case management as a reimbursable Medicaid service. EHRs are optimal as well – but most state funded programs find them cost prohibitive. Any state funded or accredited program should have a grievance process and many of the protocols listed – so choosing the provider license types can again eliminate the need for many of the questions that follow.



Please consider the following minimum questions:

8. Does the program have an established, written drug-testing protocol? If so, what does it include (e.g., process, chain-of-custody, analysis, technological and legal support, etc.)?
9. Does the program have a formal grievance process in place?
10. What are the program's after-hours and emergency service protocols?
11. Please provide a copy of the program's organizational chart that clearly describes key administrative and operational components as well as key responsibilities of the program administrators.
12. Does the program offer specialized services for unique populations (e.g., gender, offender, non-offender, DWI, veterans, etc.)?
13. Does the program offer or assist with transportation services?

### **STAFF CHARACTERISTICS AND QUALIFICATIONS**

The use of certain types of licensed providers could make many of the questions in this section unnecessary. However, at a minimum, the decision points should consider:

14. To what extent does the treatment team include multidisciplinary staff? Do these staff have experience in working with court referrals and with drug-involved offenders?
15. Is the program's treatment team licensed and credentialed as per state requirements?

### **COMPETENCIES THE PROVIDER MUST HAVE**

16. Is the program willing to provide court-ordered treatment services to justice-involved clients?
17. Does the program provide contingency management as part of substance abuse treatment? If not, would the program support the use of these techniques?
18. Is the program willing to communicate treatment progress with probation and parole officers and with the court?
19. Is the program willing to be an active member of the court team (e.g., participate in staffing and hearings)?

### **MEDICATION ASSISTED TREATMENT (MAT)**

*Providers should be responsive to state and federal guidelines as they relate to MAT.*

20. Does the program support medication assisted treatment (MAT) approaches to recovery?
21. Is the MAT service provided on site or contracted with an outside provider – if an off-site provider, what is the monitoring protocol?
22. What communication protocols are in place with MAT prescribing physicians or other medical staff (both on-site and off-site) to ensure that there is adequate communication regarding clients' MAT compliance and progress?
23. What addiction medications are currently available to the program or the program's community MAT provider network?
24. If an on-site program, does the program have established protocols for MAT patients that include the provision of therapy as well as medication administration?
25. Does the program have a MAT taper, length of time requirement, or other policy that is not consistent with MAT evidence-based principles?

