

CRITICAL QUESTIONS

Screening and Assessment:

1. Where are legal, substance, mental health and risk screenings conducted?
2. Who conducts the legal, substance, mental health and risk screenings?
3. Who will conduct the military history for each participant?
4. How soon can a screening be conducted?
5. What tools are currently being used by the community supervision department?
6. What tools will be used to conduct the legal screening?
7. How often will the risk needs tool be administered?
8. How will this information be used in developing the case plan?
9. What tools will be used to conduct the clinical screening?
10. What tools will be used to conduct the mental health screening?
11. What collateral information will be used to determine the clinical screening?
12. What collateral information will be used to determine the mental health screening?
13. What decisions are made based upon the screening?
14. Where are assessments conducted?
15. Who will conduct the clinical and mental health assessments?
16. When will assessments be completed?
17. What assessments will be utilized?
18. Is the assessment an objective, strengths-based bio-psycho-social clinical evaluation that clarifies the nature and extent of an alcohol/drug use/abuse/addiction disorder?
19. Does the assessment provide a diagnosis and referral to the most appropriate level of care of treatment services?
21. How will this information be communicated to the team?

CRITICAL QUESTIONS FOR SUBSTANCE

Treatment and Continuing Care Model (Community Treatment Provider):

1. What alcohol and other drug (AOD) treatment services are available to successfully treat the team's target populations?
2. Who will provide the AOD treatment for the target population?
3. What ancillary services are available to successfully treat the team's target population?
4. What manualized evidence-based treatments will be utilized?
5. What is the length of the treatment program?
6. How many phases are contained in the treatment program?
7. What are the services provided in each phase of the treatment program?
8. What is the frequency of treatment contacts with the participant?
9. Where will treatment services be provided?
10. How will the Provider communicate treatment progress/failure to the court?

CRITICAL QUESTIONS FOR MENTAL HEALTH

Treatment and Continuing Care Model (Community Treatment Provider):

1. What mental health treatment services are available to successfully treat the team's target populations?
2. Who will provide the mental health treatment for the target population?
3. What ancillary services are available to successfully treat the team's target population?
4. What is the length of the treatment program?
5. How many phases are contained in the treatment program?
6. What are the services provided in each phase of the treatment program?
7. What is the frequency of treatment contacts with the participant?
8. Where will treatment services be provided?
9. How will the Provider communicate treatment progress/failure to the court?

CRITICAL QUESTIONS FOR SUBSTANCE

Treatment and Continuing Care Model (VA Treatment Provider):

1. What alcohol and other drug (AOD) treatment services are available to successfully treat the team's target populations?
2. Who will provide the mental health treatment for the target population?
3. What ancillary services are available to successfully treat the team's target population?
4. What manualized evidence-based treatments will be utilized?
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7. What are the services provided in each phase of the treatment program?
8. What is the frequency of treatment contacts with the participant?
9. Where will treatment services be provided?
10. How will the VA communicate treatment progress/failure to the court?

CRITICAL QUESTIONS FOR MENTAL HEALTH

Treatment and Continuing Care Model (VA Treatment Provider):

1. What mental health treatment services are available to successfully treat the team's target populations?
2. Who will provide the AOD treatment for the target population?
3. What ancillary services are available to successfully treat the team's target population?
4. What is the length of the treatment program?
5. How many phases are contained in the treatment program?
6. What are the services provided in each phase of the treatment program?
7. What is the frequency of treatment contacts with the participant?
8. Where will treatment services be provided?
9. How will the VA communicate treatment progress/failure to the court?

Community Supervision Model:

1. What services are required to effectively and successfully supervise the target population?
2. What agencies or entities will provide the supervision for the target population?
3. What is the frequency of supervisory contact between the supervising agency (ies) and Veterans Treatment Court participant?
4. What is the length of the supervision program?
5. Will the supervision of Veterans Treatment Court participants vary by phase (i.e. more visits during phase I and decrease visits as participant's progress through the program?)
6. What will be the caseload ratio of participants per supervising agent (case manager)?
7. How will supervising agency/case manager communicate participant's compliance/noncompliance with program rules to the court?
8. How often will the supervising agency/case manager administer the validated risk assessment tool?

Drug Testing Model:

1. What AOD testing services are required to successfully ensure that sobriety and relapse of the target population are immediate, reliable and successfully detected?
2. What agencies or entities will provide the testing for the target population?
3. What is the frequency of AOD testing?
4. Will testing vary based upon phases of the Veterans Treatment Court program?
5. Where will testing take place?
6. What method of testing will be used? (E.g. urine, breath, swab, patch, etc.)
7. Will testing be random?
8. Will testing be observed?
9. How will the testing agency or entity communicate test results to the court?
10. Will a qualified laboratory verify positive test results?